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ABSTRACT

The final report details achievements and slippages of a model demonstration center which served 46 preschool handicapped children. Documented are milestones in such areas as direct and supplementary services to children (identification, evaluation); parent/family participation (large and small group meetings, individual parent participation); development of a procedure to insure longitudinal program continuity, staff development for project and district personnel and volunteers); dissemination; and evaluation (child progress, cost effectiveness, parent involvement, replication outcomes). Among other achievements noted are increased coordination between community agencies. (CI)

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HANDICAPPED CHILDREN'S EARLY EDUCATION PROJECT

FINAL PROGRAM PERFORMANCE REPORT

July 1, 1979 - June 30, 1980

Grant #: G007703070

Title: A MODEL DEMONSTRATION SERVICE DELIVERY CONTINUUM  
FOR PRESCHOOL HANDICAPPED CHILDREN

Bureau of Grants & Sponsored Projects  
Rhode Island College  
Providence, RI 02908

Prepared by:

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Project Director

EC 132488

PROGRAM PERFORMANCE REPORT (Discretionary Grants)

The names of other benefits may be, but will not necessarily be, withheld under this program unless this report is completed and the results are published in accordance with the regulations (43 CFR 121, GSA FMC 74-7)

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report: <b>June 30, 1980</b>	2. Grant Number: <b>6007703070</b>
3. Period of Report: From: <b>July 1, 1979</b>	To: <b>June 30, 1980</b>

4. Grantee Name and Descriptive Name of Project:

**A MODEL DEMONSTRATION SERVICE DELIVERY CONTINUUM FOR PRESCHOOL HANDICAPPED CHILDREN**

I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Name of Project Director(s) or Principal Investigator(s): <b>Ruth H. Schennum</b>	Signature of Project Director(s) or Principal Investigator(s): <i>Ruth H. Schennum</i>
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Part II ("Accomplishment" Reporting)

All grantees, except for those with awards under 13.443 are to respond to this Section A. Grantees under 13.443 go to Section II.

All grantees with awards under 13.444 except those supported solely for "Outreach" activities are to follow the instructions of categories listed below in presenting their annual reports. The categories are based on activities common to all Early Childhood projects with the exception of outreach for projects solely supported for outreach activities.

- (1) Direct and Supplementary Services for Children's Centers
- (2) Parent Family Participation
- (3) Assessment of Child's Progress
- (4) Training for Project Staff
- (5) Training for Personnel from other Programs or Agencies
- (6) Demonstration and Dissemination Activities
- (7) Coordination with other Agencies
- (8) Continuation and Replication

The grant application for programs 13.445, 13.446, 13.450, 13.451, and 13.452 provides for the following functions or activities. Report categories and headings in the budget and narrative report.

- |                          |                        |
|--------------------------|------------------------|
| Research and Development | Dissemination          |
| Implementation Services  | Pre-service/In-service |
| Training                 | Training               |

Programs 13.447, and 13.452 do not usually require a separate report since the primary function or activity is intrinsic to the project program.

For each of the above programs, functions, or activities (as well as those of special import for certain programs, e.g., replication, advisory councils, parent involvement) discuss the objectives and subobjectives presented in the approved application (in narrative format) in terms of:

- (a) Accomplishments and milestones met.
- (b) Slippages in attainment and reasons for the slippages.

Refer back to your application and attach your copies of quarterly projections, scheduled chronology of order and target dates, and data collected and maintained, or other criteria and methodologies used to evaluate results for (a) and (b). For grantees under 13.444, in discussing training or personnel from other programs, include description of types of training, institutions or organizations involved, and numbers of trainees and hours of training received.

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful. NOTE: Outreach grantees are to discuss accomplishments and slippages in terms of replication and training of services, resources provided and field testing and dissemination and training in terms of types of personnel, type of training and the number of hours involved.

Grantees finishing this portion of Part II go to Part III.

B. Reporting for Grantees under 13.443 (Research and Demonstration).

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description of the development of an analytical product. Either include copies of the discussion information materials released, reports or newsletters, memos,

...azines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials; and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed, scales and other measuring devices used.

When finished with this portion of Part II, 13.443 grantees go to C of Part II.

C. All grantees are to respond to this section C. Discuss the following:

- (1) Unanticipated or anticipated spinoff developments (i.e., those which were not part of your originally approved objectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative inter-agency efforts; a de-

...vision of volunteers) to pursue a career in the education, new public schools, etc. to 1970, rate handicapped children into regular classrooms, etc. (i.e., mandatory or other State legislation affecting early education, relevant new course offerings, etc., etc.).

- (2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain any trends.

- (3) Indicate other matters which you would like to know about (e.g., community response to the project; matters concerning the project's normal relationship with OE, technical assistance of OE staff, or any other relevant subject).

Part III

For grantees with a Demonstration/Service function or activity, except for 13.444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13.451, as well as those under other handi-

capped programs with a Preservice/Inservice Training function, are to complete Table II. All grantees under 13.444 except those who are supported solely for "outreach" activities are to complete Tables IIIA and IIIB.

Table IA - Demonstration/Service Activities Data

Children

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. Counts above line 11 count multihandicapped individuals only once, by primary handicapping condition, and indicate

the number of multihandicapped in line 12. Data for lines through 11 are for those directly served, i.e., who are currently enrolled or receiving major services, and not those who have been screened, referred or given minimal or occasional services.

Type of Handicap	Number of Handicapped Served by Age					
	Ages 0-2	Ages 3-5	Ages 6-9	Ages 10-12	Ages 13-18	Ages 19 and Over
1. Trainable Mentally Retarded		1				
2. Educable Mentally Retarded		6				
3. Specific Learning Disabilities		20				
4. Deaf-Blind		0				
5. Deaf/Hard of Hearing		1				
6. Visually Handicapped		0				
7. Seriously Emotionally Disturbed		0				
8. Speech Impaired		17				
9. Other Health Impaired		0				
10. Orthopedically Impaired		1				
11. Total		46				
12. Multihandicapped		2				

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.



Table 1B  
Project Staff Providing Services to Recipients in Table 1A

Type of Staff	Number	
	Full-time	Part-time (As Full-time Equivalent)
Professional Personnel (excluding teachers)		1. Director 2. Core Evaluation Team/staff Supp.
Teachers	4	
Paraprofessional	3	2

Table 1C  
If applicable: Services to Those Handicapped Not Included in Table 1A

Service	Number of Handicapped
Screened 700	
Diagnostic and Evaluative 85 In Depth evaluations 134 Specific evaluations	
Found to Need Special Help 50	50 (only 46 served at the Early Childhood Center)
Other Resource Assistance	

Table II  
Preservice/Inservice Training Data

Handicapped Area of Primary Concentration	Number of Persons Received Inservice Training	Number of Students Received Preservice Training by Degree Source			
		AA	BA	MA	Post-MA
Multihandicapped					
Administration					
Early Childhood					
Trainable Mentally Retarded	GROSS				
Educable Mentally Retarded	CATEGORICAL				
Specific Learning Disabilities					
Deaf/Hard of Hearing					
Visually Handicapped					
Seriously Emotionally Disturbed					
Speech Impaired					
Orthopedically and Other Health Impaired					
TOTAL	74	6	2		

If any data in Table II above differ by more than 10 percent from those in your approved application, explain.

**Table IIIA**  
**Placement of Children Participating in**  
**Early Childhood Program During Reporting Period**

Indicate the placement of children who left your project during the year covered by this report period.  
**NOTE: Count each child only once by primary type of placement below.**

TYPE OF PLACEMENT	NUMBER OF CHILDREN		
	FULL-TIME	PART-TIME	
<b>INTEGRATED PLACEMENT</b> (i.e., in regular programs with children who are NOT handicapped)	Nursery schools	1	
	Day-care programs	0	
	Head Start	1	
	Pre-kindergarten	0	
	Kindergarten	21	
	Primary grades	First	1
		Second	0
Other		0	
<b>SPECIAL EDUCATION PLACEMENT</b> (i.e., in classes only for handicapped children but situated in regular private or public school)	Pre-kindergarten	16	
	Kindergarten		
	Primary grades	First	5
		Second	0
		Other	0
	<b>INSTITUTIONAL PLACEMENT</b>	Scheduled to remain in Early Childhood Program in coming year	
Other (specify)		1	
home-based			

**Table IIIB**

Cumulative number of children entered into integrated placement (if known) prior to this reporting period →	NUMBER	Estimated retention rate of cumulative number in integrated placement →	PERCENT

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## INTRODUCTION

This progress report covers the period from July 1, 1979, to June 30, 1980. In order to clearly report the activities and accomplishments which have occurred during that period, the following pages of this report have been organized according to the following categories for each objective of the third year continuation proposal:

Accomplishments/Milestones Met

Dates

Outcome including Slippages

When reviewing this progress report, it will be noted that considerable progress was made in Direct and Supplementary Services for Children, Parent/Family Participation, and In Service Training for Project Staff—all of which have been priorities during this grant period. Since the Handicapped Children's Early Education Project located at the Early Childhood Center has assumed all responsibilities for diagnostic and educational services for preschool children referred from the 255 square mile area which is under the jurisdiction of the Northwest Special Education District, it has been necessary to include activities in these priority areas which were not originally anticipated in the proposal. For example, the introduction of the Case Manager approach, (see Appendix A) has a direct impact on all priority areas cited above and has served to substantially improve the efficiency and effectiveness of the referral and diagnostic process. This approach necessitated increased activities in "In Service" Training for Project Staff in order to facilitate their participation in the referral and diagnostic process. In addition, the use of the Case Manager has increased the numbers of children which can be referred and has accelerated the rate at which referrals can be evaluated. In turn, this has enhanced parent participation in the planning for their children



beginning from the time of referral. i.e., the number of children actually referred for diagnostic services was almost double what was anticipated (173 instead of 90) and consequently the amount of professional time reallocated to direct services was increased by 350% (e.g., a total of 46 clinics in the areas of audiology, otology, ophthalmology, pediatrics, nursing, physical and occupational therapy were scheduled but a total of 141 occurred) without changing budgetary priorities, but instead combining these direct services with staff development activities. Concomitant with this unexpected increase in the number of referrals was an increase in parent participation. 100% of the parents participated in planning conferences for their children and seven instead of the anticipated five large group parent meetings were held.

Once children have been referred and evaluated, it has been possible to extend the Case Manager approach on an on-going basis to the preschool handicapped children who have been placed in programs at the Early Childhood Center. Through the utilization of Core Team Consultations to each program on the model demonstration service delivery continuum, it was possible for each teaching team and parents to have experts available from a variety of disciplines to deal with any questions or concerns they may have regarding their children in a systematic way and on a regularly scheduled basis. Therefore, coordination of special education programs with each child's related service needs has been possible and through this coordination, substantial benefits have not only accrued to children and their families, but also to the Project Staffs' understanding of the contributions of other disciplines to educating your preschool handicapped children.

Replication efforts of programs at the Early Childhood Center were carried out in conjunction with the Rhode Island State Department of Education who provides funds on a competitive basis to cover "start up" costs for those

communities desirous of replication. However, due to the delay in approval of Rhode Island's plan for Education of the Handicapped by BEH, it was not possible to carry out two five day training workshops in each of the programs. By revising the training format for one of the model demonstration services, it was possible to accommodate, ultimately, more trainees than anticipated in the continuation proposal, however.

Slippages were most obvious in those activities that required parents, students and volunteers to travel to the Early Childhood Center for participation in daily classroom activities and in the lack of support for the In-service training of professional staff (not teaching staff) from the LEA's administration comprising the Northwest Special Education District. In speculating as to the reasons for these slippages, it would appear that in both cases, rising inflation and its consequent economic crises was a prime factor. For example, the increasing price of gasoline forced many dedicated parents, students and volunteers to reduce the frequency with which they could commute to the Early Childhood Center which is located in a very rural setting not readily accessed by regularly scheduled public transportation. The superintendents of the LEA's were not willing to commit their professional staff to participate in In-Service training activities sponsored by the project because they felt local taxpayers would not support continued efforts in the future at the level of service delivery being demonstrated at the Early Childhood Center. Thus, inservice training activities were carried out by project staff going out to individual schools in the LEA's and providing follow-up technical assistance to kindergarten teachers and other members of interdisciplinary teams on a case by case basis.

GRANT FUNCTION: DEMONSTRATION/SERVICE

Objective #1: Continued development, demonstration and further refinement of the model demonstration center's comprehensive diagnostic and service delivery system, for forty-six preschool handicapped children so that local systems can adopt and continue the system beyond the grant period in accordance with P.L. 94-142.

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

I. DIRECT AND SUPPLEMENTARY SERVICES TO CHILDREN

A. Selecting the Target Population.

1. The Early Childhood Center continued to serve as the diagnostic facility for children over the age of 3 who are not yet enrolled in public education in the Northwest Special Education District. Referrals were accepted for a range of diagnostic services for children who have either failed rescreening in vision, hearing, medical conditions, developmental learning skills, speech and expressive language or have been referred for services by an outside agency.

July

June

173 children were referred to the Early Childhood Center for a range of diagnostic services which is considerably greater than the anticipated 90 children.

2. Each child referred was assigned to a Case Manager whose responsibilities included coordinating all activities, resources and information related to each referral.

July

June

Each child referred to the Early Childhood Center was assigned to a Case Manager. (Appendix A)

3. Each child referred had an evaluation plan designed as a result of the Core Evaluation Team Review in conjunction with the child's parents. The evaluation plan included formal assessments designed to answer the following 3 questions:

July

June

39 children who failed one or more areas of rescreening in developmental learning skills, were referred for a Full Core Team Evaluation, consisting of general medical, psychological, sociological and education assessments.

1- Is this child eligible for special education and related services?

- If eligible, what are the long range goals for such services?

- What is the most appropriate and least restrictive setting for carrying out these long range goals?

134 children who failed rescreening in only vision, hearing, or speech and expressive language were referred for specific evaluations in each of those areas to determine the need for further assessment.

These evaluations were conducted using a battery of standardized, valid, reliable, culture-fair

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

procedures and instruments assembled by the project staff and used for the purposes for which they were designed.

4. For each child receiving evaluations in specific areas, a review was held with the specialist/consultant, parents and Project Co-Director to review evaluation results and formulate decisions regarding the need for further assessment.

July

173 Summary conferences were held to assess the results of specific evaluations.

June

5. For each child receiving a Full Core Team Evaluation, the Center's Full Core Team met with the parents to jointly review evaluations results and formulate decisions regarding eligibility, long range goals and least restrictive setting.

August

39 Core Evaluation Team conferences were held with parents to assess the results of Full Core Team evaluations and to jointly prepare Phase I of the Individualized Educational Plan where indicated.

June

6. Children who fell at or below 2 standard deviations from the mean in any one area of functioning or one and one-half standard deviations from the mean in any two or more areas of functioning were eligible for special education and related services through the Early Childhood Center's service delivery continuum.

August

46 children who met eligibility criteria for special education and related services were provided those services through the service delivery continuum at the Early Childhood Center. An additional 4 children were evaluated, but services were provided elsewhere.

June

7. After eligibility had been established, placement was made in one of the model demonstration programs. Placement in each of the programs was made according to specific criteria developed for that program by project staff. Included in those criteria are severity of handicapping condition as well as developmental levels in the major skills areas.

August

6 moderately to severely handicapped children were assigned to the self-contained Teaching Research classroom.

June

11 mildly to moderately handicapped children were assigned to the PEECH integrated classroom.

11 mildly to moderately handicapped children were assigned to the High Scope classroom.

7\* mildly to severely handicapped children were assigned to the Portage home-based program.

15\* children whose only handicapping condition was in the area of speech and expressive language attended

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

8. Each child assigned to one of the model programs received informal criterion-referenced assessments specific to each model demonstration program. Short term objectives of the Individualized Educational Plan were prepared from the results of the criterion-referenced assessments.

9. For each child admitted to the Center, a longitudinal service delivery log was maintained according to Project developed record keeping procedures. This logging system was designed to monitor accountability of service delivery.

B. Program Implementation

1. Each model Program was operational according to its prescribed curriculum and data collection system.

2. For each child included in a model program, related services were coordinated with the educational services plan.

3. Each of the model programs which comprised the range of educational services for the target population was analyzed according to the organization of environmental variables. Therefore, a framework was developed in which the organization of environmental variables for each model program was systematically matched to the severity of handicapping condition to determine the "least restrictive" setting for any given child were pinpointed.

September

June

August

June

July

June

September

June

September

June

a speech and language group weekly.  
(\*denotes double programming)

46 eligible children received informal criterion-referenced assessments from which the short term objectives were prepared.

A longitudinal service delivery log was maintained for each child receiving services at the Early Childhood Center. Information was maintained from screening to assessment to program planning and implementation via an efficient easy-to-maintain record keeping system. (Appendix B)

Each model program served the numbers of handicapped children enumerated above in I, A, #7,

Each child's related service needs were documented in the I.E.P. and coordinated by the Case Manager.

An environmental analysis checklist for analyzing the preceding and consequent conditions for each model program was field tested and refined. (Appendix C)



ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

II. PARENT/FAMILY PARTICIPATION

1. As each child was referred to the Early Childhood Center, his/her parents were invited to participate in a Core Evaluation Team Review Conference for the purpose of designing an evaluation plan. At this time, parents were also informed of due process procedures, confidentiality assurances and written permission for carrying out the evaluation plan.

2. Once the evaluations were performed, parents were encouraged to meet with the Core Evaluation Team or appropriate specialist/consultants for the purpose of reviewing the results of the evaluations and determining eligibility for special education programming. If eligibility for special education programming was established, then the parents participated in writing long range goals of the Individualized Educational Plan and in selecting the "most appropriate and least restrictive" setting for carrying out those goals.

3. Once eligibility was established and a child was scheduled to enter one of the model demonstration programs, parents were interviewed using the Alpern-Boll Developmental Profile. The purpose of this interview was two-fold:

1) to establish rapport with the family and obtain input from the parents regarding their perceptions of the child's growth and development, and, 2) to collect data for evaluation.

4. Each child's Individualized Educational Plan included a parent participation component specifically tailored to meet the individual family's needs. These plans were varied and included the parent as a home tutor, the parent learning new behavior management techniques or merely familiarizing the parent with the educational program.

September

June

July

June

July

June

October

June

173 parents or guardians of children referred participated in the Core Evaluation Team Review.

173 parents of children who were evaluated were invited to participate in a conference to review evaluation results.

Parents of 15 newly referred children who entered the model demonstration programs were interviewed using the Alpern-Boll Developmental Profile. The parents of children who participated in programming at the Early Childhood Center in previous years were not interviewed again.

Every child's Individualized Educational Plan defined a performance-based, parent component specifically designed to meet the child's and families' individual needs.

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

5. The Early Childhood Center's Family Participation Program included the following types of activities:

5.1 Large Group Meetings

These meetings were held for the purpose of disseminating information, obtaining parent input and encouraging open communication between parents and school, as well as, between individual parents at the Center.

September  
-  
June

7 large group meetings were held in which 74% of the parents participated, which was greater than the anticipated 5 large group meetings. (Appendix O)

5.2 Small Discussion Groups

These discussion groups centered around topics of particular interest to parents. Parents selected the agendas for the discussion groups which met in four-week cycles. Originally these groups were to be composed of parents whose children are all in the same model demonstration program (e.g., High Scope parents). However, staff and parents decided that it would be preferable to group parents heterogenously.

October  
-  
June

26% of the parents of children in each model program attended small discussion groups. (Appendix E)

5.3 Individual Parent Involvement

5.3.1 Conferences to discuss diagnostic and educational planning and individual child progress. From the time children were referred to the Early Childhood Center, each parent had the opportunity to meet with the Core Evaluation Team and any specialist involved in the child's evaluation process. In addition, for children who participated in each of the model demonstration programs, parents had an opportunity to meet with their child's model demonstration teaching team and any specialist involved at least 3 times annually to revise the short term objectives of the Individualized Educational Plan.

July  
-  
June

100% of the parents participated in at least one individual conference during the course of the year.



ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

5.3.2 Classroom Volunteer Tutors  
 Parents were trained to serve as volunteer tutors in the classroom in accordance with the volunteer training program outlined by each particular model program.

September

32% of the parents served as classroom volunteer tutors in one of the model demonstration programs which was an increase of 2% over what was expected;

June

5.3.3 Classroom Observation  
 The Center operated with an "open door" policy; parents were welcome to attend class sessions at any time. Parents could spend as little as 10 to 15 minutes or as much as the entire session in their child's classroom.

September

40% of the parents observed their child's classroom at least once every two months which was less than the original anticipated 75% of the parents. The cost of transportation to and from the Center was a major reason for this.

June

5.3.4 For those parents who wished to participate in Center activities by constructing equipment and/or materials or by contributing their time in activities that do not involve direct contact with children, four work sessions were held during the course of the year.

September

32% of the parents participated in one or more of these work sessions which was less than anticipated, and is believed to be due to transportation costs.

June

5.3.5 Home Programs. For many children, the Center-based program was coordinated with specific home visits designed to help parents modify the home environment in ways similar to the classroom environment so that the educational plan can be carried out on a 24 hour basis. For those children whose programs did not designate specific home visits, a lunch box or notebook system was instituted in order to insure ongoing communication between the home and the school.

September

68% of the children had a home-based component attached to their Center-based Individualized Educational Plan; 32% of the children utilized either a notebook or lunch box system. Consequently, there was a defined communication system between the home and the school for all children.

June

6. For children who have exited from a model demonstration program at the Early Childhood Center but still require special education and related services in grades k and 1, parents were invited to participate in each planning conference held for their child.

September

100% of the parents participated in planning conferences for their child when they exited from the Early Childhood Center. This represents an increase of 50% over what was anticipated.

June

7. Parents of children who have entered kindergarten or grade 1 and are still in need of special education and related services have an individually designed home component which was jointly carried out by

September

70% of the children had a home component attached to their Individualized Educational Plan which is 30% less than was initially proposed.

June

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

the receiving teacher, the Northwest Special Education staff, and the Early Childhood Center project staff. Such components included regularly scheduled home visitations or continuation of the notebook or lunch box system.

However, receiving teams did not feel a home component was necessary for every child.



GRANT FUNCTION: DEMONSTRATION/SERVICE

Objective #2: To develop, field test and refine a systematic procedure and the instructional content for insuring longitudinal program continuity for preschool handicapped children that leave the Early Childhood Center.

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

A. DEVELOPMENT OF A PROCEDURE FOR INSURING LONGITUDINAL PROGRAM CONTINUITY

1. Decisions for children to exit from the Early Childhood Center was made for the following reasons:

September

The following changes in numbers of children from the original proposal reflect changes in the total number of children served..

June

1.1 Following reassessment it was determined that these children were no longer eligible for special education or related services.

3 children exited the Early Childhood Center to enter regular preschool kindergarten or first grade classrooms.

1.2 Following reassessment it was determined that the "most appropriate and least restrictive" setting for children still eligible for special education and related services should be provided in a mainstreamed preschool, kindergarten or first grade classroom.

22 children eligible for special education services entered mainstreamed preschool, kindergarten and first grade classrooms.

16 children eligible for special education services entered preschool special education classes..

1.3 Following reassessment, it was determined that special education and related services should be provided in a self-contained special education classroom in which the chronological and developmental ages of the children are more appropriately matched to the youngster's needs.

5 children entered an existing self-contained special education classroom for 6-8 year olds

2. For each of the above categories, a system of procedures was outlined. These procedures were field tested with an initial sample of children and refined during the course of the year as a result of ongoing formative assessment procedures.

September

A detailed systematic procedure for insuring longitudinal program continuity was designed and implemented for a sample of children moving to new programs. Following the field test, the process was refined and utilized for all children who move on to new programs.

June

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

3. A technical assistance plan was designed and implemented for assisting the receiving personnel (teachers, Core Evaluation Team, etc.) to integrate children into new settings. This technical assistance plan was coordinated with the inservice training that was earmarked for personnel in the Northwest Special Education District.

September

The technical assistance plan was implemented for each child who moved to a new program.

June

GRANT FUNCTION: INSERVICE TRAINING

Objective #1: To maintain and increase staff competency in areas essential to the delivery of cost-efficient and child-effective diagnostic and educational services to preschool handicapped children.

ACCOMPLISHMENTS/MILESTONES

DATES

OUTCOME/SLIPPAGES

A. STAFF DEVELOPMENT FOR EARLY CHILDHOOD CENTER PERSONNEL

Staff development for Early Childhood Center personnel included the following activities:

1. Core Evaluation Team Consultation

1.1. The Core Team Evaluation consisting of the psychologist, speech and language therapist, and project Co-Director spent one morning per month in each of the four model demonstration programs for the purpose of assisting the teaching teams to integrate the specifics of these disciplines into their teaching curricula.

September

The Core Evaluation Team spent one morning per month in each of the four demonstration programs.

June

1.2 Core Evaluation Team consultants such as the pediatrician, neurologist, audiologist, otologist, ophthalmologist, etc., provided consultation to Early Childhood Center staff through regularly scheduled diagnostic clinics. Early Childhood Center personnel participated in each of these clinics and met with consultant staff following clinics to discuss findings.

September

The following clinics and consultation visits were held:

June

7 pediatric  
8 neurological  
11 audiological  
5 otological  
14 ophthalmological  
36 nursing  
35 physical therapy  
35 occupational therapy

Due to the increased number of referrals, and the nature of the handicapping conditions of children referred, it was necessary to increase the number of clinics by 350% over that anticipated.

2. Weekly Staff Meetings

Weekly staff meetings were held with project staff.

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to plan forthcoming activities, review the events of previous weeks, and work through issues specific to the Center's operations. In addition, the staff meetings were used for the purpose of staff development with each member of the project staff taking responsibility for training other staff in his/her own area of expertise. Seminars were prepared by individual staff members in the areas of task analysis, behavior management techniques, home programming and the use of creative activities to develop positive self-concept and other aspects of conceptual development.

July  
-  
June

33 weekly staff meetings were held and attended by all staff members.

B. STAFF DEVELOPMENT FOR NORTHWEST SPECIAL EDUCATION DISTRICT PERSONNEL who will receive children served at the Early Childhood Center.

Staff development for personnel who will provide follow up programming for children served at the Early Childhood Center occurred as follows:

1. Inservice Training.

1.1. Originally five kindergarten and five first grade teachers were to be selected by the Northwest Special Education District to participate in a series of 20 in-service training workshops during the course of the academic year which would focus upon longitudinal program continuity for preschool handicapped children and the means by which these children can be mainstreamed in to regular education settings. The inservice training approach was to use a case study method to address the needs of actual children who have been mainstreamed into these settings.

July  
-  
June

It was anticipated that ten teachers (5 kindergarten teachers and 5 grade 1) would participate in and successfully complete the inservice program. However, the superintendents of the five communities composing the Northwest Special Education District would not permit this to become operational. Hence, project staff made regularly scheduled visits to receiving teachers to facilitate the transition of children from the Early Childhood Center to mainstreamed settings.



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1.2 Joint planning meetings were held between Early Childhood Center teaching teams and preschool, kindergarten and first grade teachers receiving these children. These meetings were conducted on a case-by case approach and were an informal means of familiarizing receiving personnel with the needs for and means of integrating handicapped children into regular education settings.

July

June

28 meetings were held to plan for and assist in the transition of children from the Early Childhood Center to other programs in the Northwest Special Education District.

1.3 It was anticipated that the Northwest Special Education District would designate a Core Evaluation Team from each of the participating local education agencies to participate in inservice training which would focus upon the diagnostic and program planning approaches, techniques and activities that have proven successful at the Early Childhood Center. The Core Evaluation Team would have then become familiarized with the referral, scheduling and logging system as well as each of the specific evaluation techniques utilized by this project. The Core Evaluation Team was to participate in a series of ten half-day workshop sessions during the course of the year.

July

June

Ten workshop sessions were scheduled to be held to train the Northwest Special Education core Evaluation Team to utilize procedures that will insure longitudinal program continuity. However, instead the Northwest Special Education District chose to send one delegate to each full core review and planning conference.

1.4 Replication of the Teaching Research model program for 6-8 year olds. An existing special education class for moderately to severely handicapped 6 to 8 year olds was to replicate the Teaching Research model in order to insure program continuity for the population of children.

July

June

One special education class serving 8 moderately to severely handicapped children ages 6-8 was to adopt and replicate the Teaching Research model. However, due to pressures from local educational agencies, bargaining units this was not done. Instead, the parent clinic component of the Teaching Research model was used for this population.

C. STAFF DEVELOPMENT FOR VOLUNTEER PERSONNEL

1. Inservice training for volunteers who provide direct services to children was conducted. This training assisted the volunteer to employ methods appropriate to each model demonstration program within the Center's service delivery continuum. Training materials developed by each model program were utilized to assist the

September

June

21 volunteers were trained and participated on a regularly scheduled basis: 57% of the parents were trained and participated as volunteers at least once per week. This represented an



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the volunteers (parents and students) achieve specific competencies.

increase of parents as volunteers over what was anticipated; however, a decrease in the number of students. The decrease in numbers of students was probably due to the increased costs of transportation.

D. OTHER

For personnel interested in early childhood special education (LEA's, private nurseries, Head Start, Day Care), the project continued its development of a series of workshops at the familiarization, in-depth and replication level.

1. Familiarization workshops scheduled to be presented biweekly for the purpose of providing an overview of the Center's diagnostic and service delivery continuum. It was anticipated that approximately 150 individuals would participate in these familiarization workshops.

September  
-  
June

11 Familiarization Workshops have been presented for 25 people which is a significant decrease of what was expected. However, the Early Childhood Center had received maximum exposure in its two previous years.

2. In-depth workshops were scheduled to be held biweekly for each of the model demonstration Programs to provide an opportunity for participants to spend a full day at the Early Childhood Center participating in the program as well as in planning activities. It was anticipated that at least 80 persons would participate in an in-depth workshop at the Early Childhood Center.

September  
-  
June

10 In-Depth workshops were conducted for 30 people.

3. Replication workshops were scheduled to be held twice during the year for each of the model demonstration programs. During each of these workshops, five persons interested in replicating a specific model program will participate for five days and will achieve the specific competencies outlined in the replication training package.

September  
-  
June

One Replication Workshop per program was conducted for a total of 74 people, since it was possible to include many more trainees in the High Scope workshop than the originally specified 4. (Appendix G).

GRANT FUNCTION: DISSEMINATION

Objective #1: To provide the Rhode Island educational community and other community-based service providers for preschool handicapped children with knowledge and understanding of the comprehensive diagnostic and service delivery continuum designed and demonstrated by this model demonstration project.

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Dissemination occurred via three modes:

- the preparation and distribution of written materials
- the development, implementation, and coordination of a statewide network for early childhood special education
- the establishment of direct contact with other service providers through visitations, presentations, etc.

A. THE PREPARATION AND DISTRIBUTION OF WRITTEN MATERIALS

The following written materials were prepared by project staff:

1. An Early Childhood Center newsletter, "Scribbles". July  
which described activities and events at the Center. June

3 issues of "Scribbles" were prepared and disseminated to 500 people. This is less than the expected 1,000 because of increased printing costs. (Appendix H)

2. An updated dissemination packet which contained a cover letter, a copy of "Scribbles", a schedule of Center activities for the succeeding two-month period and a procedure for scheduling a visit to participate in one or more of the project's training and visitation activities. July  
June

500 dissemination packets were distributed which represents only 50% of the anticipated distribution because of increased production costs.

3. The revision and refinement of a monograph which fully describes the model demonstration service delivery continuum developed by this project.

Several 5 page monographs describing the model demonstration project's full service delivery continuum were completed and published. (Appendix I)

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B. THE DEVELOPMENT OF A STATEWIDE EARLY CHILDHOOD SPECIAL EDUCATION NETWORK

1. The project initiated the development of a statewide consortium of model demonstration projects for preschool special education. The Project Co-Director contacted each of the BEH projects and attempted to establish regular meeting times and communication procedures.

July  
June

2 meetings were held with model demonstration project directors and a system of bimonthly communications was established.

2. The project established formal linkages with the State Department of Education as well as institutions of higher education and various community-based service providers in order to enhance interagency efforts for disseminating the development of the preschool model demonstration programs.

5 joint presentations were made to the State Department of Education, each of the institutions of higher learning and community based service providers regarding each of the BEH model demonstration projects and the means by which these projects can become institutionalized via a statewide early childhood special education network.

C. DIRECT CONTACT WITH INTERESTED PARTIES

1. Large group presentations were scheduled monthly for the following types of organizations:

- Professional associations such as Council for Exceptional Children, National Association for the Education of Young Children, Special Education Teacher's Association, R. I. Association of School Psychologists, etc.

- Advocacy groups such as Child Abuse, United Cerebral Palsy, Coalition for Consumer Justice, Coalition for Handicapped Citizens.

2. Visitations to the Early Childhood Center by interested persons as outlined in this proposal under Objective #3, Inservice Training.

September  
June

Approximately 100 persons participated in the inservice/dissemination activities at the Early Childhood Center.

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3. Presentations to students at Rhode Island College, Rhode Island Junior College, the University of Rhode Island and Providence College occurred at least twice during this project period. The purpose of these demonstrations was to familiarize faculty and students with the model demonstration diagnostic and service delivery continuum and to encourage them to integrate the essentials of this system into their core curriculum for preservice and inservice undergraduate and graduate students.

September

5 lectures were delivered to undergraduate and graduate pre-school special education programs offered at Rhode Island's institutions of higher education.

GRANT FUNCTION: EVALUATION

Objective: To continue to collect data for an analysis of child progress, cost effectiveness, parent involvement, and efficiency of replication, so that school systems will be able to make informed decisions regarding the continuum of preschool diagnostic and special educational services which would be most appropriate for their community.

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A. Child Progress

1. Children were formally reassessed on the original instruments, which were used prior to entry into program on an annual basis or after actually having participated in a model demonstration program for ten months.

July

June

Data analysis consisted of a comparison of children's progress at reassessment with their original performance at the time of entry into program, and showed statistically significant gains by children in all programs. (Appendix J)

2. All children who exited from services in the model demonstration program continuum were reassessed on the same basis as that specified in 4.1.

July

June

Children's progress at reassessment was compared to their performance at the time of exiting from the model demonstration program service delivery continuum and also showed significant gains had been made. (Appendix J)

3. It was originally proposed that the progress of handicapped children served in the programs along the model demonstration service delivery continuum would be compared with similar children being served in more traditional settings.

July

June

A data analysis of the progress of children served in programs along the model demonstration program continuum was attempted with children served in more traditional settings, however, LEA's which originally agreed to cooperate were not able to follow through with the testing due to budget cuts.

4. Teachers and parents perceptions of their children's growth and development were compared both at time of entry into program and after every ten months of programming using the Alpern Boll Developmental Profile checklist.

June,  
1980

Statistical comparisons were made regarding teachers and parents perceptions of their children's growth and development, and as children participated in programming, their parents perception of their growth and development became more in agreement with that of the teacher's. (Appendix J)

ACCOMPLISHMENTS/MILESTONESDATESOUTCOME/SLIPPAGESB. Cost Effectiveness

1. The cost effectiveness of the referral and diagnostic procedures used at the Early Childhood Center were to be compared to those more traditionally employed by Rhode Island local school systems.

July

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June

Data was collected and analyzed to determine the cost effectiveness of the referral and diagnostic procedures used at the Early Childhood Center. However, comparable data was not collected from LEA's who originally agreed to do so because of budget cuts.

2. The cost involved in carrying-out model demonstration programs were determined and the relative cost benefit for each program was then derived by comparing per-pupil expenditures with pupil progress.

July

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June

The cost of carrying-out each model program was totalled and divided by the number of children served in order to determine average per pupil expenditure. An analysis of average per pupil expenditure in relationship to child progress was used to determine cost-benefit. However, there was no significant difference in pupil progress among programs. (Appendix K)

3. Relative cost-benefit for each of the model demonstration programs was to be compared with relative cost-benefits of more traditional programs.

Data was collected and analyzed to determine the relative cost-benefit for each of the model demonstration programs in comparison with more traditional programs was not possible due to problems enumerated above.

C. Parent Involvement

1. The frequency of parent participation in the wide range of parent involvement activities was logged and compared to the frequency of parent participation in more traditional programs.

July

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June

A comparison was made of the percent of parent participation in activities at the Early Childhood Center, with percent of parent participation in more traditional programs and it appears that parents of children at the Early Childhood Center participate in activities related to their child's education approximately 50% more often than children in more traditional settings.

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D: Replication Outcomes

1. The effectiveness of replication training for service delivery was determined by counting the number of children who will be served in a less restrictive setting as a result of Rhode Island local school systems adopting the model demonstration delivery continuum.

September

June

Data was collected and compared regarding numbers of children and the restrictiveness\* of the setting in which they were served prior to replication training.

3 Teachers now trained in the Portage model can provide education for as many as 30 children in their home.

4 Teachers trained in the PEECH model will now provide education for 40 mildly to moderately handicapped children in integrated settings with non-handicapped children.

5 Teachers trained in the Teaching Research model will now be able to provide education for 30 moderately to severely handicapped children who were previously served in institutional or agency settings.

62 Teachers now familiarized with the High Scope model can teach 620 mildly handicapped children in mainstreamed settings.

\*ss defined according to project developed environmental checklist.



ANTICIPATED AND UNANTICIPATED SPINOFF

Because of a major emphasis of this grant period has focused on the development of a continuum of diagnostic and educational services to pre-school handicapped children and their parents, it has been possible to "streamline" the referral process, significantly reduce the number of children who may have been otherwise falsely identified as handicapped and concomitantly increase the number and rate at which children can be effectively referred, evaluated and served by the model demonstration program service delivery system.

Another spinoff effect has been the development of coordinated efforts between federal sources of funding for preschool handicapped children available to the Rhode Island State Department of Education's Special Education Unit and the Handicapped Children's Early Education Project located at the Early Childhood Center. As a result of this coordination, the Early Childhood Center's service delivery continuum has been adopted as a model for Rhode Island Local Education Agencies approach to early intervention for preschool handicapped children, and the Rhode Island State Department of Education will continue to provide technical assistance to those communities who participated in replication training.

Coordination has also been achieved between the Handicapped Children's Early Education Project and the major community agencies serving families in the Northwestern Rhode Island Region. These efforts have resulted in expanding the service delivery continuum to include less restrictive settings, i.e., private nursery schools, Head Start and in coordinating resources for the overall improvement of daily family living. The Northwest Special Education District will continue this coordination and will assume some of the services previously delivered by the Handicapped Children's Early Education Project staff at the Early Childhood Center.

Unanticipated spinoff has included the appointment of a Service Coordinator for preschool handicapped children in the Northwest Special Education District who has been trained by Handicapped Children's Early Education Project staff.