

DOCUMENT RESUME

ED 199 991

EC 132 496

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 TITLE Serving Handicapped Children in Home-Based Head Start: A Guide for Home Visitors and Others Working With Handicapped Children and Their Families in the Home.  
 INSTITUTION Cooperative Educational Service Agency 12, Portage, Wis.  
 SPONS AGENCY Administration for Children, Youth, and Families (DHHS), Washington, D.C. Project Head Start.  
 REPORT NO OHD-5001  
 PUB DATE 80  
 NOTE 305p.

EDRS PRICE MF01/PC13 Plus Postage.  
 DESCRIPTORS Diagnostic Teaching; \*Disabilities; \*Home Programs; \*Home Visits; Individualized Education Programs; \*Parent Education; \*Preschool Education; Screening Tests  
 IDENTIFIERS \*Project Head Start (Home Based)

ABSTRACT

The manual is intended to help home visitors, teachers, handicapped coordinators, parents, and others who work with young handicapped children in home based programs and to supplement training provided by the Home Start Training Centers. The manual contains 10 author contributed chapters. An introductory chapter by R. Boyd briefly considers advantages of home based programs for the handicapped. Other chapters have the following titles and authors: "Head Start Within the Community" (R. Offner, et al.); "Screening, Assessment and Diagnosis" (J. Herwig); "Individual Program Plan" (J. Herwig, M. Griffin); "The Home Visit: Planning" (J. Herwig, D. Cochran); "The Home Visit: Implementing" (C. Loftin, D. Cochran); "The Home Visit: The Rest of the Story" (B. Wolfe); "Records" (J. Herwig); "Helping to Enlarge the Child's World" (R. Boyd); and "Helping the Child Make a Transition" (R. Boyd). A major portion of the document consists of appendixes which provide information on the following: Home Start Training Center Programs, P.L. 94-142 (the Education for All Handicapped Children Act) and Head Start, Head Start enrollment policy, recruitment, behavioral objectives, ten problems frequently encountered when using behavioral checklists, task analysis, making your home safe, home eye tests, and lesson plan development. The section on resources provides annotated lists of activity books; children's books about handicaps; home based materials; early childhood education materials; books on parent education and involvement; books on exceptional children; references on health, nutrition, and safety; books on child development; a list of organizations, and bibliographies. (DB)

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# SERVING HANDICAPPED CHILDREN IN HOME-BASED HEAD START

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A Guide for Home Visitors and Others Working With Handicapped  
Children and Their Families in the Home

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This manual was developed by the staff of the Portage Project, Cooperative Educational Service Agency #12, Portage, Wisconsin, under Grant #5001 G/H/O for Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services.

DEC 4 1980

EC 132496

# PREFACE

Head Start is celebrating its 15th year as a comprehensive child development program. It is widely recognized as a program that really works. In 1972 Head Start began a demonstration project called Home Start to determine whether the Head Start program could be successfully delivered by parents to their own children at home. In the Home Start demonstration home visitors went into homes once a week and helped families become more effective developers and teachers of their children. At the end of its three year demonstration, which included a favorable evaluation, the program was found to be highly successful for the children and their families. Based on its success, the experiment, containing all elements of the regular center-based Head Start program was made an operational Head Start option which Head Start programs all over the country could choose for all, or some of their children. During the 1979-80 school year, about 8% of all children in Head Start were enrolled in this Head Start option.

At the end of the demonstration phase, Home Start Training Centers (HSTCs) were established to train home visitors. By January of 1980 there were seven HSTCs located around the country. The number of children served in this program option has increased every year, and now exceeds 22,000 children in over 400 Head Start grantees nationwide. At the same time the home-based Head Start option was being developed Head Start began to intensify its efforts on behalf of handicapped children. While Head Start programs had always served handicapped children, in 1972 Congress mandated that 10% of Head Start enrollment opportunities be made available to handicapped children and that services be provided to meet their special needs. This effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of this Head Start mainstreaming movement, the Head Start Bureau of the Administration for Children, Youth and Families (ACYF) has established a network of fifteen Resource Access Projects (RAPs) to serve all Head Start grantees in the nation. The RAPs have been established to extend and intensify Head Start's capability to serve handicapped children and their families. The RAPs support the mainstreaming movement by providing training and technical assistance to Head Start teachers and others involved in services to handicapped children.

Mainstreaming is a major contributor to Head Start's success in serving handicapped children. Since the Home-Based option does not typically lend itself to this phenomenon, there has never been any particular encouragement for enrolling handicapped children in home-based programs. Some handicapped children have been served, and served well, in home-based programs, however, and when the decision is well thought out, a home-based program may well be the preferred choice for a handicapped child at a particular time.

This manual is meant to help home visitors, teachers, handicapped coordinators, parents and others who may work with or supervise handicapped children in home-based programs, or who are involved in other home-based developmental programs for young children and their families. It is meant to supplement, and not replace training provided by HSTCs for home visitors. Those who wish more information about home-based programs or would like to participate in training for home visitors may contact the appropriate Home Start Training Center. (See Resources).

The Resource Access Projects have been assisting Head Start personnel with the special needs of handicapped children since 1976 and since 1978 they have been training Head Start teachers using the *Mainstreaming Preschoolers* series. This set of eight books on handicapping conditions was developed by the Head Start Bureau for this purpose and for the use of Head Start personnel. In the fall of 1980, the RAPs began to train home visitors who expressed the need for training in the specific skills involved in helping parents to be better developers of their handicapped children. Those who feel the need for additional training in skills related to their work with handicapped children or wish additional information about the RAPs and the services they offer may contact the appropriate RAP. (See Resources).

Finally, it should be mentioned that this manual was developed for ACYF by the Portage Project. The Portage Project has had considerable experience in home-based services to handicapped children. The Project also currently sponsors a Resource Access Project and a Home Start Training Center. This combination of experience and perspective was extremely useful in developing a manual for home visitors working with handicapped children and their families. Obviously, the material reflects to some degree the experience and approach of the Portage Project. This should not be construed as suggesting that ACYF sanctions the Portage Model as the model of home-based services for handicapped children. There are other approaches to these services as evidenced by the other six HSTC program descriptions in Appendix A. Local programs should carefully review both the material contained in this manual as well as the HSTC program descriptions to arrive at a delivery system which meets local conditions and needs, yet will provide effective programming for handicapped children and their families.

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## Acknowledgements

The editors wish to express their gratitude to a number of groups and individuals who assisted in the development of this manual. Initial drafts were reviewed by each of the Resource Access Projects (RAPs) and also by the Home Start Training Centers (HSTCs). Their comments and perspectives were very helpful in revising several sections of the manual. Among those who deserve special mention is the Alaska RAP for their assistance in editing, reminding us to keep our sentences short and our vocabulary reasonable. Their reminders were most helpful. Also, we would like to thank Desmon Tartar from the Clinch Powell Educational Cooperative HSTC and Linda Reasoner from the ARVAC HSTC for their special help in editing.

We are also indebted to Pam Coughlin and Marilyn Semmes from the Administration for Children, Youth and Families for their support in the development of the manual, from its inception through its completion. Thanks are also due to other staff members from ACYF who reviewed the manual, including Ray Collins and Jenni Klein. Their input and recommendations were greatly appreciated.

Preparation of the manuscript was greatly facilitated by several individuals. Donna Pomplun, Wanda Williams and Kelly Schultz demonstrated great diligence and patience in typing and correcting initial and final drafts. Thanks are also due Rebecca Snider for her constructive changes in syntax and vocabulary, as well as assisting in proofreading final copy.

Finally, special thanks must be extended to the many families who welcomed us into their homes to take photographs. Their cooperation and friendliness is yet another reminder of their positive feelings about Head Start. Gratitude is also expressed to the following agencies for helping us arrange the photographic sessions: Dane County (WI) Head Start, Wisconsin Dells (WI) Head Start, Child and Family Development Center (Milwaukee, WI), and the Portage Project Direct Service program.

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# INTRODUCTION

Home visitors are to be envied. Serving children and families within the home environment can be one of the most rewarding professional experiences. Where else can you become better acquainted with the family, work with them in a relaxed setting and provide an individualized program? Watching the family grow because of your program is very reinforcing, but the frosting on the cake is a little nose pressed to the window in anticipation of your visit and a warm hello from the parent.

The needs that you meet in non-handicapped children and their families through your home visits are probably heightened in handicapped children and their families. These families will have greater, perhaps unusual, needs as a result of the child's handicapping condition. Your visits will be most welcomed, especially since you will be helping the entire family.

This manual has been developed to help you, the home visitor, provide effective home-based services to handicapped children and their families. Remember, home visits are not magical. Simply showing up at the

home on a weekly basis will not meet anyone's needs. You must have goals and objectives clearly set, a plan for meeting these and a system to evaluate and account for what you've accomplished. Chapters in the manual address each of these crucial areas. Because home visits cannot be left to chance, the manual provides you with a structure for each visit. Within this structure you can be as creative as ever. But some structure is needed to help you build meaningful rapport with the family and provide effective programming.

Other chapters address the use of community resources, use of screening, assessment and diagnosis information, and individual program planning. While much of this information is focused on handicapped children and their families, **the strategies can be used effectively with all of the children you serve.** The same is true with the last two chapters on integrating handicapped children into more normal environments and mainstreaming them into center-based programs. With a little thought and effort, this information should also prove useful with non-handicapped children on your caseload.

Finally, the appendices contain in-depth information on important principles and practices touched upon in the various chapters. Rather than break the flow of the chapters, it was decided to place this material in the appendices. This does not diminish its importance, however, and the information should be read for better appreciation and comprehension of the primary chapters.

But before we get too far ahead of ourselves, it would be useful to briefly outline Head Start's commitment to serving handicapped preschoolers, and to discuss the role of the home-based option in Head Start's full range of services. We will then discuss the advantages of home-based and will illustrate some of these through a case study.

## Helping Handicapped Children Through Home-Based

Head Start has always welcomed handicapped children. Handicapped children were enrolled in Head Start programs from the beginning of the project back in 1965. The 1967 Head Start Manual for example states: "Head Start encourages the inclusion of mentally and physically handicapped children in integrated settings with other Head Start children." This policy of including handicapped children was given support by Congress in 1972. Congress declared that at least 10 percent of the national enrollment be made available to handicapped children. With this mandate came the need to account for handicapped children served in Head Start. This meant counting the number enrolled and making sure that the children were adequately diagnosed and

served. Later, the 10 percent figure was made a requirement for each state through the Head Start, Economic Opportunity, and Community Partnership Act of 1974.

These actions occurred because Congress recognized the importance of early help for handicapped youngsters. They also knew that few programs were available to serve handicapped preschool children. Furthermore, the recent passage of Public Law 94-142 (the Education of All Handicapped Children Act) has improved services to handicapped children. This law requires that teachers in programs subject to P.L. 94-142 follow certain procedures in working with handicapped children. These procedures will be discussed in this manual since it is advisable to follow them in Head Start and other preschool programs, even when this is not a legal requirement.

Head Start allows a number of choices in serving families. Head Start recognizes that individual needs should dictate the program and not the other way around. One of these options, home-based, allows Head Start teachers to serve children through home visits. Home-based programming, originally known as Home Start, became an option after a three-year demonstration project showed success. Home Start stressed the importance of the parent in the child's development. While parent involvement has always been an essential part of Head Start programs, Home Start highlighted the role of the parent as the child's teacher and attempted to build on the family strengths. Evaluation results indicated that Home Start was effective for both parents and children.\* In fact, Home Start evidenced essentially the same success as did the more traditional center-based Head Start program.

\* Love, J.M., Nauta, M.J., et al. *National Home Start Evaluation: Final Report — Findings and Implications*. High/Scope Educational Research Foundation and ABT Associates Inc., 1976.

As a result of Home Start's success, Head Start in 1973 recognized the role of a home-based option in serving some handicapped children:

*Home-Based Models, perhaps in conjunction with variations in center attendance, may be best for some handicapped children. Selection of this approach should be coupled with an awareness of the child's need to interact with other children and the socialization with peers. Working with parents within the home environment can enhance understanding of their child's handicap and can stimulate constructive ways to cope with it.*

Clearly, then, home-based programs are an important option to consider in the full range of Head Start services to handicapped children. The program for each child should include a combination of home and center experiences. The amount of each is dependent upon the child's needs. This is not a question of whether home-based or center-based is best. The question is: How can we best meet the needs of this particular handicapped child at this time? Handicapped children have the same kinds of needs that non-handicapped children do, only they are generally greater in one or more areas.

All children need to grow and develop in a secure, caring environment. They need the opportunity to express themselves creatively and to become as independent as possible. This enhances their self-concept. They need the chance to play and interact with other children. This helps them gain better language and social skills. They need to have materials and learning opportunities which help their development. All children need these things whether they have a disability or not. But handicapped children may be more restricted in what is available to them, or what they are able to take advantage of even though it is available. Our aim should be to teach these children in the setting that can best help their development.

## What Are The Advantages of Home-Based?

Serving handicapped children in a home-based program offers several distinct advantages. Home visitors should recognize these advantages and capitalize upon the strengths home-based programming can offer handicapped children and their families. Among these advantages are the following:

- 1. Individualized Instruction** — Serving handicapped children at home enhances an individualized program for the child. Not only in terms of the objectives set for the child in the Individual Program Plan (IPP), but also in terms of the one-to-one instruction that takes place during home visits. The home visitor and parent use their knowledge of the child to plan activities to teach the child. This individualization helps the child learn new skills.
- 2. Learning Occurs in the Natural Environment** — For many handicapped children the home environment offers the best setting for developing basic skills such as dressing, feeding and communicating. This is the environment where most of the child's basic needs are met, and where the child feels most comfortable. Also, the primary caregivers (parents, older siblings) will be the ones doing the teaching; not only through special activities, but through their daily routine with the child.
- 3. Observe the Parent-Child Interaction** — Working with the child and parent at home makes it possible for the home visitor to observe the parent-child interaction. This may be particularly important for families with handicapped children, because these children place extra, and sometimes unusual, burdens on the families. Good teaching and child management skills are crucial for parents of handicapped children. They will need these

skills to cope with the many educational and developmental problems their children may have. The home visitor is in a good position to help the parents become effective teachers and managers of their child's behavior. Although primary emphasis may be placed upon helping parents become better equipped to meet the comprehensive needs of children, don't ignore the role of siblings in the development of the handicapped child. Effective home-based services assess and use all aspects of the home environment for the child's benefit.

4. **Prevention** — Skills parents learn to use with the enrolled handicapped child can also be applied to other children in the family. This can be very important for families having several children with behavioral problems. If a home visitor is successful in helping the parents learn better teaching and child management techniques, then they will probably use these techniques with the other children in the family. For example, if the parents learn how to respond appropriately to a child's tantrums, they can use the same skills whenever a younger child begins to tantrum. Prevention of developmental or behavioral problems in siblings can be an important outcome of effective home visits.
5. **Direct Parent Involvement** — The above strengths of the home-based option will work only if the parents are directly involved in the program for the child. Many programs mistakenly have home visitors go into the home and work directly with the child while the parents observe. This is called a "home tutoring model." This model was found to be of limited ef-

fectiveness in a survey of preschool programs.\*\* If the home visits are once or twice a week for 1 or 1-1/2 hours, it is easy to see why such programs would have little success. If the parent is not directly involved, the child only gets a little help from the home visitor. But in programs that use the parent as the child's teacher, the parent can teach the child whenever and wherever the opportunity arises. Demonstrating the teaching skills and activities to the parent, so the parent can use daily activities and interactions as learning opportunities, makes more sense.

6. **Family Involvement** — Home-based programs also have the advantage of total family involvement. Parents, siblings and other household members can all be involved in the child's program. Providing family members with successful, growth-enhancing experiences with the handicapped child can create a healthier emotional climate for the whole family.
7. **Developing Home-Center Linkages** — Parents who have learned to teach their handicapped child successfully at home are much more likely to continue working with their child once the child enters the center program. Skills taught in the center can be reinforced and expanded upon by parents in the home. Also, parents who are confident as teachers of their children will be more likely to volunteer time in the center. They could work with either their own or other children in the program. Home-based service is a good way to give parents confidence in their teaching ability.

\*\*Bronfenbrenner, U. *A Report on Longitudinal Evaluations of Preschool Programs*. Washington, D.C., Department of Health and Human Services Publication No. (OHD) 74-25, 1974.



In summary, home-based programs can benefit parent and child. An evaluation of center- and home-based programs concluded that both programs were equally effective for children and parents. Home visits planned to teach the child specific developmental skills and demonstrate activities for parents, combined with periodic group experiences for socialization can meet the comprehensive needs of children and families.

The content and organization of the home visit determines its success, whether it is a weekly visit or a supplement to a center-based program. This manual will help you plan and conduct home visits for handicapped or non-handicapped children. Although there are no "miracles" which ensure that every home visit will go smoothly or that parents and children will always cooperate, the suggestions and techniques described have been effective with many children and families. As you read each chapter, think about the advantages of home-based services in meeting the needs of handicapped children and their families. Try to put yourself in the position of a home visitor and think about how you would handle certain situations. A good place to start is with the following case study of Allen.

## Allen

Allen is a bright, engaging boy who has recently celebrated his fifth birthday. Allen has cerebral palsy and is confined to a wheelchair. He has limited use of his arms and hands, and cannot walk or stand. Despite these physical difficulties, Allen shows an understanding of language and an appreciation of humor, laughing delightedly at family jokes.

Allen was enrolled in a home-based Head Start program because of several factors. These included transportation difficulties, problems with feeding, and most importantly because the home environment was

judged to be the best place to work on the many needs found in the parent-child interaction. A home visitor was assigned to the family and she made weekly home visits. During these visits, activities were demonstrated to Sara, Allen's mother. Sara worked on these activities with Allen while the home visitor watched. She would work with him on the activities a little bit each day during the rest of the week. Sara tended to be over-protective of Allen. She did too many things for him that he could learn to do for himself. Unfortunately, this behavior was imitated by Allen's older sister. The sister occasionally objected to the "favoritism" shown Allen, but she also tended to be over-protective. Because of this, the activities were gradually modified to include the sister in Allen's program. Consistency among family members in their interactions with Allen was crucial to his behavior and development. At first, they worked on developmental skills — things that Allen could not yet do. The family members had to first become comfortable with the home visitor and the structure of the home visit. Later, more activities centered on helping family members learn to interact more appropriately with Allen.





The mother, in particular, learned better teaching and child management skills. She learned to allow Allen more opportunities for independence, even allowing him to fail. But with her encouragement and good teaching skills, Allen's failures were short-lived. In time, Sara learned to plan developmental activities for Allen and could write up her own lesson plans. Allen's father learned to appreciate Allen's special skills and needs. He learned the importance of talking to Allen even if Allen's speech was hard to understand. The father also learned the importance of including Allen in projects around the house. Even if Allen couldn't pound a nail, he could watch his dad work, listen to his dad's explanations and learn how things work.

Allen's older sister also learned to let him be more independent. She learned not to let his problems become her problems. By watching her mother work with Allen, she learned how to give aid when it was needed, but not before. She also "discovered" that Allen could learn to do things for himself.

Because of the many changes in the family's interaction with Allen, in particular the good teaching and child management skills the parents learned, it was felt that a change from a home-based to a center-based program was appropriate. Allen was gradually integrated into a center-based Head Start program. A point had been reached when more could be gained from having Allen be with other children. A gradual fading-in process was considered the best strategy due to the mother's fear that Allen would be upset by the reactions of the other children toward his disability. Although Allen had many problems physically, he understood a great deal and was rather sensitive to the reactions of other people. Through encouraging Allen's mother and good preparation of the center staff and children, Allen was brought to the center and had a most successful visit. It was then agreed that Allen would visit the center a half day each week while still receiving the weekly home visit. His attendance at the center would increase depending upon how well he did. Within a month, Allen was attending four days a week and the home visits



were dropped. Allen's mother became so involved with the center and some of the other children that she began to write activities for other children in addition to Allen. This was greatly encouraged by the center staff not only in recognition of the good skills Allen's mother had, but also because it helped her gain a better appreciation of the strengths and needs of all children. Also, this allowed Allen to do more things by himself. Sara gained a new feeling of confidence in herself through her involvement. She also gained a new perspective and appreciation of Allen as he flourished under the care and instruction of the center staff and children.

This true story illustrates the need for home-based and center-based programs to meet the needs of a child and family. The home-based program helped the family develop skills in teaching Allen; the center-based program helped Allen expand the learning experiences he had at home. Parent involvement is basic to Head Start. All program options require home visits and group experiences. This manual will focus on home visits and suggest ways for making the home visit a successful learning experience for parent and child. This manual was developed specifically for teachers of handicapped children in a home-based program. The suggested techniques and strategies for providing an effective home-based program work with all children.

The material covered will help you:

- determine strengths and needs of the child and family
- plan a program to meet those needs
- plan and implement successful home visits
- expand the child's world with home, neighborhood and classroom experiences
- provide an effective transition into new programs.

We have placed a lot of emphasis on helping you, the home visitor, develop a structure for your work with handicapped children. This structure will enable you to help the child and family. Remember, within this structure you can be as creative as ever. A home visit is similar to designing and constructing a building. Without paying attention to the structural parts of the building (the foundation, supporting beams, etc.), the most creatively designed building will soon collapse. You need a solid foundation upon which to build your program. Without a blueprint to follow, the program becomes haphazard and in the end you haven't accomplished what you had originally intended. In laying a foundation for your work with handicapped children in the home, we have not attempted to duplicate the information in the *Mainstreaming Preschoolers* series. This series of manuals was developed by Head Start to help teachers understand the needs of specific groups of handicapped children and work effectively with them. Here, we have presented you with information which will help you work with handicapped children through the home-based option — no matter what type of disability the child may have. If you need information on a specific type of disability, please see the *Mainstreaming Preschoolers* series which should be available to you through your Handicap Coordinator or the Resource Access Project (RAP) in your area (See Resources Section). Take advantage of these valuable resources offered by Head Start. Also, remember to use community resources in meeting the comprehensive needs of handicapped children and their families. The next chapter discusses some important points regarding community services and their proper usage.



# Head Start Within The Community

Head Start is designed to use community resources in serving families and children. This not only helps Head Start provide a better program, it also links the family with community services that will be available after the child leaves Head Start. This is especially important for handicapped children because they will most likely require special services beyond their Head Start years.

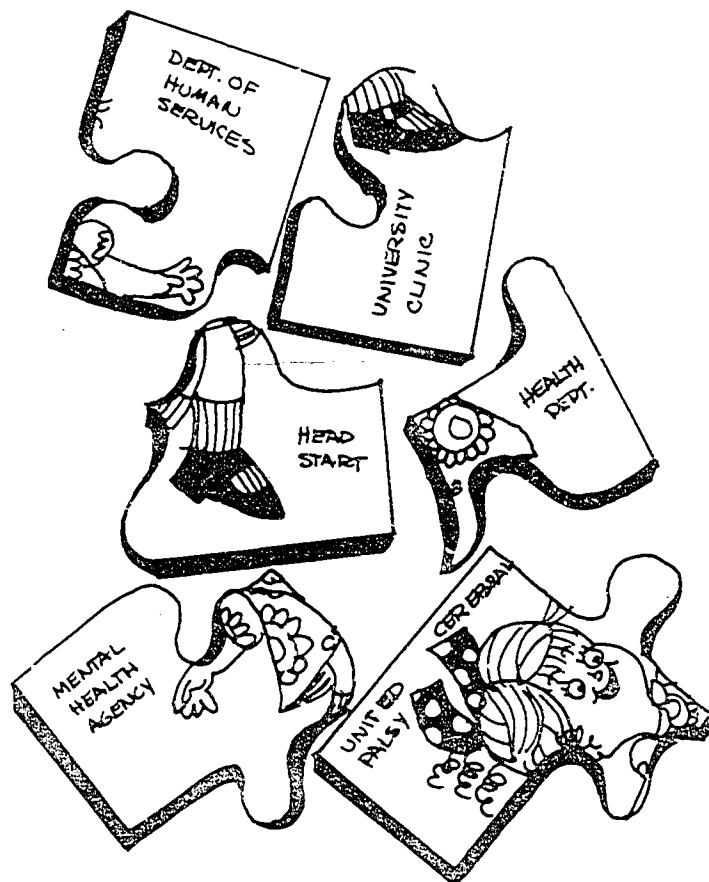
Helping families locate appropriate services for their handicapped children is of great importance. But perhaps of even greater importance is helping families gain confidence and skill in working with service providers to maximize the benefit from each contact. This is an important area of consideration for each home visitor working with handicapped children and their families and will be discussed in later sections of the manual. The

present chapter, however, will focus on what you, the home visitor, can do to establish and maintain coordination among service providers. After all, in order to help families better locate and work with outside agencies, you must first provide a good model. It is important to remember, though, how your role is defined within your Head Start agency. Often the Handicap Coordinator or some other Head Start administrator is responsible for most communications with outside agency personnel. Be sure you understand your role and responsibilities prior to initiating any contacts with other service providers. If you are unsure about an area of responsibility, discuss it with your immediate supervisor before you take any action. Effective coordination begins within the home agency before it can include outside agencies as well.

# Developing a Network of Services:

## Awareness

Many community professionals and agencies, including Head Start, must work together to provide comprehensive services for handicapped children. The first step in developing such a network of services is to inform the public and various community agencies of the Head Start program. Recruitment activities such as posters and newspaper announcements can provide initial public awareness about Head Start (See Appendix D). However, the best way to ensure that agencies are aware of the program is to contact them directly. A letter which describes the children served and the services available through Head Start should be sent to community agencies that serve children and families. This letter should suggest a personal meeting to determine how Head Start can work with the agency in serving handicapped children. The benefits to all parties involved in coordinating services should be stressed.



*The child and family are like a puzzle broken into pieces when community agencies don't coordinate services.*

- Children Benefit** → They gain comprehensive services which are coordinated and non-overlapping.
- Parents Benefit** → They gain a source for obtaining needed services for their children and coordination of these services.
- Head Start Benefits** → They gain needed diagnostic and treatment services and opportunities to share observations and findings about children.
- Other Professionals/ Agencies Benefit** → They gain an opportunity to learn about the Head Start program and services for handicapped children and a placement for obtaining educational services for young handicapped children.

## Personal Contact

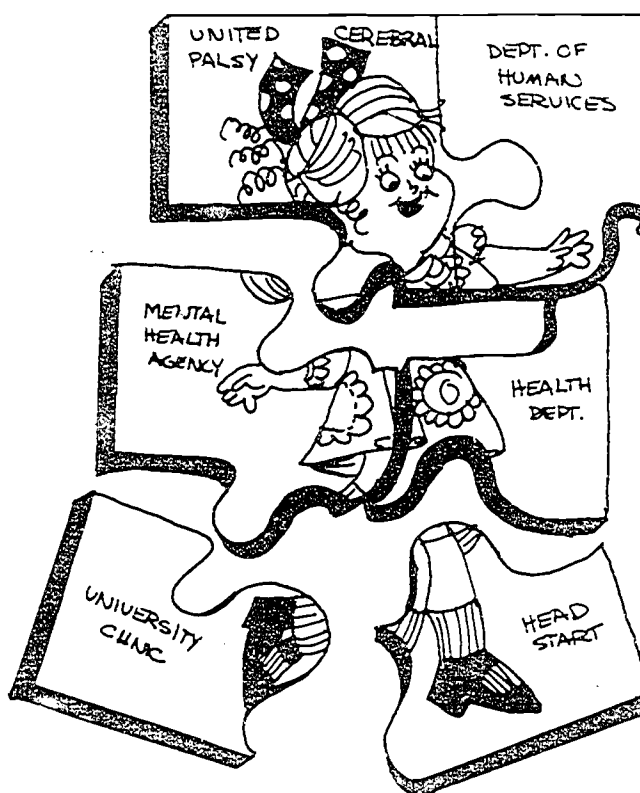
The letter to an agency is like knocking on the door. They know you are there, but this is not enough. Plan to contact each agency personally to determine what the agency has to offer Head Start and likewise what Head Start has to offer them. The responsibility for making this personal contact will usually be determined by your Head Start administrator. The Handicap Coordinator will probably have the greatest share of this responsibility. In some cases home visitors may be asked to contact agencies.

The most effective contact will be person to person. Schedule a meeting with a representative from each agency either at the agency site or at the Head Start office. There may be cases where contact by phone is sufficient. For example, if the Head Start program has previously worked well with the Health Department and there have not been any changes in staff, a phone call may be sufficient to ensure that cooperation continues.

Whether contact occurs in person or by phone, there are some specific questions to be answered:

- What kinds of services are available from the agency? (diagnostic, speech therapy, counseling, etc.)
- What are the eligibility requirements?
- Do they specialize in working with any particular handicapping condition?
- How is a referral made?
- Who is the contact person?
- Are agency staff available to make home visits or observe in the Head Start classroom?
- What is the cost of services?
- What services does Head Start offer which could be used by the agency?

Staff from various agencies can be invited to speak at parent meetings or staff meetings. This provides an opportunity for staff and parents to ask questions and get additional information. Information obtained from these contacts can be organized on a chart (Figure 1). The chart should be shared with home visitors and parents to inform them of services available in the community.



*The pieces start to come together as agencies become familiar with the variety of services available in the community.*

Figure 1

Agency/ Professional	Contact Person Address/Phone #	Type(s) of service offered	Ages	Notes:
Woodridge Guidance Center	John Smith, M.S.W. 100 Main St. 555-4234	Psychological/ Developmental Assessment, Psychiatrist, Social Worker, Individual/Family/ Group Therapy	All	Good diagnostic services, Good parent teaching of management skills, Payment on sliding scale
University Clinic	Ms. Jane Miller, Coordinator 552 Univ. Dr. 555-1234	Medical Diagnosis, Physical/ Occupational Therapy, In Patient- Out Patient	All	Good pediatricians, OT/PT outpatient clinic, Fixed fee payment, Insurance accepted.
Susan Carlson, OTR	City Medical Building 1000 Main St. 555-6000	OT Diagnostic	0-21	Specializes in CP children Payment-fixed fee
Mt. Pleasant School District #1	William Black, Ph.D., Director of Spec. Education 200 School St. 555-1111	M-Team Evaluation, Support Services, Early Childhood Handicapped Program	3-21	Should be notified of all handi- capped cases. Will place children in Head Start Program

## Coordination Plan

The final step in developing a network of services is to establish a plan for working with each agency. With some agencies there may be very rigid steps to follow in receiving services for the child. Other agencies may be more flexible. Whatever the case, a plan should be developed to ensure coordination between Head Start and other agencies serving children and families. The plan should determine:

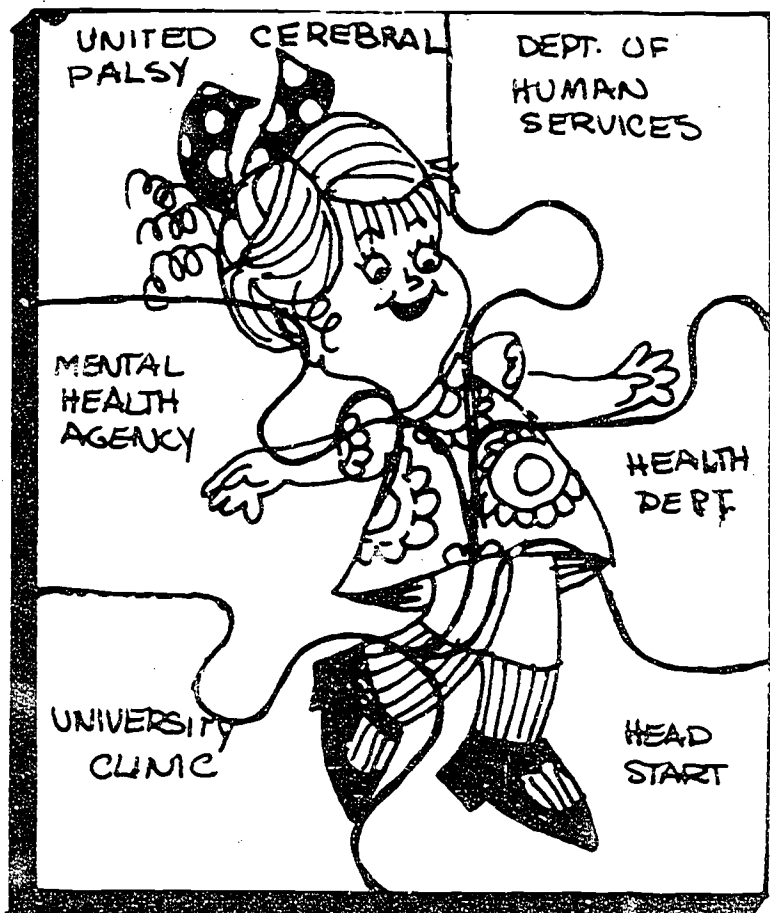
- how contacts will be made
- who can make these contacts
- how to make a referral
- what information is needed on the referral

- who will secure signed parental permission for release of information
- what service costs are and who will be responsible for these costs.

Other important information which is specific to each outside agency should be included in the plan.

Your Head Start administrator or Handicap Coordinator will most likely be the person responsible for developing these plans or agreements. However, it is important for each home visitor to be aware of the agreements made between agencies. Knowing what has been agreed upon will help you in your contacts with staff members from these agencies. It will also help ensure that Head Start maintains the agreed upon responsibilities.





*The puzzle is completed when all community agencies work together in meeting the special needs of children and families.*

## Referrals

When should a child be referred to an outside agency? Any time there are questions or concerns about the child, a referral can be made. Remember you are a home visitor. Most Head Start teachers are not trained to plan therapy or do special tests to determine if a handicapping condition exists. Usually referrals will be made after a child has completed the screening process. However, they can be made at any point during the program year if the home visitor, parent, or Handicap Coordinator feels a referral is needed. If the home visitor or parent has concerns about the child, someone within the Head Start staff should observe the child and help determine if a referral should be made to an outside agency.

An unfortunate trap some home visitors fall into is delaying a referral because they've

become very close with the family. As you get to know the family and the circumstances in which they live, it sometimes becomes easy to "make excuses" for the child's developmental delay or problem. You "understand" too well the possible effects of the environment on the child and you delay making a referral or having another Head Start staff member accompany you on a home visit. For example, you might delay having a speech and language evaluation done on the child because other family members also have speech problems. Or you might delay making a referral because you think that with your help the problem will soon be corrected. Avoid being lulled into inaction by your knowledge and "understanding" of the family and their environment. Any time you suspect a problem may exist, discuss it with your Handicap Coordinator or other administrator to help you decide whether a referral is needed.



Who should the child be referred to? Use the chart that describes each community agency to determine which agency would be most appropriate. Involve the parent in these decisions.

How is a referral made? The Handicap Coordinator will normally make the contact with the outside agency. The home visitor and parent can help by completing necessary referral forms. Provide the agency with background information on the child such as screening results, description of the program he or she is receiving and developmental data that relates to the area of concern.

Name: Johnny Jones  
DOB: 4-18-76  
Date: Dec. 18, 1980

**Background:** Johnny was born five weeks prematurely and had respiration problems at birth. Johnny's developmental milestones have all been delayed: he sat up at 11 months, and walked at 18 months. Speech has been very slow in developing. After three months in the home-based program, with emphasis on language skills, Johnny continues to be very delayed in language, is extremely hard to understand and has a limited vocabulary. Johnny is also prone to temper tantrums and is difficult for his mother to manage.



In addition to the background information, indicate why the child is being referred. List specific questions you would like answered, especially information you need to assist in planning a program for the child.

#### Questions/Concerns:

1. Are Johnny's developmental delays related to any specific handicapping condition?
2. Is Johnny's speech delay a significant problem? What kind of therapy is indicated?
3. What can be done to improve his behavior?
4. What are some specific teaching techniques that I should be using while working with Johnny and his mother in the home?

After the referral has been sent to the agency, an appointment will be scheduled for the child. This completes the referral process.

## Communicating With Other Agencies

Home visitors can play an important role in the direct communication between agencies. Supervisors and coordinators are usually responsible for organizing the services between agencies; home visitors are frequently responsible for communicating with the agency about specific children and implementing the suggestions from the agency. Again, much of this will depend upon the roles and responsibilities outlined for staff members in your agency.

When interacting with outside agencies and professionals, follow these basic "rules" to improve communication and cooperation:

- Be Prompt** → It shows that you respect their time.
- Be Prepared** → Have your information, questions and concerns well thought out and organized beforehand. It will help the meeting flow more smoothly and show that you have a sense of the child's needs.
- Be Willing to Share Information** → It will open up communication and create an atmosphere of mutual interest in the child.
- Be Willing to Listen Carefully** → It shows that you respect their opinion, even if it is different from your own, and it will help you formulate a better understanding of the child.
- Be Aware of The Child's And Parent's Rights** → Make sure that you have the parent's consent to share information about the child, and that you respect their right to privacy. This creates trust from both the parent and other professionals that you are acting in the best interest of the child and the family.

There will be two situations in which you will be working with outside agencies:

1. when you refer a child from your caseload;
2. when another agency refers a child to Head Start.

In either case the goal for coordinating services is to provide comprehensive programs that meet each child's needs. When a child is referred to an outside agency it would be helpful to accompany the parent and child whenever possible for the initial visit. This will allow you to present any additional questions not included on the referral form. You will also be available to help the parent understand any terminology which is unclear. Use this visit to observe the special techniques used in working with the child. Ask the staff to demonstrate any therapy or teaching techniques they have recommended for the child's program. Be sure that you and the parent understand fully any written recommendations.

When another agency refers a child to Head Start, it is important to talk with staff who have worked with the child. They should have valuable suggestions for teaching the child. Ask if the child is receiving any therapy or other special services which should be continued.

## Maintaining Communication

Providing feedback to professionals with whom you have worked is a good way to maintain communication between agencies. Let them know if their suggestions for working with the child were helpful. You may wish to establish a regular meeting to discuss the child's progress and make appropriate program changes. It is especially important to meet periodically with agencies that provide some service to the child. For example, a child with cerebral palsy has monthly evaluations at a clinic. Therapists may make changes in the physical therapy recommendations. You need to be aware of these changes and implement the suggestions in your weekly home visits.

It is also important to provide feedback to agencies referring children to Head Start. Inform them of the child's progress in the program. You might also invite them to observe a home visit and make further suggestions for working with the child.

Many times a child receives services from several agencies. You should communicate with each service provider and attempt to coordinate all the services to the child. It is very frustrating for a parent to receive conflicting information from several sources. To avoid such frustrations, meet with staff from each agency working with the child and establish a plan for working together.

All contacts and correspondence between Head Start and outside agencies or service providers should be documented. Be sure to keep the person responsible for maintaining the records and coordination of service informed of the contacts you make with outside agencies. Keep a log or calendar of your contacts and forward copies of all referral information, correspondence, reports and recommendations and other important material to the coordinator so they can be filed. A daily log may look something like this.



Date	Child's Name	Contact/Services Obtained/Result
5/18/80	Johnny Jones	Appointment with Dr. Johnson, Evaluation of Development, referral to speech therapist.
	Sally Smith	OT treatment - took Sally and Mother to hospital.
	Susie Larson	Sent letter to University Clinic to follow-up recent evaluation.
5/19/80	Bobby Bradley	Speech therapy
	Susie Larson	Took Susie and Mother to eye doctor (Dr. Bennett)

## **Working With the Public Schools**

Coordination with the public schools is extremely important, since most Head Start children will eventually enroll in the public school system. The importance of this coordination is even greater when it comes to handicapped children. Recent passage of P.L. 94-142 (The Education of All Handicapped Children Act) places on public schools the responsibility of providing services to handicapped children between the ages of 3-21 years. However, the groups 3-5 and 18-21 years are required to be served by the public schools only if this is consistent with state law or practice. Appendix B contains a list of each state's current practice related to serving handicapped children. The implications of P.L. 94-142 for Head Start are also outlined in Appendix B.

Public schools, then, in states which require services at the 3-5 level are responsible for providing educational services to handicapped children. In these states, if a child is identified as handicapped while in Head Start, services should be coordinated with the public schools. The local schools may then offer an educational program for the child, in many states cooperative agreements have been, or are being, worked out to allow the child to continue his or her placement in Head Start.

Because the public schools have or will have the responsibility to provide services for handicapped children, establishing a close relationship with the school system can have many benefits. The public schools can fit very effectively into the Head Start efforts to provide services. The value of the relationships can be seen in many areas:

### **Public School Can Provide Screening, Assessment and Diagnostic Services**

Public school specialists can be asked to conduct screening, diagnosis and assessment services. These specialists may include: school psychologists, special educators, speech therapists, OT/PT and audiologists. P.L. 94-142 requires the schools to locate, identify and evaluate all handicapped children from birth through 21.

### **The Public School Placement Committee May Formally Place The Child in a Head Start Program**

When the public school completes their evaluation of a handicapped child, they may decide that Head Start is the appropriate placement for the child and specifically request home-based or center-based programming.

## **School Specialists May Provide Support Services**

A handicapped child may receive speech therapy or OT/PT services from the public schools along with the Head Start program. The school specialists may also provide program support by making home visits with the home visitor and providing treatment recommendations based on observations of the parent and child working together.

## **Pre-Kindergarten Readiness Skills Can Be Incorporated Into The Child's Program**

Skills needed for kindergarten can be discussed between the Head Start and kindergarten teachers and these skills can be integrated into the child's program plan.

## **Cooperative In-Service Training Can Be Developed**

In-service training programs could be developed, which include both public school and Head Start staff sharing mutual interests in providing services to handicapped children and their families.

## **Continued Parent Involvement**

Cooperation between Head Start and the public schools will improve the chances that the parent will continue to be involved in the child's educational program when he or she enters school. The relationship established with the parent by the Head Start staff can be transferred to the public schools with confidence.





## Working With a Specialist in the Home

Up to this point in the chapter we have discussed how the Head Start program can develop a network of services for handicapped children. This involves working cooperatively with teachers, psychologists, nurses and therapists from other agencies to develop and implement a program that meets the special needs of the child. Much of the effort to coordinate services for the child takes place through meetings with parents and specialists from other agencies, and through scheduled appointments at clinics where the specialists work. Another option for working with a specialist is through the home visit. Most of the recommendations of the Head Start or other specialists will be carried out in the home. Working with the parent, child and home visitor during a home visit helps the specialists ensure that their recommendations are appropriate and implemented correctly.

You can arrange home visits by the specialists, but be sure to prepare both them and the parents. This can be extremely helpful as both may be apprehensive about such a visit. Many specialists, particularly from outside agencies, are not used to making home visits and may feel uncomfortable. Reassure them and the parents and take the lead during the home visit to make everyone feel at ease.

Why might a specialist want to make a home visit? In some agencies the specialists are encouraged to make regular home visits to provide services. Physical or occupational therapists often make home visits, as do county health nurses. But generally speaking, specialists provide their service from some office or clinic and do not typically make home visits. They may decide that a home visit is needed, however, for one or more of the following reasons:

1. A specialist may decide that a diagnostic examination might best be obtained in the home where the child feels most comfortable. Rather than risk having the child perform poorly in the office setting, the specialist might want to conduct his or her evaluation in the home where the child will be relaxed and do his or her best.
2. A specialist who is providing treatment might want to visit the home to see how well the treatment program is being carried out or how realistic their recommendations are for the home situation. Sometimes the recommendations made in the office do not match well with the characteristics of the family or home environment. Making a home visit can give the specialist a better idea of what will work and what won't.
3. Some or all of the specialist's treatment program may be carried out by the home visitor and parent. The specialist may decide to make periodic visits to evaluate progress, up-date the Individual Program Plan and suggest and demonstrate new treatment strategies.



## Some Rules to Follow

As a home visitor, you can be extremely helpful in ensuring a successful visit by the specialist. Your help will be needed prior to, during and after the home visit. Consider the following in your planning:

### Get the Parent's Permission

Be sure to get the parent's permission before you bring a specialist on a home visit. You are a guest in the home and you do not want to impose on the parent or weaken your future welcome in the home.

### Discuss the Visit With the Parent

Discuss the reason for the specialist's visit at least a week before it occurs. Try to give the parent some idea of what will happen on the home visit and the roles each of you will play during the visit.

### Discuss The Visit With The Specialist

Meet with the specialist ahead of time to outline the steps you follow in making a home visit. Discuss the child's Individual Program Plan and his or her progress to date. Also review the techniques you've been using to work with the child and parent. You may want to bring along the child's behavioral checklist and some sample lesson plans or activity charts to review. Finally, suggest to the specialist that you initially take the lead to make the visit comfortable for everyone and that you then let the specialist take over.

### Have The Parent Model

You may want to have the parent model an activity or two for the specialist before the specialist begins his or her work. This allows the specialist an opportunity to see how the parent works with the child and it provides you an opportunity to reinforce the parent's work.

### Ask The Specialist To Model For The Parent

Whenever the specialist makes a recommendation that may be difficult to carry out, ask the specialist to demonstrate the techniques for the parent. In other words, don't just tell the parent, **show** the parent! This helps ensure that you and the parent know exactly what is expected and how to carry out the activity. When you prompt the specialist, don't be overbearing. Perhaps say something like: "Oh that sounds like a really good idea! But I wonder if you could show me and Mrs. Jones what you actually do so we won't make a mistake." You may also want the parent to then model for the specialist. This allows the specialist to provide reinforcing or corrective feedback to the parent.



## Talk With The Specialist, Afterwards

Either phone or visit with the specialist after the home visit to share impressions. Share your observations with one another and discuss the recommendations made by the specialist. You can both profit by this discussion and a better treatment plan for the child and family will be the result. If the specialist does not offer to put his or her recommendations in writing, you can request that they do so for your benefit and for the child's permanent file. Also be sure to thank the specialist for taking the time to make a home visit, perhaps extending an invitation to make a future visit.

## Provide Follow-Up Information

Be sure to communicate periodically with the specialist regarding the child's progress and the usefulness of the specialist's recommendations. This provides them with current information on the child and should reinforce their involvement with the child and the Head Start program. If you've not made other arrangements, do this at least once a year. Remember to follow the procedures outlined for staff by your agency. The Handicap Coordinator may be the person who will handle all outside communications with service providers.



## Summary

There are many agencies within a community which can assist the Head Start program in meeting the needs of handicapped children. A network of services can be developed by contacting other agencies that work with handicapped children. This contact should result in a list of special services available from each agency and information on how children can be referred.

Services from these agencies must be coordinated. Coordination involves parents, home visitors and Head Start or outside specialists communicating. Together they must determine how the special needs of the child can best be met. Also, they should decide how they will work together to meet these needs.

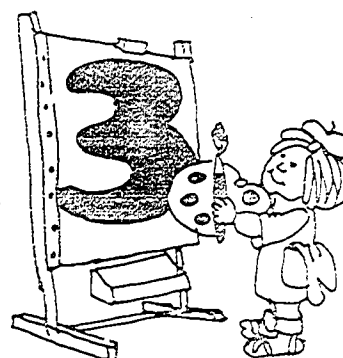
Working with public schools requires special emphasis, particularly for handicapped

children. The public schools have the responsibility for serving all school aged handicapped children. Young children must be served when it is the state law or practice to do so. The schools can provide diagnostic and treatment service from specialists such as speech therapists.

The parent and home visitor will be responsible for implementing many of the specialists's suggestions. It is helpful for the specialist to participate in a home visit and demonstrate any special techniques for working with the child. The home visitor helps ensure a successful home visit by preparing the specialist and the family.

A final word, don't isolate yourself and the families you work with. Seek out professionals and agencies to work with you. Use your knowledge of the child and family and the special services available within the community to develop a comprehensive, effective program for the child and family.

Chapter



# Screening, Assessment and Diagnosis

Screening, assessment and diagnosis are important procedures in planning programs for handicapped children. Each procedure serves a special purpose and together they ensure a smooth-running program. When you think about it, these procedures are also needed in taking care of your car. Periodically you screen the major parts of the car to see if everything is safe and secure. You check the oil and water levels, inspect the fan belt and tires for wear and maybe wiggle the hose and wire connection to make sure there are no loose ends. You also listen to the engine to make sure it's running smoothly. You make whatever minor adjustments are needed and drive securely away.

Occasionally, however, you notice something is not quite right. The engine is running a bit sluggish, or you hear a strange ping. You step out of the car and open the hood. You listen carefully and perhaps check a part or

two to try and assess the problem. From your assessment, you determine that some things are working fine and others are suspect. You don't trust yourself to solve the problem, so you take your car to a specialist. You share your assessment with the specialist, and he runs some special tests to diagnose the problem. From this diagnosis he can remediate the problem and perhaps give you some helpful hints to avoid future difficulties.

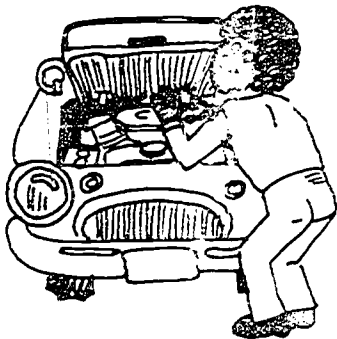
Much the same process occurs in Head Start's screening, assessment and diagnosis procedures. Each step helps in meeting the individual needs of children, particularly children with handicaps. All Head Start children are screened for certain conditions. Assessment of all children provides a basis for your curriculum planning. Those who have suspected problems are then referred to a specialist who will run further tests to diagnose the problem.

### Why do we need a three step process?

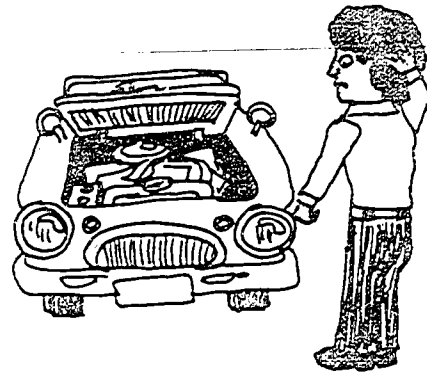
- To see if further evaluation is needed
- To determine if a handicapping condition exists
- To provide a complete picture of the needs of the child and family in all developmental and component areas
- To individualize curriculum planning

### What is screening?

The purpose of screening is to identify those children who need further diagnostic evaluation. This is done based on the results of performance on the screening items. A screening tool or test compares each child's performance with what is 'normal' as determined by a large sample of children who have been screened. All educational areas (language, socialization, self-help, motor, cognitive) and health areas such as vision and hearing should be part of a complete screening. The screening tool or tests selected should be quick to administer and score. All the children in the program are screened.



Programs with both center-based and home-based options may choose to have a health provider do some parts of the screening such as hearing and vision in the center. Home-based children could be brought to the center for this screening, or be taken to a health provider in the community for some or all of the health screening. Educational screening is generally done in the home where the program will take place.



### What is assessment?

Assessment provides additional information about the child which will help in planning curriculum to meet the child's individual needs. Assessment is on-going and usually is accomplished by using a behavioral checklist (Appendix F). There are two aspects of assessment: 1) **formal assessment** — observe the child performing sequenced developmental tasks and record the behavior on the checklist as either present or absent; 2) **informal assessment** — observe how the child approaches the task. Notice behaviors which indicate special teaching strategies necessary for this child. Assess the expressed needs of the family in health and social services as a part of the total process. Educational and family assessment procedures will take place in the home.



## What is diagnosis?

Children identified through screening as needing further evaluations are referred to professional diagnosticians. These evaluations use techniques or instruments which require professional training to administer. For example, the following are professional diagnosticians: physicians, psychologists, speech therapists, physical therapists or special educators with training in testing. As a result this evaluation will determine whether or not

a handicapping condition exists. The diagnostician should also provide suggestions which the home visitor can use in planning teaching activities. Anytime a home visitor observes behaviors which cause concern, the child could be referred for diagnosis. Behaviors which might cause concern will be specified in the assessment section of this chapter.

## Screening

Now that you have a picture of how each process fits into the development of a teaching plan for the child and family, we need to discuss each process in detail emphasizing the home visitor's role in each step. The screening process in Head Start is completed during the beginning of the program year. It is comprehensive and includes physical examination, vision, dental exam, hearing and education. In most programs, dental and physical exams will be done by clinics or health departments or private physicians. Vision and hearing screenings are done by trained individuals such as audiologists, speech therapists or registered nurses. Facilities at the center can be arranged to adequately perform the vision and hearing screenings or children can be taken to clinics or health departments. Home-based children can be taken to the clinic or health department or to the Head Start center in small groups and individually tested. These screenings can also be done in the home by using portable equipment, although this will be more time consuming if there are a large number of children in the program. Home visitors may do some activities with children to prepare them for the screenings. These activities include showing the child the symbols used for the vision screening and teaching the child to raise his or her hand when a sound is heard. The home visitor's primary role in the screening process is to help prepare the family, help arrange or organize schedules and conduct the educational screening.

### What are educational screenings?

These are instruments or tools which sample a child's behavior in several developmental areas (language, motor, self-help, socialization and cognitive). Some screenings contain materials such as puzzles, balls and

blocks; others use materials which are commonly found in preschool programs. The screening will consist of several test items. For example: "Child will build a tower of five blocks." The person doing the screening will observe the child performing each item and record it as either passed or not passed. All screenings provide a score; this score is the first indication of whether the child should be referred for further evaluation.

Selection of the screening instrument is important since the results will be used to indicate need for further evaluation. The instrument selected should be standardized; that means it has been given to many children following specific directions and the results from these children were used to determine scores which are normal for a given age group. Screening is done on every child in the program. It should be quick, no more than 40 minutes per child.

There are some special considerations in selecting a screening to be used in the home. Although some programs may choose to bring all the children to the center for educational screening, it seems to be advantageous for the home-based option to screen in the home because the home visitor can observe the child in his or her natural environment where the teaching program will occur. The screening instrument to be used in the home must be portable; the home visitor should not have to be burdened with transporting awkward materials to each home. Another consideration in choosing a screening to be used in homes is the potential for parent involvement in the process. Some screenings rely on parent report for certain items; this is an excellent way to immediately involve the parent in the program. To summarize, a screening to be used in the home should involve parents and sample behaviors across all developmental areas. It should be standardized, quick to administer and simple to transport.



## How is a screening administered?

As a home visitor you will be trained to administer the specific screening selected by your program. You should also have the opportunity to practice giving the screening before you administer it to a child in the program.

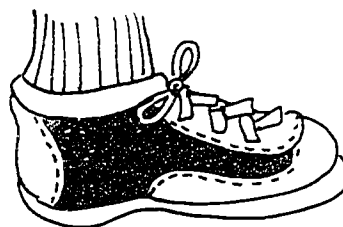
Since you will be using a standardized tool, there will be specific directions in the manual which will explain how to administer the screening. Read the manual carefully. The following questions can serve as a guide while you read the manual — you should be able to answer each question before you do a screening:

- How do I know which item to start with?
- How is each item presented? (Can I show the child first or must he or she do it on request?)
- How many chances does the child have to perform the item?
- Is there a time limit on any item?
- What is the criteria for passing or failing each item?
- How do I mark the score sheet?
- When do I stop?

After answering each question, become familiar with the materials used for each item. If the screening tool does not contain materials, select materials from those available in the program which are needed for each item. The following list provides some general hints for administering a screening. Remember, the directions in the manual must always be followed; if any of the following are not allowed according to the manual you **must not** do them.



*Screenings sample large developmental steps to determine if further evaluation is needed.*





- **Position of the materials:** are the materials set up in a way that would most likely help the child succeed? Are they too far from the child to handle? Are there other materials placed too close to the object being tested? Materials should be placed at a comfortable height for the child and at the correct angle so he or she sees things right side up.
- **Size of material:** use standard recommended materials of the size specified by the screening tool.
- **Color of materials:** use standard colors for color identification, do not use off colors such as light blue, forest green, etc. Don't confuse the child with color matching when requesting sorting of shapes. Use same colored items when screening for items other than color matching. (Example — imitation of three block bridge should be presented in one color of blocks.)
- **Child's attention:** if you notice a child getting tired, either change activities or continue the test at another time. A child should not be failed on an item because of inattentive behavior.
- **Reinforce:** praise should be given after each item is presented for the last time. Verbal reinforcement should be given after each item if the child fails the item. (That was a good try, nice stacking, etc.) Reinforce effort not success.
- **Distractions:** are there any visual or noisy distractions in the room which seem to be interfering with the child's performance? Screenings should take place in a quiet comfortable room away from noise and interruptions. Turn off televisions or radios in the home.
- **Time of the day:** be aware of the child's moods during the day. Ask the parent if the behavior you are seeing is typical for that child; test during the child's best time of the day. Be aware of whether the child is getting too close to his or her meal time or if the screening is being done at the child's usual nap time.
- **Comfort of materials:** does the child feel at ease with the materials? The child should have some time to become familiar with the materials before the screening takes place. While you interview the parent, allow the child to explore some of the test materials.
- **Initial success or failure:** start screening with items you know the child can do. End the screening with a success even if it means going back and presenting an item already passed.
- **Tell — Don't Ask:** when presenting items, state your request, "Draw a picture of a person." Avoid a chance for rejection such as, "Would you like to stack these blocks?"
- **Order of assessments:** arrange the items so the child does not have to sit too long. If the child seems shy, start with items that do not require verbal responses.
- **Presentation of each task:** to get the most valid results, follow the manual guidelines in presenting items. Screenings are not designed to "teach" items.

## Explaining screening to parents

A clear explanation of screening can help parents feel comfortable. Tell parents that the purpose of screening is to observe the child doing different activities to determine if there are any areas of concern. Explain that you do not expect a child to be able to do all the items; you are trying to get a complete picture of the child. Some of the tasks are very easy and some will be very difficult or beyond what a child his or her age would be expected to do. Also explain that parents may have seen their child do a task which he or she is unable to do for you. The parents can do any of the screening items with the child, if they follow manual procedures. Score the items according to your observations. Parents want their children to do well on the screening and sometimes they might unintentionally give the child extra help in responding to a question. For example, you ask the child to point to the green block. The parent looks at the green block and the child watches the parent's eyes to find out where to point. Another way to give a child extra help is when asking a child to place a certain number of blocks in the parent's hand and the parent immediately closes his or her hand when the child places the correct number. This tells the child to stop; it is difficult to tell if this really was counting or if the child stopped because the hand closed. When this occurs remind the parent that you need to see what the child can do without extra help. Also, sometimes children will do things at home for parents that they won't do for another person. We need to teach the child to do items for more than one person.

Results of screenings must also be clearly explained. Upon completion of the screening, **discuss the child's results in terms of what the child did.** For example, "Jane was able to draw shapes and a person, she also did a nice job of counting and completing a puzzle. Some skills which we can work on are cutting and repeating rhymes." The actual scoring will be done after you leave the home; it is

usually more meaningful to explain screening results in terms of the child's behavior rather than scores. However, after scoring has been completed, parents who wish to know the scores should be given this information.

If the results of the screening indicate a need for further evaluations, parents should be informed before any steps toward referral are taken. Explain why the child should receive additional evaluation. For example, "*Jason had difficulty with some of the language items and I would like a person with special training in speech to do some activities with him.*" At this time the complete referral process should be explained:

- Who makes the referral?
- Who will do the evaluation?
- What will happen at the evaluation?
- What happens after evaluation?

As a home visitor, you are not expected to counsel parents. If a family has questions or concerns about why their child is being referred or questions about a handicapping condition, you could ask the Handicap Coordinator or mental health consultant to assist you in talking to the parents.



At this point the screening process is finished: you know which children need further evaluation. A thorough screening process should limit the problems of over-referral and under-referral. However, these problems need to be discussed. Over-referral means children who **do not** have special needs or handicapping conditions were referred for evaluation. This can create unnecessary expense for the program and unnecessary worry for parents. Under-referral means that all the children who have a handicapping condition are not identified. This is dangerous because children who have special needs are being overlooked. The following guidelines should help eliminate the problems of over- and under-referral:

- Screen children in all developmental and component areas.
- Use standardized screening tools.
- Follow directions for administering and scoring as provided in the manual.
- Complete the screening process prior to referral for professional diagnosis.

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## Assessment

Following completion of screening, the assessment and diagnosis processes will begin. In most cases there will be some delays in the diagnostic process because of the need for appointments and reporting time. Referrals should be made and then begin assessment.

Assessment is an ongoing process which will help you decide what and how to teach the child. The home visitor is responsible for assessing each child. There are two types of assessment. Formal assessment is the procedure of completing a behavioral or developmental checklist. The checklist provides a guide for observing the child perform tasks in several developmental areas. Completion of the checklist:

- determines what skills the child can and cannot do and
- helps determine what skills the child should begin learning.

A behavioral checklist will not include all the skills a child has developed. It is important to assess skills which may not be included on the checklist. For example, a hearing impaired child may have developed a means of communicating through gestures. A physically handicapped child may use methods other than walking to move from place to place. These important skills should be noted on the checklist. The home visitor must look carefully at the skills the handicapped child has developed to compensate for any weaknesses.

Appendix F describes behavioral checklists and includes samples; there are also directions for completing the checklist.

Informal assessment also involves observation of the child. During formal assessment you observe the child's ability to complete a task. Informal assessment is observing how the child approaches the task and other characteristics of his behavior. Informal information will be used in planning and presenting activities. For example, you observe that a child is very distracted by all the materials you bring on your visits; you plan to avoid this problem by limiting the materials you bring in order to improve the child's attention to tasks. This list suggests some informal observations which will be helpful in curriculum planning. Add to the list as you begin observing children.

- Does the child imitate other children or adults?
- How does the child communicate his or her needs?
- What materials or tasks hold the child's attention?
- What is reinforcing for the child (hugs, praise, stars, activities)?
- How does the child play — alone, beside other children, cooperatively with other children?
- Does the child follow directions?

There are also things the child may do which could cause concern. These are termed **high risk behaviors** because they could be signs of a problem which needs further evaluation. It must be emphasized that a child

could do any have no prob child does sev ly. In a home tor will see ch in the prograi demonstrates cuss this wit permission t formal evalu perhaps the F serve the chi before a decis

What ar following list ples. Additio *Mainstreamin*



of the high risk behaviors and  
em; the concern arises when a  
ral of the behaviors consistent-  
based program, the home visi-  
dren other than those enrolled  
1. If you observe a child who  
several high risk signs, dis-  
the parents and request their  
have the child evaluated. A  
tion may not be necessary;  
andicap Coordinator could ob-  
l during a regular home visit  
on is made to refer the child.

high risk behaviors? The  
Figure 1) provides some sam-  
al lists are contained in the  
*Preschoolers Series*.



## High Risk Behaviors

### Vision

- Rubs eye excessively
- Shuts or covers one eye, tilts head when reading or doing close work
- Blinks more than usual
- Holds book too close to eyes
- Often bumps into things or falls
- Crosses one or both eyes
- Dizziness, headaches or nausea following close work
- Is unable to see distant things clearly
- Eyes are red or bloodshot frequently
- Squints

### Hearing

- Does not respond when not facing the person speaking
- Talks in very loud or very soft voice
- Turns same ear towards a sound he or she wishes to hear
- Frequent earaches or ear infections
- Poor balance
- Inarticulate

### Social Emotional

- Engages only in solitary or parallel play by age 3 to 3-1/2
- Overreacts to unexpected stimuli (loud noises)
- Excessive attention getting behaviors
- Repetitive self-stimulating or self-destructive behaviors such as rocking or head banging
- Very short attention span, goes from one activity to another without completing any task
- Overly fearful of new situations or transitions



## Explaining Assessment to Parents

Parents may question why you are doing **more** activities with the child. Explain that assessment gives a broader picture of the child's behavior; to plan a curriculum for the child it is necessary to see the child perform many tasks. As in screening, the child is not expected to do all the items you present. Observing the child gives the home visitor information for planning activities to teach the child the skills he or she is ready to learn.

## Family Assessment

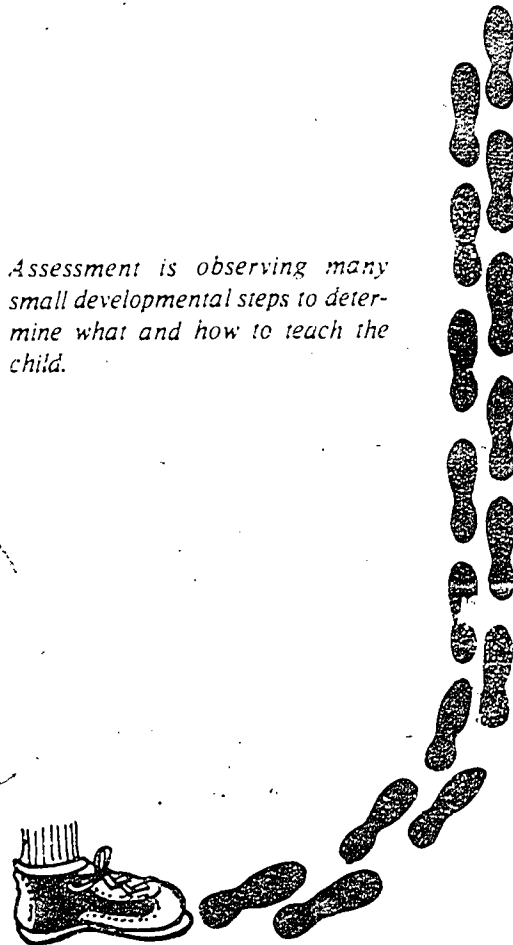
Since Head Start is a comprehensive program designed to meet the needs of the total family, as well as children, the assessment process must also address the needs of the family. The three areas which will be assessed are: **health, social services and parent involvement**. This assessment will concentrate on the **expressed** needs of the family; it is not the home visitor's role to tell a family what services they need. **The goal of this process is for the family to increase their independence in meeting their own needs.** As with educational assessment for the child, family assessment is ongoing. To help the family identify needs, the home visitor or Social Service Coordinator will discuss services available through the program and provide a directory of community resources. Some programs use a parent questionnaire to determine family needs; using this tool to obtain information may prove helpful but caution must be taken in acting on what is perceived by the home visitor as a need when parents have not expressed this as a need.

Another tool which has been effective in working with families is the **Family Assessment Tool**. This is completed with the parents. Each expressed need is recorded and steps for meeting each need are jointly planned. The parents will be involved in com-

pleting each step of the process. Depending upon the need, a Head Start staff person may also work with the parents in meeting the need. The home visitor will share the responsibility for working on specific needs with other coordinators such as health or social service.

The Family Assessment Tool has two parts. The first part is the log sheet. It lists the parent's expressed needs. These needs are listed in order of priority and objectives for meeting them are developed. This sheet also contains a record of start and finish dates of each objective. The second part of the tool is the worksheet. This is used to plan steps for meeting each objective and it provides a record of agency and community personnel involved with the family. A separate worksheet will be used for each objective. An example of a completed Family Assessment Tool follows (Figure 2).

*Assessment is observing many small developmental steps to determine what and how to teach the child.*



## FAMILY ASSESSMENT TOOL LOG-SHEET

Family's Expressed Needs	Area	Priority	Objective	I date	C date
Jim has had ear aches	Health	1	Mom will take Jim to Dr Jesien by 9/20/79		
Molly (9 months) is on a diet of milk only	Nutrition	2	Molly will eat recommended portions of the basic 4 daily by 6/1/80		
Mother wants day care services for children 3 mornings a week while she works	Social Services	3	Mother will visit centers and select a daycare by 10/3/79		
Father would like plans for building a chair for Jim (he is physically handicapped)	Health	4	Father will receive plans for building the chair by 12/5/79		

## FAMILY ASSESSMENT TOOL WORK SHEET

Area Nutrition Objective Molly will eat recommended portions of the basic 4 daily.

Family Resources:

family lives on a farm - they have a large garden which provides vegetables. They also have access to an orchard. Mrs. Jones has a blender.

Steps	Who	Outcomes
1. What are the basic 4 food groups	Mom and Home Teacher	Mom sorts foods into groups.
2. Mother will record the number of foods and their group served at each meal for two weeks	Mom	Variety of Foods increased
3. Meet with nutritionist to plan diet	Mom and Home Teacher	Mom planned diet
4. Meet with County Extension Agent on preparation techniques	Mom	
5. Record Molly's diet daily	Mom	Follow-up monthly

### Agencies Involved

Name	Agency	Address	Phone
Dr. Olsen	Oldtown Medical Clinic	214 Long Ave.	835-2213
Fran Smith	Rock County Extension	85 Brown St.	835-7742



There are many checklists and guides available for assessing families and their environment. You may want to include **nutritional assessment** of the family, **safety checklist** of the home and the **Home Eye Test**. Nutritional assessments are available from the National Dairy Council or your local health department. A sample safety checklist is in Appendix I; parents could complete this independently or it could be done on a home visit. Information on the Home Eye Test (HET) is included in Appendix J. This short test is a prescreening which is designed for use in the home. It is complete with directions for use and materials and it is available free of charge.

In summary, assessment differs from screening and diagnosis because it is an ongoing process. The process of observing a child continues to provide the home visitor information to be used in curriculum planning. Formal assessment involves use of a checklist as a guide for observation. Informal assessment is a less structured observation. It provides information for planning and presenting activities to the child. Home visitors must be aware of high-risk behaviors which may indicate the need for a referral. The process includes assessment of family needs. Emphasis is placed on the expressed needs of the family.

# Diagnosis

Diagnosis provides a comprehensive evaluation of the children referred. It determines if a child has a handicap. This evaluation will be done by a professional who is qualified to diagnose handicapping conditions. The needs of the child determine to which professional the child will be referred. If the child has difficulty on the vision screening, referral to an ophthalmologist or optometrist would be appropriate. Problems on the educational screening could be further evaluated by a psychologist. The resources available to each program are different; some programs have access to clinics with many professionals on staff, other programs are more limited in the professionals available for diagnosis. Some of the professionals who may be included are: psychologists, speech therapists, physical therapists, physicians and special educators.

After evaluating all the screening information on the child a decision will be made regarding need for referral. Discuss this with the parents and decide on the most appropriate referral. Since the purpose of the referral is to obtain additional information about the child as well as diagnosing the handicapping condition, it will help the diagnostician to provide some structure. Screening results and assessment information can be shared as well as a description of the services the child is receiving through Head Start. Emphasize that the child is in a home-based option and recommendations need to be appropriate to implement in the home. A diagnostic reporting form which specifies information needed from the diagnostician helps ensure that the program will receive information which can be used in planning goals for the child. It would also be helpful to suggest that the diagnostician avoid professional jargon which would be difficult for home visitors and parents to interpret.

Some information which could be requested from the diagnostician includes:

- Physical limitations or special considerations for this child
- The child's strengths
- The child's needs
- Recommendations for teaching techniques or curriculum materials
- Special services or therapy needed

The home visitor might be expected to provide the diagnostician the following information, depending upon the roles and responsibilities of the home visitor and the Handicap Coordinator:

- Providing screening and assessment information, if available, to the diagnostician
- Writing a list of questions regarding curriculum planning and special activities for the child
- Accompanying parents to the evaluation, if requested
- Assisting parents in clarifying diagnostic results by discussion with diagnostician.

The diagnostic process is finished when a completed evaluation report has been received. At this point, the specific handicapping condition has been identified and recommendations from the professional diagnostician have been received.

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## Summary

Figure 3 summarizes each of the three processes described in this chapter.

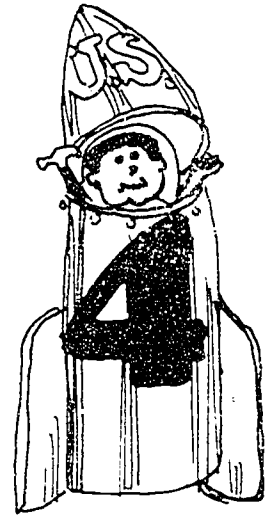
## Summary of Screening, Assessment and Diagnosis

Procedure	Purpose	Information Obtained	Nature of Test and Who Administers	Children Tested
Screening	To identify children who may need further evaluation; separates those who have no difficulty from those who need additional evaluation.	A small sample of behavior or other information is obtained for each child in the program. This allows quick separation of children into those who do not need further testing and those who do. It covers all areas of health and education.	Instruments are quick and easy to administer by paraprofessionals, volunteers, or other staff members. Tests are standardized.	All children in the Head Start program.
Assessment	To observe the child's performance on various developmental tasks as sequenced on a behavioral checklist. This is an on-going process to obtain information for curriculum planning.	Checklist items are scored as either present or absent; informal observations provide hints for effectively teaching the child. High risk signs can also be detected through observation.	These devices are fairly lengthy, although not all items are assessed at any one time. Home visitors administer the items to the child.	All children in the Head Start program.
Diagnosis	To determine whether a problem exists, the nature of the difficulty and its extent. Through diagnostic procedures a child may be officially identified as handicapped.	A fairly large sample of behavior or other information is obtained on an individual child in one or more areas of development. Specific recommendations for educational activities are received from the diagnostician.	Instruments require standard administration procedures and are given by trained professionals. The tests are standardized.	Those who do not "pass" the screening procedures. Those whose performance on screening procedures indicate need for further evaluation.









## Chapter

# Individual Program Plan

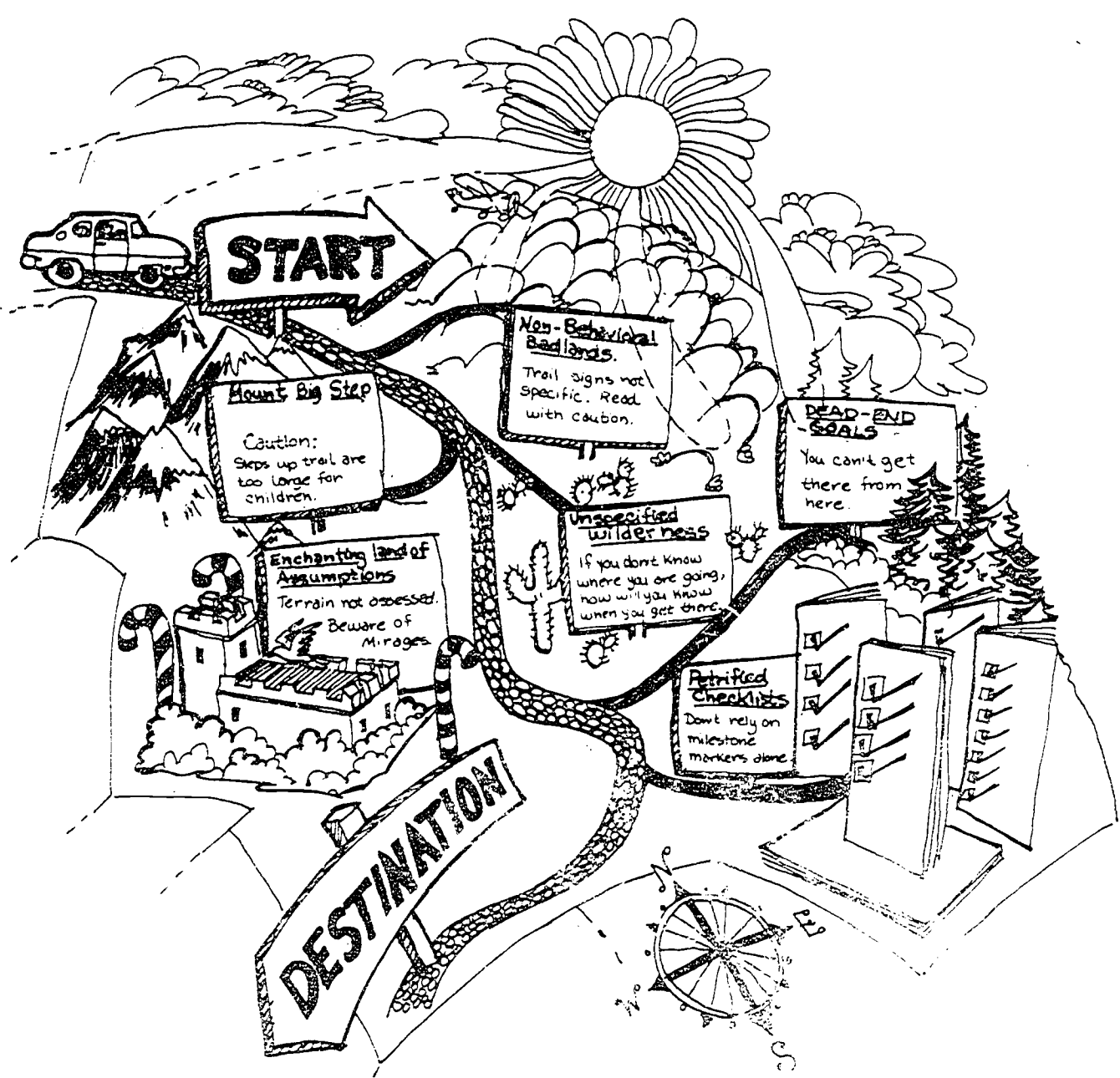
In the last chapter we compared screening, assessment and diagnosis to the steps you go through to determine what kind of shape your car is in and what needs fixing. Now that it's running smoothly, you need to decide where you want to go and how to get there.

An Individual Program Plan (IPP) helps you decide where you want to go with a child's program and how to get there. An IPP is very much like a road map. It shows your final destination and the most efficient way of reaching it. Goals are clearly stated and objectives are set which lead toward those goals. The objectives are like the landmarks on a map which help mark progress toward your final destination or goal. As you reach each objective or landmark, you can look back with pride on how far you've come and start progress toward the next objective.

Care must be taken in defining your route **before** you start out. On any journey there are many possible distractions which can divert you from the main road. There are many roads to choose from and, if you're not careful, you can easily become sidetracked.

Some of the sideroads might look more appealing, with prettier countryside or towns to go through. Colorful billboards might try to lure you to some natural attraction or amusement park. While appealing, these diversions may not get you to your destination the most efficient way. Worse yet, you can become hopelessly lost.

The same problems can occur when the IPP for a child is not appropriate. Perhaps the goals were too difficult or not directed toward the child's needs. For example, you might become so taken with a new toy or set of materials that you use it with all of your children, whether they are ready for it or not. Or, you might become overly concerned with supposed "kindergarten readiness" skills, such as counting and printing and you find yourself working on tasks that are beyond the child's developmental level. Developing an appropriate and complete IPP helps you avoid these dead-ends. It defines your goals and objectives in specific, observable terms so that you can mark progress toward their achievement. You know where you want to go and how to get there, with landmark objectives marking the way.



**START**

**Mount Big Step**  
Caution:  
Steps up trail are  
too large for  
children.

**Non-Behavioral  
Badlands**  
Trail signs not  
specific. Read  
with caution.

**DEAD-END  
SOALS**  
You can't get  
there from  
here.

**Enchanting land of  
Assumptions**  
Terrain not assessed.  
Beware of  
Mirages.

**Unspecified  
wilderness**  
If you don't know  
where you are going,  
how will you know  
when you get there.

**Petrified  
Checklists**  
Don't rely on  
milestone  
markers done.

**DESTINATION**

Also, just as you might seek out the advice and guidance of a travel agent for special trips, so too you will need help from specialists in planning an IPP for children with special needs. Head Start specialists and specialists from other agencies can provide helpful information in identifying objectives and the teaching strategies and materials needed to meet the child's needs. A good specialist, like a good travel agent, will individualize the route you take in order to meet the child's specific needs. This does not mean, however, that the route you mark in advance needs to be followed exactly. Just as road construction or other problems might cause you to change your route, you need to have some flexibility in the Individual Program Plan to allow for change in the child's program and needs. Often unforeseen situations arise in the family or in the needs of the child which cause you to alter your objectives. You need to be flexible enough to make these changes without losing sight of your ultimate destination or goal.

Finally, remember to make the trip a pleasant experience for everyone. Use the information provided by the specialists and the screening, assessment and diagnosis process to help develop the IPP. Plan teaching activities based upon the goals and objectives in the IPP. Make these activities fun and interesting. Be creative. After all, learning, like a trip, should be fun and make you want to return for more.

## Components of the IPP

An Individual Program Plan is a statement of the needs of a child and the manner in which those needs will be met. All children need individual programs, but handicapped children require more detailed planning to meet their special needs. Such plans are referred to by several different names:

- Individual Program Plan (IPP)
- Individual Education Program (IEP)
- Individual Service Plan (ISP)

Most public schools call the plan an IEP. This plan covers the educational needs of the child. The plan in Head Start addresses the educational needs of the child, as well as needs in other component areas such as health, parent involvement and social services. Head Start programs in different regions vary in what they call the plan. This manual calls it the Individual Program Plan, or IPP.

Although the name of the plan may vary, the content remains the same. The Individual Program Plan must contain the following:

- **Current Level of Functioning**— this is a statement of the **child's** present strengths and needs in the educational area. It is a summary of information obtained during screening, assessment and diagnosis.
- **Annual Goals**— these goals indicate what the child and parent will be able to do by the end of the year. Goals are written for all component areas.
- **Short-term Objectives**— for each goal a sequence of short-term objectives is planned. Accomplishment of each short-term objective leads toward meeting an annual goal.
- **Statement of Person Responsible** for meeting each objective such as teacher, parent or speech therapist.
- **Time Line** for meeting each objective.
- **Evaluation** of each objective.

Home visitors and parents have valuable information to contribute in developing a plan for each child. Although some of the words mentioned above may seem "strange", the IPP itself should be clearly written and provide home visitors and parents with a useful guide of appropriate services for the child.

# Developing the IPP

Activities for developing the IPP can be divided into three parts: **preparation, planning meeting** and **conference**. The Handicap Coordinator, home visitor and Education Coordinator are all involved in each step of the IPP development. We will focus on the responsibility of the home visitor in each. Begin to develop the IPP when screening and assessment information is complete. This will be approximately six weeks after the program has started. Ideally all diagnostic reports will also be available at this time. If there is a delay in receiving evaluations from specialists, the IPP should be developed using the information available. When diagnostic reports are available, the IPP must be revised to incorporate the recommendations from the specialists.

## Preparation

**Gathering Information** -- much of this has been done during the screening, assessment and diagnosis process. All of the information available on a child should be gathered into the diagnostic file; including information from other agencies involved. The Handicap Coordinator will probably be responsible for maintaining most of this file. Those items which home visitors will contribute are started in the following list of a complete diagnostic file.

- All evaluation reports, specialists' reports, diagnostic evaluations
- \* Developmental checklists
- \* Informal observations of home visitors and other staff members
- \* Parental concerns
- \* Expressed needs of family in component areas (Family Assessment Tool and/or Parent Questionnaire)
- Reports from past home visitors or teachers

- Reports from other agencies working with the child
- Social Service reports
- Health records

**Discussion with Parents** — as in all Head Start activities, participation of the parent in the development of the IPP is necessary for success. To ensure this participation, development of the IPP needs to be discussed with the parent. This can be done by either the home visitor or Handicap Coordinator. The following points should be discussed with the parent:

- Purpose of the IPP and the steps involved in writing it.
- Parents know their child best and have important information about the child to contribute.
- Parents have the **right** to participate as defined in P.L. 94-142 (Appendix B).
- Goals and objectives which parents would like the child to achieve.
- Participants at the meetings for the IPP.
- Questions the parents will be asked at these meetings.



## IPP Planning Meeting

Participants at this meeting are those people who have knowledge about the child including: parents, home visitors, specialists, the Handicap Coordinator and other Head Start coordinators. If the child is receiving service from other community agencies, a staff person from those agencies who has worked with the child should be present. A chairperson for the IPP Committee should be appointed to record information. Three activities take place at this meeting.

- **Summarizing:** All the information in the diagnostic file is summarized to determine the child's strengths and needs. These needs are used to establish objectives for the child. Each person at the meeting, including parents, discusses the data he or she has on the child. For example, the Health Coordinator presents physical reports. The Social Service Coordinator discusses expressed needs in component areas. The Handicap Coordinator reviews diagnostic evaluations (if the specialists are not present). The home visitor contributes informal observations about the child, that is, strengths and needs that were observed but not specifically tested. You have this information from working with the child on several home visits prior to development of the IPP. Any checklists or assessment tools you have completed should be shared at this planning session. You might also mention any skills that have been developed since the evaluations were completed.

All the diagnostic information discussed can be organized by using worksheets. The child's strengths and needs in each developmental area as indicated on screenings, developmental checklists and diagnostic reports can be recorded on these worksheets. Skills which the child has are recorded under **strengths**; skills the child does not have

which are developmentally appropriate are recorded as **needs**. This procedure can also be used in determining strengths and needs of the family. Figure 1 shows a sample of the completed worksheet.

- **Writing current level of functioning:** A written statement of the current level of functioning gives a quick picture of the child. The information in the diagnostic file for the child determines how the current level of functioning will be stated. Figure 2 describes three methods of writing the current level of functioning and gives examples of each type.

- **Planning annual goals:** Annual goals are established to meet the needs of the child and family. Goals are planned in all developmental and component areas. The order of priority for the goals is determined by the needs of the child; areas of greatest need have first priority. Appendices E and F discuss writing annual goals and give examples.

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To summarize, at the end of the IPP planning meeting, there will be a summary of all information available on the child, a statement of the child's current level of functioning and planned annual goals for educational and component areas. All of this information will be needed for the IPP conference.



EDUCATION

Cognitive

**STRENGTHS**

(skills the child has)

**NEEDS**

(skills the child does not have)

- tells which objects go together
- counts to 3 in imitation
- draws a V stroke in imitation
- builds a bridge with 3 blocks in imitation
- adds leg and/or arm to incomplete man
- draws a square in imitation
- names three colors on request (blue, red, yellow)
- names circle, triangle, square

- describe 2 events or characters from familiar story or T.V. program
- repeat finger plays with words
- match 1 to 1
- point to long and short
- arrange objects into categories
- draw a diagonal line from corner to corner of 4" square of paper
- count to 10 in imitation
- match sequence or patterns of blocks or beads
- draw series of V strokes in imitation

Comments:

Goals:

HEALTH/NUTRITION

Jones Family

**STRENGTHS**

**EXPRESSED NEEDS**

- Carl is in good health
- no medical reason for Carl's delayed language
- no organic anomalies in speech mechanisms (Carl)
- parents have had recent physical
- family has cooking and refrigeration facilities

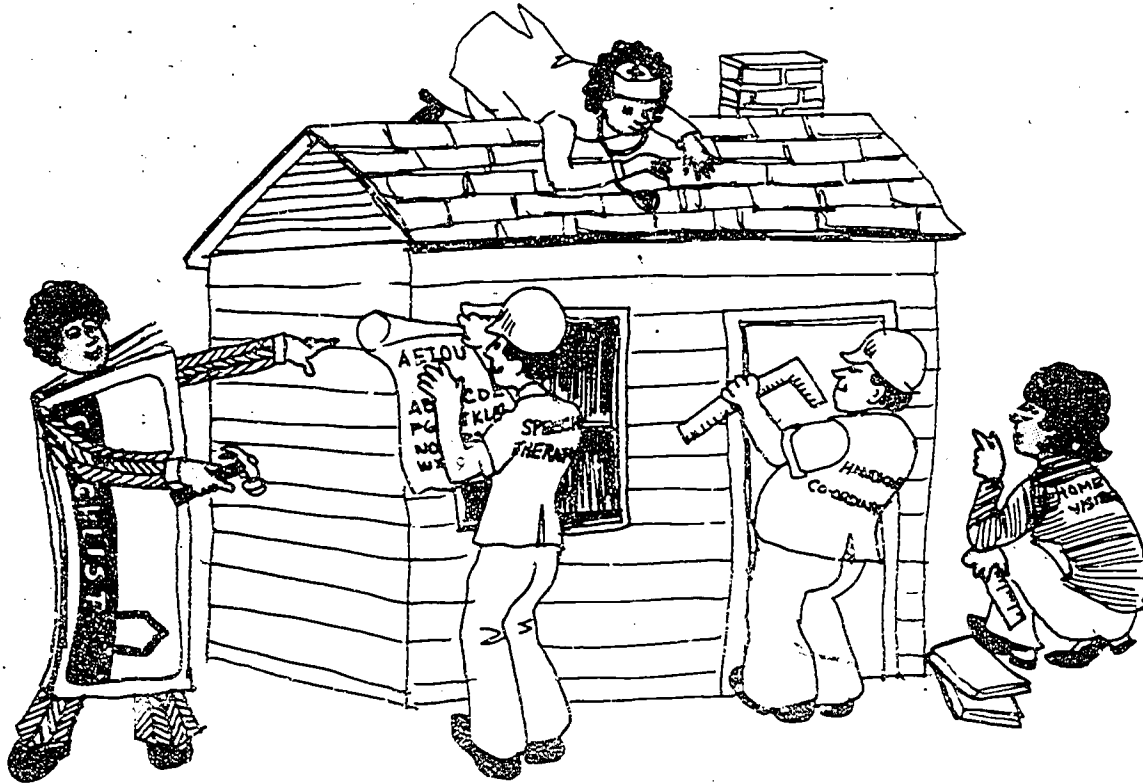
- sibling has frequent earaches
- family does not receive balanced nutritious meals (parent indicated)
- immunizations not up to date (Carl)
- needs vision test (Carl)

Comments:

Goals:

## Methods of Writing Current Level of Functioning

Description	Example												
<p>1. If you have used a standardized instrument for screening or assessment the age scores may be used in writing the current level of functioning. This can be done in two ways:</p> <p>a. Starting with the strongest (highest) area, state the child's developmental age for each area in a sentence; or</p> <p>b. Use a summary score chart to write the current level of functioning.</p> <p>For either method, be sure to indicate the name of the tool used to obtain this information.</p>	<p>1a. Carl is 4 years, 2 months of age. He is within 6 months of age for self-help skills (3 years, 8 months) and this appears to be his strongest area. Cognitive skills are at the 3 years, 4 month-level. He is functioning at the 3 year old level in social skills. Carl's physical age — gross and fine motor skills — is 3 years, 2 months. Carl's lowest area of functioning is in language; he is at a 2 years, 10 months skill level. (Information from the <i>Alpern-Boll Developmental Profile</i>.)</p> <p>1b.</p> <table border="1" data-bbox="906 877 1256 1129"> <thead> <tr> <th>Area</th> <th>Age</th> </tr> </thead> <tbody> <tr> <td>physical</td> <td>3-2</td> </tr> <tr> <td>social</td> <td>3-0</td> </tr> <tr> <td>cognitive</td> <td>3-4</td> </tr> <tr> <td>communication</td> <td>2-10</td> </tr> <tr> <td>self-help</td> <td>3-8</td> </tr> </tbody> </table> <p>Date 9/15/79</p> <p>Information from the <i>Alpern-Boll Developmental Profile</i>.</p>	Area	Age	physical	3-2	social	3-0	cognitive	3-4	communication	2-10	self-help	3-8
Area	Age												
physical	3-2												
social	3-0												
cognitive	3-4												
communication	2-10												
self-help	3-8												
<p>2. Some assessment tools and developmental checklists give age ranges for each developmental area. Write a sentence for each developmental area using the age range; be sure to indicate what tool was used to obtain this information.</p>	<p>2. Carl is 4 years, 2 months of age. He is functioning in the 4 year range in the area of self-help skills. This is his strongest area. In the cognitive and motor areas, Carl is functioning in the 3 to 4 year range. Carl's social skills are in the 3 year range. Language is Carl's weakest area; he is functioning in the 2-1/2 to 3 year range. (Information from the <i>Portage Guide to Early Education Checklist</i>).</p>												
<p>3. If you do not have either of the above as options, write a statement indicating the strongest and weakest area. This information is based on screening and assessment results and the information recorded on the IPP worksheets.</p>	<p>3. Carl is 4 years, 2 months of age. Overall, his strongest area appears to be self-help and his weakest area appears to be language.</p>												



*The IPP for each child is built by parents, home visitor, handicap coordinator and other specialists working together using their knowledge of the child.*

## IPP Conference

The final step in the development of the Individual Program Plan is the IPP Conference. The purposes of this conference are:

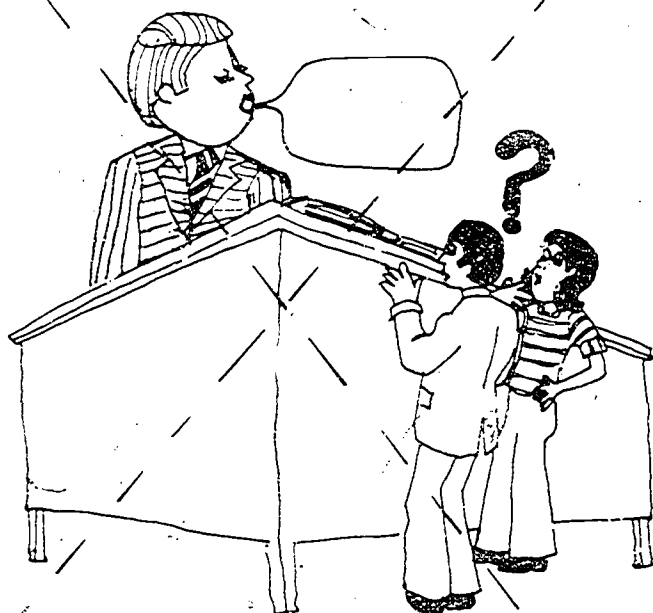
- To break the annual goals into a sequence of short-term objectives (see Appendix H),
- To determine who is responsible for meeting these objectives,
- To identify materials and teaching techniques appropriate for meeting these objectives,
- To establish the type of evaluation which will be used for determining completion of the objectives and
- To set a time-line for initiation and completion of each objective.

The participants at the planning meeting are also involved in this conference; participation is required from parents, current home visitor and chairperson appointed at the planning meeting.

Completion of the IPP can be simplified by dividing responsibilities among participants. The Social Service Coordinator could develop short-term objectives for each annual goal related to social service. The home visitor likewise could work on the educational objectives; his or her experience in working with the child will be valuable in planning teaching techniques and materials appropriate for the child.

The IPP will be written at this conference. The chairperson records information on the IPP form as decisions are reached on short-term objectives, teaching techniques, etc. A discussion should be led by the chairperson to resolve any differences of opinion. When all parts of the IPP are written, parents are asked to sign indicating their participation in the development of the plan and their agreement with the contents. Discussions at the conference will most likely resolve differences of opinion relating to the child's program. After these discussions, if parents disagree with some aspects they must also indicate this with their signature. Further meetings will be held to resolve conflicts.

This process for developing the IPP may be changed to meet the needs of different programs. For example, the IPP could be completed in one meeting. Participants come to the meeting prepared to discuss child and family strengths and needs. All parts of the plan are completed in this single conference. If the public schools are involved in the process, the Handicap Coordinator and home visitor participate in the meetings held by the schools to develop the educational goals and objectives. A meeting with parents and Head Start coordinators follows to develop goals and objectives in the component areas.



*Parents are important contributors in the development of the IPP. Speak in terms they understand and use their ideas in developing a program for their child.*

Parents must be involved in the total process of IPP development. The meetings are important and should be professional and businesslike, but anything that can be done to make the meeting more informal and relaxing helps ensure a real contribution from the parents. The following are suggestions for encouraging parent involvement:

- Provide transportation for parents
- Allow time for introducing parents to all participants.
- Give parents a questionnaire or checklist to complete on the child (e.g., help or home behavior problems) so they will have specific information to contribute as an equal member of the planning team.
- When parents provide information it should be used.
- Share all information about the child with the parents.
- Ask parents to express their goals and objectives for the child.

## Sample IPP

The information for the individual Program Plan can be recorded in various ways. The Handicap Coordinator will probably be responsible for selecting a form. In choosing an IPP form, consider those used by local schools. Since the children in Head Start will become a part of the public school system, it will be helpful if the forms used by both programs are similar. Parents will become familiar with a particular way of recording information. If the forms used by the schools in your area are not appropriate for Head Start, develop your own or adopt an existing form. A sample of a completed IPP is included on the following pages. This form was selected because it includes all the information needed for a complete plan.



# INDIVIDUAL PROGRAM PLAN

## PARTICIPANT

## IPP COMMITTEE

Name: *Carl Jones*

Parent's Name: *Mrs. M. Jones*

Address: *411 N. 60th*

Phone: *555-1111*

DOB: *7/21/75*

Age: *4-2*

Center: *Hilldale School*

County: *Washington*

Entry Date: *9/1/79*

Date of Conference: *10/15/79*

Name

*Judy Johnson*

*Julie Miller*

*Mary Jones*

Required:

Home Visitor

Chairperson

Parent

Optional:

*Sara Smith*

*Hilda Roberts*

Speech Therapist

Health Service Component

Social Service Component

Nutrition Component

Mental Health Component

Other Professional/Specialists

IPP Committee and Date of Conference—a record of participants in the IPP Conference and when the conference took place.

"Participant" includes all necessary identifying information. The "Center/County" lines can be changed to fit individual agency needs. "DOB" is the child's date of birth; age should be recorded in years and months.

**Current Level of Functioning (Functional Assessment):** *Carl is within 6 months of age for self-help skills (3 years-8 months) and this appears to be his strongest area. Cognitive skills are at the 3 years-4 months level. He is functioning at the 3 year level in social skills. Carl's physical age — Gross and Fine motor — is 3 years-2 months. Carl's lowest area of functioning is in language; he is at the 2 years-10 months skill level. (Information from the Alpern Boli Developmental Profile) See attached worksheets for detailed breakdown of strengths and weaknesses.*

### Annual Goals:

1. *Carl will increase language skills by six months.*
2. *Carl will develop physical skills to the four year level.*
3. *Carl will increase cognitive skills to the four year level.*
4. *Carl will increase self-help skills to age level.*
5. *Parent will provide 3 nutritious meals daily for the family and obtain services for health care needs.*
6. *Parent will use community resources to meet family needs such as medical and financial by January 1, 1980.*

Language

Fine & Gross Motor

Cognitive

Self-help

Health/Nutrition

Social Services



INDIVIDUAL PROGRAM PLAN FOR: Carl Jones

Special Services To Be Provided:

Page 2

Services Required	Date Initiated	Duration of Service	Provider
Speech Therapy	11/1/79	Weekly throughout program year	Sara Smith, Public School Speech Therapist
Nutrition Planning	11/15/79	1/15/80	Jane Doe, Health Coordinator

I have had the opportunity to participate in the development of this Individual Program Plan.

I agree with this Individual Program Plan.

I disagree with this Individual Program Plan.

10/15/79

Date

Mrs. Mary Jones

Signature of Parent(s)

“Special Services” refers to any special services that the child needs such as: speech therapy, transportation, counseling, special equipment, etc. For each special service, record the date the service will be started, expected length of the service and who will provide the service. These special services can be provided in the home, clinic or center depending upon the needs of the child and family.

“Signature of Parent(s)” documents the parent’s involvement in the development of the IPP and also records their agreement/disagreement with the plan.

# Short-Term Objectives

1. Area: *Gross Motor*

2. Goal: *Carl will develop physical skills to the 4 year level.*

3. Present Behaviors: *See the IPP Worksheets*

4. Objectives	5. Special Materials and Methods/Parent Activities	6. Person(s) Responsible	7. Evaluation Criteria	8. -- Time Line --		
				Begin	Review	Accomplished
<ul style="list-style-type: none"> <li>Carl will kick a large ball when rolled to him without assistance. 415x.</li> <li>Carl will walk on tiptoe when asked for 8 to 10 steps. 313x.</li> </ul>	<p><i>Home visit activities which parent will carry out daily according to written plan. (All objectives)</i></p>	<p><i>Home visitor and parent for each objective.</i></p>	<p><i>Parent records date. Home visitor records baseline and post-baseline information for each objectives.</i></p>	1/15	1/5	
<ul style="list-style-type: none"> <li>Carl will lift his feet and swing his arms when marching for 10 steps. 313x.</li> <li>Carl will catch a large ball with both hands when asked. 414x.</li> <li>Carl will stand on one foot without aid for 4-8 seconds. 415x.</li> <li>Carl will bounce and catch a large ball without assistance. 415x.</li> <li>Carl will walk down stairs alternating feet when using handrails. 313x.</li> <li>Carl will hop on one foot 5 successive times with no assistance. 314x.</li> <li>Carl will walk backwards on the balance beam alternating feet toe to heel when asked. 314x.</li> </ul>				10/15	1/15	
<p><b>SHORT-TERM OBJECTIVES —</b></p> <p><b>1. Area:</b> Indicate the developmental area from education (motor, language, etc.) or one of the component areas (health, social services, parent involvement) which will be detailed on this page.</p> <p><b>2. Goal:</b> Copy the annual goal from the cover page. Have a page for each annual goal. If there are nine annual goals, there should be nine pages with short-term objectives.</p> <p><b>3. Present Behaviors:</b> List skills that the child has already acquired. If these skills are listed on attached IPP worksheets they do not need to be listed here.</p> <p><b>4. Objectives:</b> Short-term objectives that lead to the accomplishment of the annual goal. Write these objectives in behavioral terms. Provide a sequence of short-term objectives for each annual goal.</p> <p><b>5. Special Materials/Methods/Parent Activities:</b> List any special equipment, reinforcement or teaching technique that works particularly well for that child and would be effective in meeting the objective. It is helpful, but not necessary, to complete this section for each objective.</p> <p><b>6. Person(s) responsible:</b> List name(s) of those who will be primarily responsible for teaching/carrying out each objective; for example, home visitor, nurse, speech therapist, parent.</p> <p><b>7. Evaluation:</b> state how each objective will be evaluated (observation, post-test, data recording, etc.) and the results of the evaluation if criteria for accomplishment was not met.</p> <p><b>8. Time Line:</b> State the date when the parent/child begin work on the objective, the date when progress will be reviewed, and the date the objective is accomplished.</p>						
				1/15	1/15	
				1/15	1/15	
				1/15	1/15	
				1/15	5/30	
				1/15	5/30	
				2/15	5/30	
				2/15	5/30	

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INDIVIDUAL PROGRAM PLAN FOR: *Carl Jones*

Short-Term Objectives

Area: *Fine Motor*

Goal: *Carl will develop physical skills to the 4 year level.*

Present Behaviors: *See IPP Worksheets*

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	— Time Line —		
				Begin	Review	Achieved
<ul style="list-style-type: none"> <li>• <i>Carl will trace templates on request, 4/4x.</i></li> </ul>	<p><i>Home visit activity. Parent will carry out activity daily according to written plan. (All objectives)</i></p>	<p><i>Home visitor and parent.</i></p>	<p><i>Parent records daily. Home visitor records baseline and post baseline.</i></p>	<p><i>10/15</i></p>	<p><i>1/15</i></p>	
<ul style="list-style-type: none"> <li>• <i>Carl will cut along straight line on request, 3/3x.</i></li> </ul>				<p><i>11/15</i></p>	<p><i>1/15</i></p>	
<ul style="list-style-type: none"> <li>• <i>Carl will cut along curved line on request, 3/3x.</i></li> </ul>	<p><i>Gradually increase thickness of paper and amount of curve.</i></p>			<p><i>12/15</i></p>	<p><i>1/15</i></p>	
<ul style="list-style-type: none"> <li>• <i>Carl will cut out 2" circle on request, 3/3x.</i></li> </ul>				<p><i>3/15</i></p>	<p><i>5/30</i></p>	
<ul style="list-style-type: none"> <li>• <i>Carl will draw simple recognizable pictures such as house, man, tree on request, 4/4x.</i></li> </ul>	<p><i>Initially add parts to figures then draw complete picture.</i></p>			<p><i>1/15</i></p>	<p><i>5/30</i></p>	

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# Short-Term Objectives

Area: *Cognitive*

Goal: *Carl will increase cognitive skills to the 4 year level.*

Present Behaviors: *See IEP Worksheets (Figure 1)*

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	— Time Line —		
				Begin	Review	Achieved
<ul style="list-style-type: none"> <li>• <i>Carl will match 1 to 1 (using 3 or more objects) when asked, 3/3x.</i></li> <li>• <i>Carl will point to long and short objects when verbally instructed, 4/4x.</i></li> <li>• <i>Carl will arrange objects into categories when asked, 4/4x.</i></li> <li>• <i>Carl will draw a diagonal line from corner to corner of a 4" square of paper when asked, 3/3x.</i></li> <li>• <i>Carl will count 10 objects in imitation, 4/4x.</i></li> <li>• <i>Carl will sequence or pattern blocks or beads when asked, 5/5x.</i></li> <li>• <i>Carl will copy a series of connected V strokes when asked, 3/3x.</i></li> <li>• <i>Carl will complete a six piece puzzle when asked without trial and error, 3/3x.</i></li> <li>• <i>Carl will name objects as same and different when asked, 3/3x.</i></li> </ul>	<p><i>Home visit activities which parent will carry out daily according to written plan (All objectives).</i></p> <p><i>Use familiar objects found at home.</i></p> <p><i>DLM pattern cards — gradually increase complexity of design.</i></p> <p><i>Wooden puzzle with large pieces, gradually reduce physical aid.</i></p> <p><i>Use common objects found in the home.</i></p>	<p><i>Home visitor and parent</i></p>	<p><i>Parent records daily. Home visitor records baseline and post baseline. If objectives are not accomplished home visitor will evaluate and plan additional activities.</i></p>	<p><i>10/15</i></p> <p><i>10/15</i></p> <p><i>11/15</i></p> <p><i>11/15</i></p> <p><i>11/15</i></p> <p><i>11/15</i></p> <p><i>2/15</i></p> <p><i>3/15</i></p> <p><i>4/15</i></p>	<p><i>11/5</i></p> <p><i>11/5</i></p> <p><i>11/5</i></p> <p><i>11/5</i></p> <p><i>5/30</i></p> <p><i>5/30</i></p> <p><i>5/30</i></p> <p><i>5/30</i></p> <p><i>5/30</i></p>	

INDIVIDUAL PROGRAM PLAN FOR: Carl Jones

Short-Term Objectives

Area: *Health/Nutrition*

Goal: *The parent will provide 3 nutritious meals daily (including basic 4 food groups) for the family and obtain services for health care needs with assistance.*

Present Behaviors: *See IPP Worksheets (Figure 1)*

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	— Time Line —		
				Begin	Review	Achieved
<p><i>Meals:</i></p> <ul style="list-style-type: none"> <li><i>The Health/Nutrition Coordinator will provide material for a 3-day record of the family diet to be completed by the mother within 5 days of presentation of materials.</i></li> </ul>	<p><i>To be completed during home visit</i></p>	<p><i>Health/Nutrition Coordinator</i></p>	<p><i>Record of family's diet for 3 days completed</i></p>	<p><i>1/11</i></p>	<p><i>12/1</i></p>	
<ul style="list-style-type: none"> <li><i>Parent will call and make appointment with County Extension agent by (date) when Coordinator provides the number.</i></li> </ul>	<p><i>Use Community Resource Directory</i></p>	<p><i>Parent</i></p>	<p><i>Appointment made</i></p>	<p><i>1/15</i></p>	<p><i>1/130</i></p>	
<ul style="list-style-type: none"> <li><i>Parent will keep above appointment with one written reminder from Coordinator.</i></li> </ul>		<p><i>Parent</i></p>	<p><i>Appointment kept</i></p>	<p><i>1/15</i></p>	<p><i>1/130</i></p>	
<ul style="list-style-type: none"> <li><i>Parent and Coordinator will plan one nutritious meal (including 4 basic food groups) for each day of a two week period.</i></li> </ul>	<p><i>Dairy Council pamphlets</i></p>	<p><i>Parent and Coordinator</i></p>	<p><i>Meals planned</i></p>	<p><i>1/15</i></p>	<p><i>2/15</i></p>	
<ul style="list-style-type: none"> <li><i>Parent will provide family with one nutritious meal daily by July 31, 1980.</i></li> </ul>		<p><i>Parent</i></p>	<p><i>Periodic record of meals served</i></p>	<p><i>2/15</i></p>	<p><i>5/30</i></p>	

# Short-Term Objectives

Area: *Health/Nutrition (continued)*

Goal: \_\_\_\_\_

Present Behaviors: \_\_\_\_\_

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	-- Time Line --		
				Begin	Review	Achieved
<i>Health Care Needs:</i>						
<ul style="list-style-type: none"> <li>The Health/Nutrition Coordinator and parent will list the health care needs of the family and locate appropriate resources by November 1.</li> </ul>	Community Resource Directory	Parent and Coordinator	List complete	10/15	1/11	
<ul style="list-style-type: none"> <li>When provided the number by the Health/Nutrition Coordinator, the parent will make appointment with physician within 2 days.</li> </ul>		Parent	Appointment made	10/30	1/15	
<ul style="list-style-type: none"> <li>The parent will keep the medical appointment with one written reminder from H/N Coordinator.</li> </ul>		Parent	Appointment kept	1/15	1/15	
<ul style="list-style-type: none"> <li>The parent will follow through on recommendations from medical appointments as specified and within 5 days.</li> </ul>		Parent	Record of recommendations which were kept	1/15	2/15	



## Summary

Each part of the Individual Program Plan is illustrated on Carl's completed IPP. The process suggested for developing the IPP for children with special needs includes three steps: (1) preparation, (2) planning meeting, (3) conference. The objectives for the planning meeting include summarizing the child's strengths and needs, formulating the child's current level of functioning and establishing annual goals for the child and parent. The IPP is completed at a conference; short-term objectives, materials and teaching techniques are developed for each annual goal. Participants at the conference and planning meeting

include parents, home visitor, Handicap Coordinator and other individuals who have knowledge about the child and family. **The Individual Program Plan is a comprehensive plan which includes program objectives for all developmental areas in the education component and also in the other important component areas.** This plan gives the home visitor a concise picture of where the child "is" at the beginning of the year. It also aids in planning activities for the child and parent which will lead to attainment of goals. Finally, it helps the home visitor and component staff to address the expressed needs of the family and to evaluate progress toward meeting those needs.



# The Home Visit:

## Editor's Note

Before embarking on the next three chapters discussing various aspects of the home visit, some preliminary comments are warranted. The primary one being that neither the present manual nor the training the Resource Access Projects provide are sufficient to carry out an effective home-based program. Without a doubt, the manual and the RAP training will contribute significantly to the improvement of home-based services for handicapped children and their families. However, it is assumed that the reader has already received training by one of the Home Start Training Centers, or has had significant experience as a home visitor. The present manual and the RAP training cannot substitute for in-depth training or experience in home-based programming.

This manual is developed based on a particular theoretical approach and orientation to the child's development and early learning. There are other approaches that are practiced successfully in Head Start and other preschool settings both home-based and center-based with handicapped and non-handicapped children. We believe that the approach set forth in the next few chapters offers a successful model for working with handicapped children in a home setting. All the methods and techniques suggested in the next chapter can be adapted to meet the individual needs of programs and families. We describe the planning and implementing of a home visit with a degree of structure and specificity that may not be necessary for non-handicapped

children and their families. Most home visiting programs generally contain the following sections in their program model:

- Greeting/establishing rapport
- Review of last week's activities
- Presentation of new activities
- Review of what parent will do during next week
- Parent discussion/wrap-up

The material covered in the next few chapters also reflects these basic steps. However, additional structure and specificity is contained in planning and implementing for the handicapped child and his or her family. While we believe that the process described can work effectively for all children, we recommend the additional structure and specificity as necessary for handicapped children for the following reasons:

- Most handicapped children may not learn readily through **incidental** learning and will need an **intentional** program to a greater degree than do non-handicapped children. This means that handicapped children require a specific, sequential and structured program to a greater degree than do non-handicapped children. They generally need to have many of the variables of a learning situation controlled in order to first learn a skill. They then need help in generalizing the skill — using the skill in situations where most of the variables are not as controlled.

- The program developed for a handicapped child needs to be sequential in order to accelerate his or her development. One skill builds upon another. Use of a behavioral or developmental checklist on an ongoing basis can be useful in developing and maintaining an appropriate, sequential program for handicapped children. Furthermore, use of task analysis also helps in planning specific, sequential objectives for the child; task analysis is a useful skill in working with handicapped children, as often the items contained on the behavioral or developmental checklist are steps which are too large for weekly planning. Both use of behavioral checklists and task analysis are discussed in the next few chapters, with additional information contained in the appendices.

- Parents of a handicapped child will be more likely to teach their child when they are being successful. By planning structured activities which are appropriate for the child and by demonstrating techniques to the parent you ensure that the parent and child will meet weekly success.

- Parents of handicapped children will benefit greatly from learning good teaching and child management techniques. They will generally care for the child's needs for a longer period of time than will parents of non-handicapped children. Also they will need to learn special techniques in order to help their child's development. A specific, structured developmental approach is one way to educate the parent about child development and work on the many skills needed to be an effective parent. Through discussion, demonstration and directed practice, the parent will learn many of the needed teaching and child management skills.

The next few chapters, then, reflect a degree of specificity and structure which may not be required for non-handicapped children. This does not mean that the techniques described are ineffective for non-handicapped children, it simply reflects the special needs of handicapped children and the techniques useful in accelerating their development.

In the discussion of various parts of the home visit we describe three different types of activities: structured, informal and parent education activities. The parent is involved actively in all three types of activities and all Head Start component areas can be included within each.

The structured activities reflect primarily the acquisition of the annual goals and short-term objectives from the Individual Program Plan. Often this requires learning skills in small steps using varying amounts of aid.

Informal activities and parent education activities are similar to the activities you will be doing with the non-handicapped children in the home-based program. These activities may follow a unit format. It is important that the handicapped child practices skills learned through the structured activities during informal activities, for this provides an opportunity to use new skills in different situations with different materials. These informal and parent education activities also focus on component information on the adult and child level. The parent education activities should include teaching the parents to plan appropriate activities for their child.

Thus, while we break the home visit into three sections for relative emphasis, the various activities are well integrated, with the parent actively involved in each phase. All Head Start component areas can easily be incorporated into each of the different types of activities. Like a piece of music with different themes, the home visit consists of several parts which blend together harmoniously.



## Chapter

# The Home Visit: Planning

You may be wondering by this time how you could possibly use all the information you have on a child. How will screening, assessment and diagnosis help you during a home visit? How do you reach IPP goals and objectives? This chapter on Planning the Home Visit and the following chapter on Implementing the Home Visit will answer these questions and give you a step-by-step procedure for planning and implementing each home visit.

The home is like the classroom in a home-based program. You may ask: How can I do everything in 90 minutes that is done in four days of classroom activity? The obvious answer is that you can't. The home-based program is successful because you teach parents to teach their children. The parents then provide the child continuous learning experiences, for every parent/child interaction is a potential learning experience.

Through careful planning you can develop activities for each home visit which will incorporate all the information available on a child and family. The activities for each home visit are individualized to meet the

child's needs and are planned and presented in a manner which encourages the parent to continue teaching the child. Activities are planned for each home visit to meet the following goals:

- Teach the child specific skills which lead to accomplishment of the IPP goals and objectives
- Teach parents to plan activities for their child and to teach their child
- Make the home a learning environment by teaching parents to create learning experiences for their child during routine activities
- Provide experiences for parents and children in all Head Start component areas

Although these are goals for all families, their importance is increased for families with handicapped children. These parents must teach their child the same developmental skills as the non-handicapped child learns. But in addition, these parents must meet the special needs of their handicapped child. This

may mean doing activities recommended by a speech therapist or a physical therapist. It may also mean adjusting the home environment or family routines to meet the needs of the child. As a home visitor, you should plan experiences which will assist families in meeting the special needs of their children.

Good planning is essential to meet the goals for the home visit. Since the needs of parents and children differ, the activities and materials used during each of your home visits will also differ. You cannot expect to accomplish individualized goals for a child by presenting the same activity with every child. You must look at the needs of parents and children as identified in the IPP to plan activities which will meet these needs. In addition to meeting these individual needs, there will be some general information in component areas which will be presented to all families.

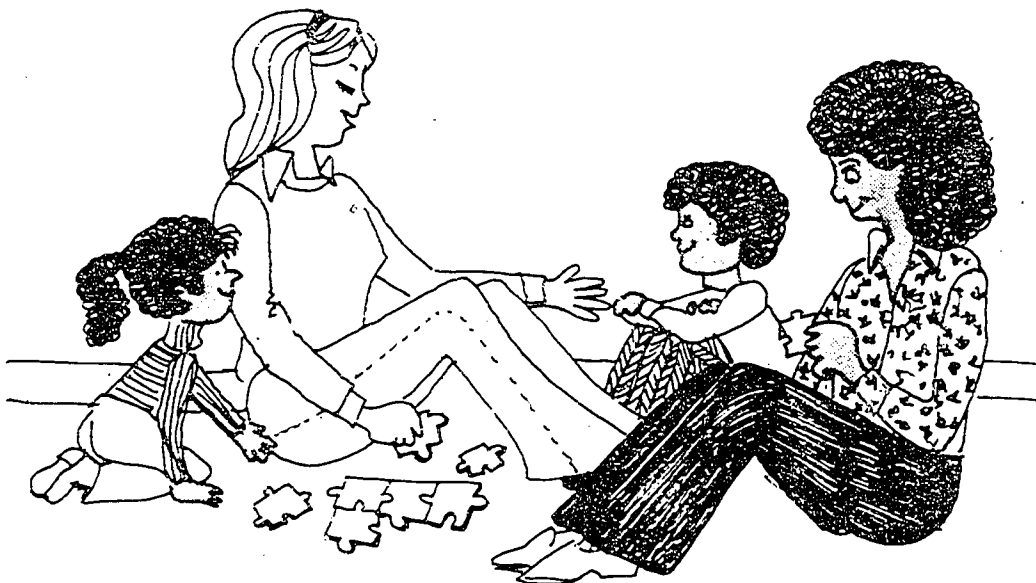
To assist the home visitor in organizing and planning each visit we will discuss three types of activities: structured, informal and parent education. Each type of activity is **planned** to accomplish specific purposes. It is important to note that each type of activity is equally important to the total home visit. The parent is actively involved during the complete visit; all component areas are incorporated into each type of activity. The purposes for each type of activity are listed below.

The remainder of this chapter will discuss each type of activity and suggest ideas for planning. You will find that planning is one secret to the success of home visits. Goals for children and families will be accomplished because you have planned activities in all component areas to meet these specific goals.

Activity	Purpose
Structured	<p>Child learns specific skills to meet IPP objectives</p> <p>Parents learn to teach child</p>
Informal	<p>Child reviews skills recently learned</p> <p>Child uses new skills in different situations with different materials</p> <p>Child takes the lead in activities</p> <p>Component activities are presented</p> <p>Child and parent learn how daily routines can be learning experiences</p>
Parent Education	<p>Component information is presented</p> <p>Parent learns to plan activities for the child</p> <p>Parent learns to meet expressed needs</p>



*Planning is the key to an organized home visit which accomplishes program objectives.*





# Planning Structured Activities

There are two purposes for the structured activities:

1. Child learns specific skills to meet IPP objectives and
2. Parents learn to teach child.

The first step toward teaching is planning **appropriate** activities to teach. When is an activity appropriate? Children need to learn skills which they can use or skills which are functional. For example, would it be appropriate to teach a child to put on mittens if he or she lives in Florida? Does a child need to name 15 different colors? Also, be sure the activity is something the child is ready to learn. Use the information gathered during the screening, assessment and diagnosis to guide you in planning appropriate activities for the child. The Individual Program Plan provides you with a base for planning weekly activities, since goals and objectives have been established. You should plan weekly activities for each child which will accomplish these objectives and goals.

The process for planning structured activities is a five step procedure that enables the home visitor to use the IPP and the screening, assessment and diagnostic information to plan weekly activities. This process ensures that the activities will be individualized because you are planning activities for one child based on his or her strengths and needs. This process also enables you to plan activities which the child will learn during one week. These weekly accomplishments are very important for handicapped children and parents. Often a parent has spent

a great deal of time unsuccessfully teaching a handicapped child a skill. This is very frustrating. You must carefully plan activities which are appropriate and provide the child the correct amount of aid to accomplish the skill during one week. The following five steps will help you plan activities for the child which he or she will learn during the week.

## Step 1. Determine how the child learns best:

It is important to consider factors which may affect the child's learning. Observe the child during the assessment process and consider each of the following.

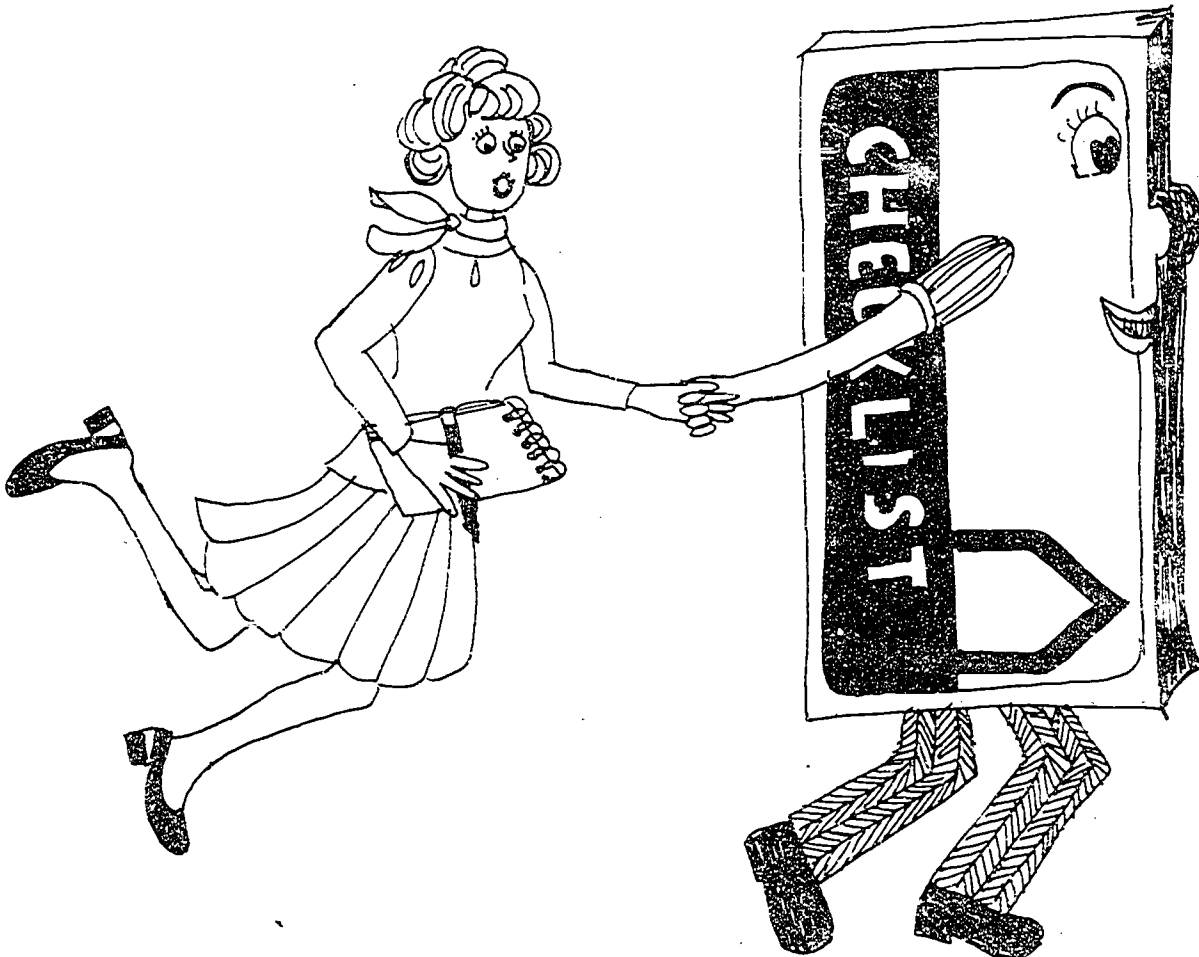
- What **time of day** is best for the child?
- How long is the child's **attention span**?
- What **materials** or toys keep the child's attention?
- **Where** does the child work best?
- What **interferes** with the child's learning?
- What is **reinforcing** for the child?

*The home visitor, Nancy, was having difficulty keeping Bryan's attention during the structured activities. He wanted to play with his brother and sister who were sitting beside him at the kitchen table. The home visitor and parent discussed this problem. They decided that Bryan would be less distracted if his brother and sister played in the other room. With this arrangement, Bryan was able to complete the planned activities and later all the children participated in an activity with Bryan to reinforce him for working so well.*

## Step 2. Complete or update the child's developmental checklist:

In the assessment section we discussed completing a developmental checklist. This checklist is an important tool in planning activities. It provides a listing of important skills the child can do, those he or she cannot do and those he or she is beginning to learn. To be useful, the checklist must be completed correctly. Record as "accomplished" only those items the child can do. If there is a question, do not assume the child can do the task. This will lead to problems when teaching

more difficult skills. Appendix F gives directions for completing a developmental checklist. Compare the IPP short-term goals and the completed checklist for each developmental area. This comparison helps you visualize how the short-term objectives fit into the developmental sequence of checklist items. It also provides a guide for selecting items to teach which lead to accomplishment of short-term objectives. Figures 1 and 2 show motor areas from the checklist and IPP. Short-term objectives are starred in the checklist. Weekly, as the child accomplishes items in the checklist, it should be updated to indicate the child has learned the item.



*Don't let the checklist lead you around. You make the decisions. The checklist is a guide, use it along with other information about the child and parental suggestions to determine what to teach.*

Age Level	Grade	Behavior	Entry Behavior	Date Achieved	Comments
	82	Snips with scissors	✓		
	83	Jumps from height of 8 inches	✓		
*	84	Kicks large ball when rolled to him	X		
*	85	Walks on tiptoe	X		
	86	Runs 10 steps with coordinated, alternating arm movement	✓		
	87	Pedals tricycle five feet	✓		
	88	Swings on swing when started in motion	✓		
	89	Climbs up and slides down 4-6 foot slide	✓		
	90	Somersaults forward	✓		
	91	Walks up stairs, alternating feet	✓		
*	92	Marches	X		
*	93	Catches ball with two hands	X		
	94	Traces templates	✓		
	95	Cuts along 8" straight line within 1/4" margin	✓		
4.5*	96	Stands on one foot without aid 4-8 seconds	X		
	97	Runs changing direction	✓		
	98	Walks balance beam	✓		
	99	Jumps forward 10 times without falling	✓		
	100	Jumps over string 2 inches off the floor	✓		
	101	Jumps backward six times	✓		
*	102	Bounces and catches large ball	X		
	103	Makes clay snakes put together with 2 to 3 parts	✓		
	104	Cuts along curved line	✓		
	105	Screws together threaded rod and nut	✓		
*	106	Walks down stairs alternating feet	X		
	107	Pedals tricycle, turning corners	✓		
*	108	Hops on one foot 5-6 seconds 10 times	X		

✓ = can do  
X = cannot do



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Figure 2

**INDIVIDUAL PROGRAM PLAN FOR: Carl Jones**

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1. Area: Gross Motor      2. Goal: Carl will develop physical skills to the 4 year level

3. Present Behaviors: See the IPP Worksheets

4. Objectives	5. Special Materials and Methods/Program Activities	6. Person(s) Responsible	7. Evaluation Criteria	8. Time Line		
				Begin	Review	Achieved
• Carl will walk with a ball on wheels...	Hand ball, ball, wheels...	Hand ball and wheels...	Ball on wheels...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	
• Carl will walk on a line...	Line, tape...	Line and tape...	Line on floor...	1/15	2/15	



### Step 3. Determine what to teach:

Use the short-term objectives from the IPP and the developmental checklist to select items to teach. The strengths and needs of the child determine the developmental or component area of the items selected. Each week you will plan 3-4 structured activities for each child. Monthly, the child should have activities in all developmental and component areas. In areas of greatest need, weekly activities are planned; rotate activities in other developmental and component areas. For example, a child whose greatest needs are in language would have weekly language activities. During the first home visits, work on skills that will result in positive experiences for the parent and child by selecting items from areas of strength. Once the parents and child have experienced success and are feeling

good about the program, introduce activities in weak areas. The chart below shows how each developmental and component area was included during two months of home visits for this child.

Remember when selecting items to teach, consider the following:

- Does the new skill lead toward accomplishment of the IPP goals and objectives?
- Is the child ready to learn the skill? If you are selecting an item from the checklist, can the child do all the related items which precede the one you selected?
- Are you planning weekly activities in areas of weakness? Are structured activities in all developmental and component areas presented at least monthly?

AREA	HOME VISIT							
	1	2	3	4	5	6	7	8
Language			X	X	X	X	X	X
Socialization		X		X			X	X
Self-help			X			X	X	
Cognition			X		X			X
Motor	X			X		X		
Health	X			X		X		
Nutrition		X			X		X	
Safety			X		X			X

#### **Step 4. Plan weekly instructional objectives from the item selected:**

Generally, the items selected to teach from the checklist or IPP will not be learned in one week. Each item or skill will need to be broken into small steps. This will ensure the child and parent weekly success on objectives. Planning small learning steps is particularly important for handicapped children. They may require special materials or aid in learning new skills. The process of breaking skills into a sequence of teaching steps is called **task analysis**. Appendix H discusses task analysis. After the task analysis has been completed, select one step which the child will learn during the next week. This step becomes the instructional objective for the structured activity. Three to four structured activities will be planned each week using this process. Use the format suggested in Step 3 to determine which developmental or component areas will be covered each week.



#### **Step 5. Complete a written plan:**

Up to this point in the planning process you have (1) observed the child to determine characteristics of his or her learning style, (2) completed or updated a developmental checklist and incorporated IPP goals and objectives into the checklist, (3) selected an item from the checklist or IPP to teach, (4) broken the objective into a sequence of steps (task analysis) and selected one step for the child to learn next week.

This process will be followed for each of the three or four objectives you plan to teach. The final step in the process is developing an activity to teach the skill and putting it into a written plan. This lesson plan or activity chart serves as:

- a guide for the home visitor in presenting activities during the home visit and
- a guide for parents in carrying out daily activities.



The activity chart also allows the parent and home visitor to record the child's responses on each activity. The recording shows if the child is making progress.

Be creative in planning your activities. Learning should be enjoyable for parents and children. Think of several ways each objective could be taught. Consider the child's learning style (Step 1) in selecting an activity. The following examples illustrate several activities to teach each objective.

**Objective:** John will cut out a square with four 90 degree angles on request 4/4 times daily.

**Activities:**

- Make a zoo. Each square will be a cage. After you cut out the square, draw or place an animal sticker on the square and make bars. Choose a place to hang your zoo, for example, on the refrigerator or on a bulletin board.
- Make a book about your favorite things to do. Each day cut out and make four pages. You will have a story to tell your family each night and your home visitor next week.

- Fold the squares in half and make name plates for dinner.
- Use each square as a day for your calendar. Paste them on a big piece of poster board. Have mom help write the numbers.
- Make a whirley gig by making four cuts, fold the corners over and pin it to a straw.

**Objective:** Debbie will name red, yellow, blue and green upon request 4/4 times.

**Activities:**

- Explore the kitchen cabinets. Name colors on boxes or cans of food.
- Make a collage using construction paper. Name the colors as you paste and cut.
- Help mom fold the laundry. Name the color of the clothing.
- Go to the grocery store. Name the color of the fruits and vegetables.







The planning process is complete when the activity is written with directions for teaching on a chart that will be the parent's guide throughout the week. Appendix K gives directions for writing activity charts and includes a sample.

Some structured activities will be written following the recommendations of specialists working with the child. For example, a physical therapist might suggest that the child do specific exercises daily. Directions for doing these exercises can be written on activity charts and demonstrated for the parent following directions from the therapist.

To summarize, this planning process helps the home visitor in planning activities for one portion of the home visit. These activities are individualized to teach specific skills to the child. Generally, you would plan 3-4 structured activities for each visit. The number of activities is dependent upon the child and family. If the parents indicate they can only do two activities each week, that is what you should plan. After the parents are confident in doing these, you can gradually increase the number of activities done weekly. Remember the following points when planning.

- Consider how the child learns best when planning activities.
- During the first weeks of home visiting, plan activities in the child's areas of strength.
- Plan weekly activities in the developmental and/or component areas which are weak. Plan monthly activities in all developmental and component areas.
- Select skills to teach which the child is ready to learn. The developmental checklist and the IPP are guides for determining what skills to teach.
- Use task analysis to plan small teaching steps. The child will be successful weekly; the parent will be a successful teacher.
- Activities to teach these skills should be enjoyable for both the child and the parent.
- Complete directions for teaching should be clearly written on a chart. This is the parent's guide for teaching during the week.

# Planning Informal Activities

Informal activities are equally important to the home visit as are structured activities. There are five purposes for these activities:

1. Child reviews skills recently learned
2. Child uses new skills in different situations with different materials
3. Child takes the lead in activities
4. Component activities are presented
5. Child and parent learn how daily routines can be learning experiences

These purposes can be met through games or other fun activities which include siblings or other family members present during the visit. Some activities will be planned to meet one purpose; more frequently, each informal activity accomplishes several purposes. Before the home visitor can plan activities, he or she must have a better understanding of each purpose.

## 1. Child reviews skills

After a child learns a skill, he or she needs to practice it periodically to make sure he can still do it. This is especially important since new skills are usually built on previously learned skills. Informal activities should be planned to review skills the child has recently learned. For example, the child learned to put the  $\Delta$ ,  $\square$ ,  $\square$  in a puzzle during a structured activity. Review the activity and if the child can do the  $\Delta$ ,  $\square$ ,  $\square$  puzzle, you may present a more difficult puzzle and observe the child. This observation provides curriculum planning information. You may plan a structured activity for next week to teach the child to complete the more difficult puzzle.

Use the records of structured activities or behavioral checklists to plan review activities. Select skills the child has learned during recent structured activities and review these during informal activities. A review of skills learned can be an excellent reinforcer for parents and children. This review activity can also be expanded to check the child's readiness for new tasks. Select skills from the checklist which you think might be appropriate for teaching. Observe the child performing the task. How much aid does the child need? Can the child accomplish part of the task? Use this information to plan teaching activities.

A word of caution: Don't review the same activities every week. It's easy to continue to review counting and naming colors with each activity you do. It's fine to reinforce these skills but don't limit review activities. Plan review activities based on a variety of skills the child has recently learned.

## 2. Child uses new skills in different situations

Children need to learn to use new skills in a variety of situations. For example, Lisa may learn to name big and little using two balls. To make this a functional skill, Lisa needs to be able to use this skill in several situations with different materials. She needs to be able to name big and little items of clothing, big and little people or pictures of big and little objects. This is generalizing a skill.

Another way to generalize a skill is to combine skills in new ways. Playing hopscotch is a good example. Lisa has learned to hop on one foot and turn around while hopping. She can now use these skills to play a game with other children.

Plan activities in which children can use new skills with different materials, in new situations or in combination with other skills. Generalization of skills should occur in the home, neighborhood and eventually the child's total world. Select skills to generalize which the child has recently learned. You may plan an activity specifically to teach generalization or you may incorporate a generalization experience within another activity. For example, during the past few weeks Jason has accomplished these activities: telling what's missing from a group of three objects, drawing a  $\square$  by connecting dots, naming  $\square$ ,  $\triangle$  and naming objects as same and different.

The home visitor could plan any of the following activities to help Jason generalize one or more of the above skills:

- Use pictures of  $\square$ ,  $\triangle$  and have the child name the pictures. Play a game where children close their eyes and one picture is removed, take turns naming the missing picture (other pictures may be added).
- Show the child two pictures and have the child name the pictures as being the same or different.
- Using paint and brushes or fingers, have the child connect dots to draw a  $\square$  or  $\triangle$ . Draw  $\square$ ,  $\triangle$  and ask the child to name them.
- Play a game of same and different using items around the home — two pieces of fruit, items of clothing, pieces of furniture, pictures in books, etc.

### 3. Child takes the lead in activities

Informal activities provide an opportunity for the child to take the lead or direct activities. It is important to give the child freedom to use his or her own imagination in play and to express creativity in art or music. You can encourage this creativity by letting the child explore the games, toys or materials you bring. Talk to the child about what he or she is doing or ask the child to tell you about it.

Even though you have a specific purpose in mind for each material, the child may find many different uses. For example, you plan to play a guessing game where each person reaches in a bag and names the object they touch without looking. Begin the activity by letting the child play with the bag and objects. The child may discover that a paper bag makes a great hat or that the round objects roll and square ones don't. After the child has played with the materials, you can lead into the activity you've planned.

Another way to give the child the lead is by asking the child to choose the activity. Have materials available for two or three different activities the child enjoys. Ask the child what he or she would like to do and follow through with that choice.

Art and music activities also provide an opportunity for the child to be creative. You may initially direct the activity by providing certain materials or music but let the child determine how they will be used. Including siblings and parents in the activity may give the child a model if he or she is hesitant to draw or move to music alone. Be sure to reinforce what the child does.

The important thing to remember is to give the child an opportunity to direct some part of the activity and explore the materials. This should be a part of each informal activity. After the child has explored the materials, you can direct the activity to accomplish the objectives as planned.

#### **4. Component activities are presented**

Component activities are activities planned to present health, sanitation, safety and nutrition information on the child's level. The activity might include books, songs, games, role plays or trips in the neighborhood. An example of a health activity is reading a book about going to the doctor. The children and parents could also role play what happens in the doctor's office. This activity can be expanded to include several objectives. The children could name pictures in the book or describe what's happening on a page. During the role play they could name body parts and the function of each part.

Plan activities for children which address one of the component areas weekly. Remember to expand these activities to include review and generalization objectives for the child. These activities can also include information for the parent such as pamphlets which emphasize the activities discussed. When it is appropriate, encourage the parent to continue the activity during the week. For example, if the children practice brushing their teeth during an informal activity you and the parent could make a chart for the children to mark each day they brush their teeth.

#### **5. Making daily routines learning experiences**

One of the big advantages of the home-based program is the opportunity for parents to learn to use the home as a learning environment. Routine events can become learning experiences for children. Parents can learn how to teach children while grocery shopping, fixing dinner, doing the laundry, etc. This is especially important for parents of handicapped children since it may be more difficult to include the child in normal routines and make these learning experiences.



One way to encourage parents to use the home environment is by using items found in the home as teaching materials. Be creative in selecting materials — don't be bound to the toys from the Head Start program. This applies to structured and informal activities. Plan objectives for the child. Then think of items in the home which could be used to teach the objective. By using materials from the home you are showing parents that they don't have to purchase expensive items to teach their child. There will be activities which require some special materials, particularly with handicapped children. You and the parents may be able to make some of these materials. See Resources Section for information on home-made materials. If the materials are not available in the home, use educational toys and materials available from the program.

Another way to teach parents to create learning experiences is to plan activities around family routines. Demonstrate what skills the child can practice during these activities. For example, what can a child do while the parent is folding laundry?

- sort or name colors
- count
- name each item
- name where you wear each item
- stack folded clothes
- name items as big or little
- follow directions in putting clothes away

Discuss the family's daily routine and plan informal activities around the routine. Encourage parents to include the children in as many activities as possible. Be careful not to place too much emphasis on the activity and ignore the needs of the child. Plan to teach new skills, review skills or teach generalization within the activity.

## Example of an Informal Activity

Make the most of informal activities. Consider the five purposes and determine how they can be incorporated in the activities you plan. Although each informal activity will not accomplish all five purposes it should include as many as possible. Read the following description of an informal activity.

The home visitor planned to make banana pops for a snack. Both children and mom and dad participated. The children touched and tasted all the ingredients to be used in making the pops. A recipe with symbols helped the children and parents follow each step. The parents read each step and the home visitor demonstrated, then the children followed the directions. The children counted the bananas and sticks, they also found the middle of the banana and cut it in two pieces. After making the snack they discussed good snacks and bad snacks and helped the parents make a list of good snacks.

What objectives for the child were accomplished?

- followed directions with a model
- reviewed counting to four
- generalized finding the middle on a banana
- repeated steps followed with cues of first \_\_\_\_\_ then \_\_\_\_\_

What purposes for informal activities were included?

- nutrition information was presented
- skills were reviewed
- skills were generalized
- children were included in simple cooking activity







## Unit Planning

One way of planning informal activities is by using units. Monthly units are planned around various themes. These units include suggested activities for each weekly visit. Figure 3 shows a sample unit. These units can be planned at the beginning of the program year by home visitors and component staff.

Materials necessary for each weekly activity are available for each family on the home visitor's caseload. Although the same activities are planned for each family, the home visitor will need to individualize the activities when they are presented. This can be done by planning objectives which include generalization or review of skills for each activity.

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Figure 3

### September - 3rd Week\*

**Unit Title:** General Teaching

#### **Justification:**

Since we are expecting parents to be teachers of their children, we must provide the skills, know-how and confidence for them to do this job effectively. Through this unit we can introduce and emphasize incidental learning and positive reinforcement.

#### **Specific Objectives:**

1. To discuss some effective methods of teaching.
2. To re-emphasize importance of parents as teachers.
3. To explain and emphasize the use of incidental learning and positive reinforcement.

#### **Activities:**

##### **1. Discussion:**

- A. Incidental learning.
- B. Positive reinforcement.
- C. Importance of setting realistic goals.
- D. Yearly Goals for general teaching.
- E. Necessity of making learning fun.
- F. Importance of actual experiences.
- G. Importance of positive attitude toward learning.
- H. Importance of taking time to listen to and answer questions.
- I. What preschoolers need to be learning. Provide handout "The School Readiness Checklist".

2. **Field Trips:**
  - A. Take a walk, go to store, post office or park.
  - B. Listen, look for, and discuss sounds, sights, smells, and touch.
3. **Involve child in daily household chores:** Discuss what family can be teaching and learning. Examples — Sorting and folding laundry, doing dishes, washing walls, dusting, yard work.
4. **Sorting and folding laundry:** develops skills such as classification (texture, size), matching, counting, small, large motor, and language.
5. **Doing dishes:** teaches counting, color classification, size, temperature, air, water, language; develops small motor control.
6. **Cleaning house:** washing walls, dusting, etc.; helps in development of motor skills and concepts (high, low, under, over, between, etc.)
7. **Yard work:** teaches about plants, water concepts, weather, color classification, growth changes, etc.; develops large motor control.
8. **Setting table:** emphasize shape, position, left, right.
9. **Guessing games, "I see something (color, shape)".**
10. **Parents reading** to child or telling a favorite story.
11. **Pick-up game:** teach classification, counting. (Pick up objects out of place, put in proper place.)
12. **Art activity.**
  - A. Play Dough. (p. 130)
  - B. Fingerpaint. (p. 131)
  - C. Macaroni Collage. (p. 130)
13. Have family plan an enjoyable activity they can all be involved in.
14. Provide handouts "Incidental Learning" and "Why Parents as Teachers".  
Follow-up Activities for Positive Reinforcement:
  1. Ask about how they used play dough; finger paint.
  2. Ask about how family enjoyed the activity they planned together.
  3. Ask which household chores (indoor and outdoor) parent and child did together.

## Individual Planning

Another method of planning informal activities is to plan activities for each child and family based on their needs. Planning for each family ensures that the activities will be appropriate. Plan four to five objectives for each child. This does not necessarily mean four different activities; the previous example of an informal activity demonstrated how several objectives could be accomplished in one activity. The activities for each child should include weekly review of skills and generalization experiences. Component activities should also be planned weekly — remember to include objectives for the child in these activities. The child should be allowed to take the lead during some part of each activity.

Keep these points in mind when planning informal activities:

- Plan weekly review and generalization activities. Use records of completed structured activities or developmental checklists to plan review and generalization activities for skills learned during the past 2-3 weeks.
- Plan component activities weekly. These activities will present information on the child's level. They should also include specific objectives for each child.
- Each activity should show the parent how to use daily routines to teach their child.

## Planning Parent Education Activities

The final type of activities you need to plan are parent education activities. These activities focus on the parent. Arrange activities for the children so you can have time with the parent. This portion of the home visit has three purposes:

1. Component information is presented
2. Parent learns to plan activities for the child
3. Parent learns to meet expressed needs

### Component Information

This is general information which can be presented to all families. The activity includes discussion with the parent and leaving pamphlets or other materials. Plan activities that rotate between these areas: medical, dental, nutrition, mental health.

These activities can be planned at the beginning of the program year using units. Home visitors and component staff cooperatively plan 2-3 component activities for each week. These activities could coordinate with themes of parent meetings and informal activities. For example, if you are discussing nutritious snacks with the parent, an informal activity could be preparing and eating fresh peanut butter with all children and the parent. Planning should include materials or pamphlets necessary for each activity. A sample unit is included in Figure 4.

## Month April\*

### Theme April Showers

#### Home Visit Activities

##### WEEK 1

1. Art: Egg shell collage on Easter egg shape.
2. Art: Will make a stoplight.
3. Spring Walk: Will talk about safety when walking, crossing the street, facing traffic.
4. Will draw face and/or a man to place in ME BOOKLET.

##### WEEK 2

1. Art: Make Easter egg baskets.
2. Color Easter eggs.
3. Easter egg hunt.
4. "Food: Early Choices": **Hi-Dee-Ho**  
Purpose: To introduce children to the idea that food and exercising help them grow and keep healthy.

##### WEEK 3

1. Science: Plant seeds.
2. Body Movement cards.
3. Art: Will make butterflies with construction paper and egg cartons.
4. Will begin color pages in ME BOOKLET. Will classify different colors on different pages.

##### WEEK 4

1. Discuss why rain and sun are necessary for plants to grow. Place one plant in dark area and one in sunlight and observe growth.
2. Art: Marble painting.
3. "Food: Early Choices": **Mixing Up Food.**  
Snack: Fruit Salad

#### Parent Education Activities

1. Will discuss traffic safety and the importance of teaching children to be careful of traffic.
2. Strategies For Caring For The Sick Child.
3. Will discuss the importance of allowing children to cook.

1. Traffic Safety Booklet #1. Will read booklet to child and discuss.
2. Will discuss car safety.
3. "Food: Early Choices": **Food For The Family.**

1. Will discuss lead poisoning and symptoms of lead poisoning.
2. Will review basic safety rules for children — inside and outside.
3. Will review fire drill plan.

1. Will discuss using household materials and routines in teaching.
2. "Food: Early Choices": **Labels ... Windows For What's Inside.**

\* Developed by the Portage Project Home Start Training Center



## Parent learns to plan activities for the child

Involving parents is the key to success for the home-based program. This means involvement in planning activities for each visit. The home visitor can involve parents by discussing their expressed needs and planning activities to meet those needs. Parents must also be involved in planning activities for the child. There are two purposes for this involvement:

- Parents are more likely to carry out activities which they helped plan and
- Experience in planning will enable parents to continue planning activities when the home visitor no longer visits the home.

Educational assessment is a good place to start involving parents in planning activities. Parents have information to contribute about the child's behavior. This is also a good opportunity to reinforce parents for teaching the child specific skills. After the checklist is completed, the home visitor can use it to assist the parent in selecting activities the child is ready to learn. Parent and home visitor can con-

tinue to use the checklist as a guide. Review the checklist at least monthly to record the skills the child has learned and select skills to teach. If possible, the home visitor could give the parent a copy of the checklist to keep.

Selection of materials is another way to involve parents. After you have decided what to teach, discuss what materials would be appropriate to use. You may plan to make materials using household items and/or fabrics. Encourage parents to use items commonly found at home for teaching.

Determining when to teach should also include parents. If possible, plan teaching activities to be a part of the family's daily routine. Self-help skills fit in well with the daily routine. For example, if you are teaching dressing, do the activity when it would normally occur during the day. Some structured activities may not directly fit into the routine, but planning can include **when** the teaching will occur and **where** in the home the parent and child will work on the activity.

By including parents in planning you are teaching them. The amount of planning done by the parents is dependent upon their skills. Initially parents may be hesitant to participate in the planning process. They may feel that you are the teacher and you should have **all** the answers. Continue to discuss activities with them and reinforce their teaching skills. If you show parents that they do have valuable information to contribute, they will become comfortable participating in the planning.

Learning to plan appropriate activities for a child is a long process. As parents increase their skills in selecting activities, you can gradually introduce them to other steps in the process for planning structured activities. The *Portage Parent Program and Teaching Parents to Teach* are good resources for involving parents in the teaching process (See Resources Section).

## Parent learns to meet expressed needs

Expressed needs of the family are recorded on the Log Sheet of the Family Assessment Tool (See "Screening, Assessment, Diagnosis"). The home visitor will be involved in assisting families meet some needs while others will be met with assistance from the Health, Social Service and Handicap Coordinators. The division of these responsibilities is somewhat dependent upon the resources available to the program. The home visitor's primary role is family education and development. In some cases the home visitor and parent could consult with a specialist and implement their recommendations. For example, the parent wants to know how to prepare food for the baby. The home visitor could discuss this with the nurse or dietitian and then help the parent carry out the suggestions. Another way to meet this need is by having the dietitian participate in the home visit and demonstrate food preparation.

Other needs may require direct intervention by a specialist. The parent may be having difficulty coping with the demands of a handicapped child. The home visitor should refer this need to a person experienced in counseling families. The counselor may suggest some activities for the home visitor to assist with, or the counselor may see the family separate from the regular home visits.

One goal for all families is to increase their independence in meeting their own needs. Home visitors can assist by informing families of community resources and assisting them in contacting other agencies. Parent education activities could include role playing the contact of an agency to secure services.

Another activity is using resource directories to find appropriate agencies to contact. Plan activities which give parents the assistance they need; do not do something for them which they can do themselves. For example, Mrs. Jenkins would like to learn typing and secretarial skills. She and the home

visitor discuss classes offered at the vocational school and the home visitor assists in finding the number to call for information. Mrs. Jenkins calls the school and completes the enrollment process. The home visitor only provided the assistance necessary to meet the parent's need. In other cases the home visitor may need to provide more assistance, such as making initial contact with the school and helping the parent complete enrollment forms. After working with a family, the home visitor can use observations of the family to plan activities which provide parents with the amount of assistance necessary to meet their expressed needs.

If the parent is hesitant to express needs, you can plan activities to encourage or help the parent. The parent must be aware of all the programs and services available in the community and through the Head Start Program. Discuss various agencies such as the Health Department and tell the parent where it is located, schedule of services, eligibility requirements and how to contact Health Department personnel. Another activity to generate expressed needs is discussion of pamphlets on safety, sanitation, medical, dental and mental health. These pamphlets may make the parents aware of a need and result in their identifying it to the home visitor. For example, the home visitor and parent discuss a pamphlet on common fire hazards at home. After this discussion the parent asks the home visitor to help identify potential hazards in the home.

In summary, weekly you will need to plan 2-3 parent education activities. If you use units, these will cover component activities and planning activities for the child. If your program does not use unit activities, plan weekly component activities for each family. Each week the parent should be included in planning future activities for the child. Expressed needs of parents will need to be addressed individually, and activities to meet these needs will take precedence over other parent education activities.



# Recording Your Home Visit

A record must be kept of all the activities presented during each home visit. This record will help the home visitor monitor the child's progress and plan future activities for the child and family.

The record keeping system you develop for the home visit can be simple or complex. There is some basic information which must be recorded weekly and there is additional information which would be helpful in monitoring visits and planning future visits.

Necessary to Record	Optional to Record
<p>Structured Activities</p> <ul style="list-style-type: none"> <li>• objectives from last week</li> <li>• objectives for this week</li> </ul>	<p>Developmental area of each objective</p> <p>How well did child perform initially on the objective?</p> <p>Did child accomplish the objective?</p>
<p>Informal Activities</p>	<p>Type of activity (review/generalization)/Developmental area/Component area (if appropriate)/Did child complete the activity?</p>
<p>Parent Education Activities</p>	<p>Component area:</p> <p>Pamphlets or information left at home</p> <p>Concerns or expressed needs of parents</p>
<p>Name of Child</p> <p>Name of home visitor</p> <p>Date of visit</p> <p>Parent comments</p> <p>Parent signature documenting completed visit</p>	<p>Length of visit:</p> <p>If visit is rescheduled, reasons and rescheduled date</p> <p>Home visitor comments</p>

The following sample Home Visit Report (Figure 5) contains all the above information. This form is used by the Operation Success Home-Based Program with Milwaukee Head Start. The shaded areas contain the necessary information, other areas are optional.

Completed Home Visit Reports can be used to monitor the program each child is receiving. It is particularly important that the handicapped child receives activities directed toward his or her special needs. The Home Visit Report enables the home visitor to record all activities presented to the child and parent and also indicate new skills the child has learned.

The following list suggests information which can be obtained from the Home Visit Report. These questions should be considered when planning for each home visit. If the answer is "yes" to each one, then continue planning as you have been. If the answer to some questions is "no", then use the information to plan the next home visit.



*Good records will help you plan each visit.*

1. Are activities being presented which lead toward accomplishment of IPP goals?
2. Did the child accomplish weekly structured activities?  
yes — plan sequential activities that lead to accomplishment of IPP goals  
  
no — use task analysis to break the activity into smaller steps/change materials or teaching techniques and write an activity chart for the next week
3. Has the child received structured activities in all developmental and component areas? Emphasis should be placed on areas of weakness but activities should cover all areas monthly.

4. Are you leaving 3-4 structured activities for the parents to teach during the week?
5. Are new skills reviewed or generalized through additional activities?
6. Is component information presented on the child's level weekly?
7. Has component information been presented to parents?
8. Is the parent involved in planning activities for the child?
9. Have activities been planned to meet the parent's expressed needs?
10. Have the comments or suggestions from parents been used in planning each visit?

### Home Visit Report

Child: \_\_\_\_\_ Home Visitor: \_\_\_\_\_

Week # \_\_\_\_\_ Visit # \_\_\_\_\_ Length \_\_\_\_\_ Scheduled Date: \_\_\_\_\_ Time \_\_\_\_\_ Rescheduled Date \_\_\_\_\_ Time \_\_\_\_\_

Reason for missed or rescheduled visit: \_\_\_\_\_

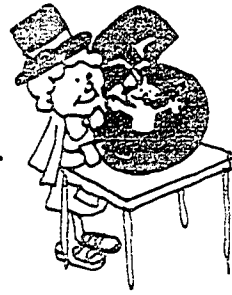
Last Week's Activities:	Baseline	Post-baseline

Parent Comments: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Home Visitor Comments: \_\_\_\_\_

	Behavioral Objective	Base-line	Type	Date Presented or Accomplished Date of accomplished visit presented
<b>STRUCTURED ACTIVITY</b>				
Accomplished Total presented				/ /
<b>INFORMAL ACTIVITY</b>				
<b>PARENT EDUCATION</b>				
		Cognitive	Language	Motor
		Self-Help	Socialization	Medical
		Nutrition	Dental	Mental Health
		Safety	Social Service	Parent



# The Home Visit: Implementing

The time has come! You are prepared for your first visit now, after becoming familiar with the family through assessment. All of the activities are planned for the visit. The materials that you need are gathered and you've carefully placed them in your "bag of tricks" so that you won't have to dig around for them when the work begins. You find yourself at the door... now what? You may find yourself saying, "Maybe I should have gone over it in my head one more time!"

In this chapter, that is just what we will do: go over the home visit one more time to make sure that it is a positive experience for everyone involved. First we will talk about an ideal home visit. And because the visit is designed to be a learning experience for both the child and the parent, we'll also take a look at what you, as the home visitor, can do to foster the development of the child, the strengths of the parent and the relationship between the two. Finally, we will discuss some ways of working with problems that typically occur during home visits.



Don't forget to bring these materials to the home:

- Your plan for the Home Visit
- Lesson Plan or Activity Charts
- The materials you will need to teach the activities
- The information for the parent activities
- A snack (monthly)
- Extra materials for an unexpected situation
- Several blank activity charts

As you begin the first home visit, remember that your principal role in the home is as a teacher of both the parent and the child. The best way to reach the child is to teach the parent all that you know about teaching children. Then the parent will be able to help the child learn all through the week. So it is important to remember from the start that the focus of the visit should be on the parent.

Also remember that a home visitor needs to be flexible. Although you've worked hard to plan carefully, things can go amiss during the home visit. When this happens, be as flexible as possible. Try to adapt your plan to fit the situation. Remember, you are a guest in the home and you may need to adapt your plan to fit the needs of the family.

In order to present all of the activities you have planned for the home visit it is necessary to structure the visit time. Following a structure also helps avoid many problems that typically confront the home visitor.

The diagram in Figure 1 puts the home visit in perspective. The home visit is divided into three sections: structured activities, informal activities and parent education activities. Each section lasts about 30 minutes and each is important in meeting your objectives.

*Suddenly the door  
Ben smiling and ex-  
There was Ms. Frank  
apprehensive smile.  
would be a bit nervo  
greeted them both so  
looked forward to see*



and Mary saw  
ing to begin.  
a friendly but  
w the mother  
he visit. Mary  
! I sure have  
f you today."





# THREE PARTS OF A HOME VISIT

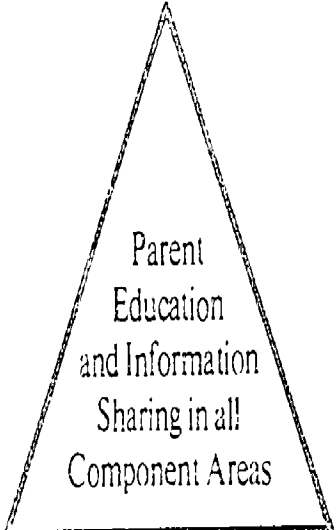
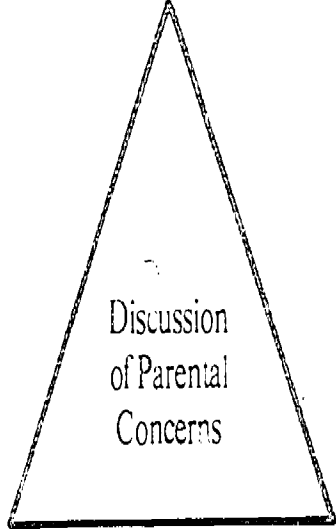
STRUCTURED ACTIVITIES		INFORMAL ACTIVITIES	PARENT EDUCATION ACTIVITIES
IN ON	COMPONENT AREAS OF INSTRUCTION	IN ALL COMPONENT AREAS GROUP ACTIVITIES INVOLVING SIBLINGS	COVERING ALL COMPONENT AREAS
<p>85</p> <p><b>HOME TEACHING PROCESS</b></p>	<p>Home Visitor Reviews Previous Week's Activities</p>	<p>Expansion of Skill Acquisition Through:</p> <ul style="list-style-type: none"> <li>• Maintenance</li> <li>• Generalization</li> <li>• Readiness</li> <li>• Exposure</li> </ul>	
	<p>Home Visitor Presents New Activity and Models Teaching Technique</p>	<p>Child Directed Activities Which Provide an Opportunity For Creative Expression:</p> <ul style="list-style-type: none"> <li>• Art, Science &amp; Music Activities</li> <li>• Exposure Activities Through Unit Concept</li> </ul>	
	<p>Parent Demonstrates Teaching New Activity</p>	<p>To Facilitate the Independent Teaching on the Part of the Parent</p>	
	<p>Parent and Home Visitor Review Activity and Recording</p>	<p>Emphasis on the Home as a Teaching En- vironment By:</p> <ul style="list-style-type: none"> <li>• Use Of Household Objects as Education Materials</li> <li>• Daily Activities as Teaching Experiences</li> </ul>	
		<p>*Portage Project Home Start Training Center</p>	

Figure 1

During the visit:

- work first on the structured activities
- then present the informal activities
- finish with the parent education activities.

It is a good idea to begin each home visit with the structured activities because these activities are generally home visitor-directed and require the child and parent to respond in specific ways. These activities demand the child's and parent's full attention. Therefore, working on structured activities at the beginning of the visit is best because the child is fresh and anxious to work. Once you have finished with these activities, then begin the informal activities. Since the informal activities are usually more child-directed, it may be easier to keep the child interested in them. Try to involve all of the children present in these activities. Finally, the parent education activities can be presented, while the child is free to do as he or she pleases. Perhaps the child will play with a toy you have brought along to keep occupied while you talk with the parent.

The next few pages will discuss these three parts of the home visit in detail and what will happen during each one.



## Greeting the Family

As the door opens, remember the parent is often feeling unsure about the visit, particularly until there is a relationship established with the home visitor. You have already explained to the parent what the home visits will be like, but that was a week ago and so much has happened since then. The parent is concerned about the child's handicap and is hoping that you will be able to teach the child some new and important skills. So, be friendly and warm. The greeting at the door is an important moment that will set the stage for the rest of the visit. Here are some ideas to keep in mind as you begin the home visit:

- Greet the child briefly and focus the greeting on the parent.
- If you asked the parent to work on something during the last home visit, ask how it went.
- Try to avoid discussing personal or non-work related matters at the beginning of the visit. There will be ample time later to visit with the parent.
- Immediately go to the area where you usually work in the home to indicate that you are ready to begin.

As a courtesy, the parent may offer you a cup of coffee or a soft drink as you enter the home. While you want to accept the parent's hospitality, to do so could change the entire home visit. It is better to accept the offer, but add that you would enjoy it more after the work is finished. Establishing this as your procedure from the very first home visit will ensure that you will never need to rush through the activities because too much time was spent socializing.

*"Hi, Mary. I'm glad you were able to make it through all this snow! How about a cup of coffee?" Ms. Franks offered. "That sounds great," smiled Mary, "but let's wait until we have completed the activities with the children. Then I would love a cup of coffee."*

# Home Visit Section I: The Structured Activities

The first order of business is the structured activities. These activities are designed to meet the specific objectives taken from the IPP and will reflect particularly the developmental needs of the handicapped child. If during the previous home visit you left an activity for the parent to work on, review this activity before presenting any new ones.

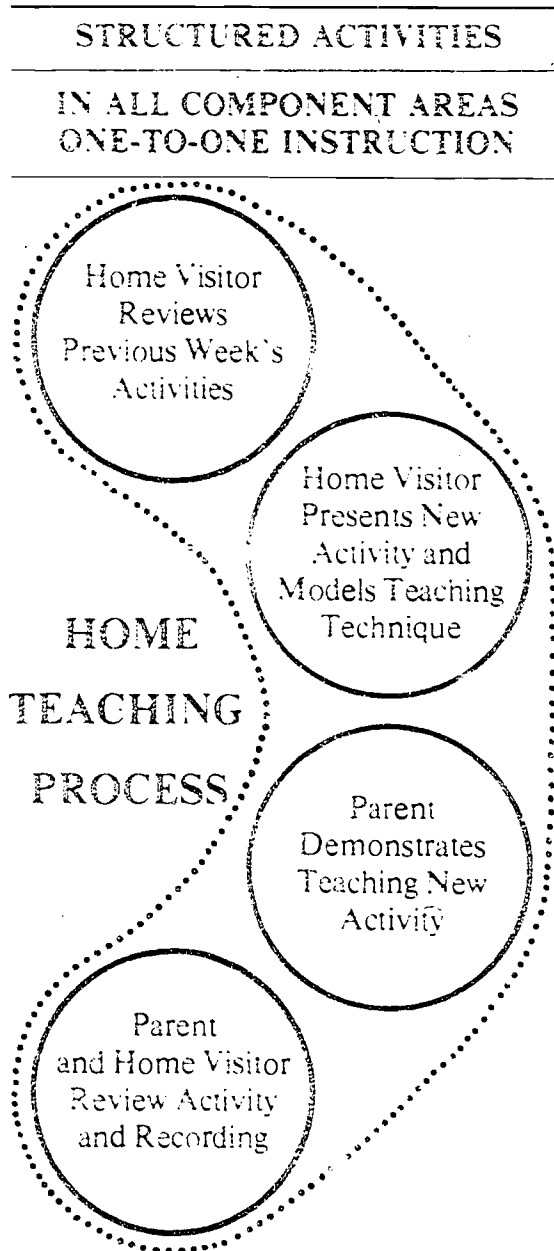
This review will help you determine whether or not the child has learned the skills. You actually began this review as you greeted the parent at the door, by asking how the activity from last week worked out. This is helpful because you:

- Immediately give the parent the idea that you are ready to work.
- Encourage the parent to work on the activity during the week since this is the first subject you **always** bring up.
- Find out whether the parent followed through with activities.
- Find out if the parent had difficulty teaching the activities during the week.

There is, then, a natural transition from greeting the family to beginning work on the activities.

If you left more than one activity, you might ask the child which of them he or she would like to begin with. This will allow the child input into the way you will work together. Having these opportunities will help maintain the child's interest in the activities and the visit.

Meanwhile the parent can get the charts you left for each activity.



Home Visitor  
Reviews  
Previous Week's  
Activities

Quickly reading over the chart will help you recall how you wanted the parent to teach the skill. It will also remind you of the exact behavior you will observe the child perform if he or she learned the skill!

Review the parent's recording too! It is pleasing to the parent if the home visitor comments on this recording; it makes the parent feel that the work during the week is appreciated and worthwhile.

When reviewing activities, have the child perform the task using the same directions written on the activity chart or lesson plan. Be sure to observe the child's responses closely so that you can determine whether or not the child can perform the skill.

In the example activity chart, the home visitor would hope that the child could draw a square without help, four out of five times. The home visitor would give the child four opportunities. **Each time the child draws a square on request, the home visitor marks an "X" in the last column of the chart.** If the child needed to have the home visitor help by drawing four dots on the paper  $\begin{matrix} \cdot & \cdot \\ \cdot & \cdot \end{matrix}$ , the home visitor would mark an "X" on the chart.

If the child is successful, reinforce for a job well done. It is very important to reinforce the parent too! The parent has worked hard on the skill during the week and has successfully taught the child something new, that just one week before he or she could not do.

LURET

ACTIVITY CHART

Child's Name: Ben

Home Teacher's Name: Mary

Week of: October 17

What to Teach:  
Ben will draw a square upon request 4/4 times

What to Record:  
X = drew  $\square$  on request  
⊗ = drew  $\begin{matrix} \cdot & \cdot \\ \cdot & \cdot \end{matrix}$

4	⊗	⊗	⊗	⊗	X	X
3	X	⊗	⊗	⊗	X	X
2	⊗	⊗	⊗	X	X	⊗
1	⊗	X	⊗	X	⊗	⊗
	W	T	F	S	S	M T W

Directions:  
Do this activity on the kitchen table where it will be easy for Ben to draw. Get out the paper I left, a magic marker, pencil and crayon and let Ben choose which one he wants to draw with. Ask him to draw a square. If he does, tell him "I like that square - the sides are all the same length." Draw a happy face in the square for him and mark X on the chart. If he can't draw the square, put 4 dots on his paper like this  $\begin{matrix} \cdot & \cdot \\ \cdot & \cdot \end{matrix}$ . Then ask him to try again. If he can this time, praise him and mark ⊗ on your chart. Do 4 squares each day. If he wants, let him make a drawing out of his square.

DATE

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*Ben was very proud of himself. He drew all four squares by himself without any help at all. In fact, he wanted to continue drawing squares. Mary was quick to reinforce Ben and Ms. Franks, "What a great job! You can make those lines good and straight now, Ben! You've done a fantastic job, Ms. Franks, and it's so nice that you've hung Ben's squares up for him."*

To review last week's activities:

- Review the activity chart or lesson plan
- Reinforce the parent's recording
- Do the activity with the child as it is explained on the chart
- Record the child's responses
- If the child performs the behavior satisfactorily, reinforce the child and the parent
- If the child **cannot** do the behavior satisfactorily, modify the activity and present it again

Sometimes, we are not this lucky though. After reviewing the activity we sometimes discover that the child has not learned the skill. This can happen when:

- The objective was too difficult for the child to achieve in just one week;
- The activity itself did not work for the child;
- The reinforcement and/or correction procedures used were not appropriate;
- The parent had difficulty with the activity;
- The parent did not work on the activity during the week.

*"Gee, Ms. Franks, it doesn't look as though Ben can hop on one foot without help yet," said Mary after reviewing. "Perhaps you could try it once. That way we can see if there's something we need to change."*

When this happens, have the parent try the activity with the child. Occasionally this demonstration will help you identify the problem. You might even find that the child is able to perform the skill for the parent, despite the fact that he or she cannot do it for you. In any case, if the child does not meet the objective, the activity should be modified and presented again.

Once the parent has tried the activity with the child, there are several things that could be done:

- **The objective could be modified.** Change the objective to reflect how well you expect the child to perform the skill if it was worked on for another week.

As an example, if the objective that was not achieved was:

Ben will hop 5 feet, on one foot, without aid 3/3x. The home visitor could change it for the next week to be:

Ben will hop 5 feet, on one foot, while holding onto table, 3/3x.

- **The directions for teaching the activity could be changed.** The approach to teaching the task could be altered to better suit the child's needs.

For example, the previous activity chart directions may have stated:

Stand 5 feet in front of Ben. Ask him to hop toward you on one foot. Praise him as soon as he reaches you. If he has difficulty, take his hand to help him and let it go as soon as he's going forward.

The changed directions could read:

For the first 2 days of this week, have Ben hold onto the table while he hops toward you. Do this each time. The rest of the week, have him hop alongside the table, but without holding on. If he has difficulty, have him hold onto the table and encourage him to let go as he hops. Be sure to praise him when he is successful: "Great Ben, you did it without holding on."

- If the parent was unclear about how to teach the activity, it might be enough just to present the activity again and teach it once while he or she watches. The home visitor needs to have the parent demonstrate it and give suggestions to improve the teaching.

*"I feel so ridiculous, Mary. I thought I was supposed to hold his hand the whole time," explained Ms. Franks. Mary replied, "Oh well, let's try it again just to make sure I'm clear this time." And Mary demonstrated the teaching the activity again.*

- The home visitor may decide to withdraw the objective. Objectives are sometimes left in the home that are completely inappropriate for the child. While reviewing, the home visitor might discover that the child does not have the ability to learn the skill at that time. In this case the home visitor could drop the objective for the time being, perhaps presenting it again when the child is ready.
- Be sure to consult with your Handicap Coordinator or other specialists whenever you have difficulty modifying the objective or activity.

Whenever an activity is modified, it is important to **prepare another activity chart or lesson plan to be left for the coming week.** This activity could be left in addition to the new activities that are planned for the home visit or it could replace one of the new activities. This would depend entirely on the parent and child. You might consider the following points as you make this decision:

- Will the parent have the time to work each day on all of the activities you will leave?
- If you left one more activity, would the parent have the interest at this point to work on it?
- Does the child usually comply with the parent so that one more activity will not create problems?
- Are most of the activities you leave in the home achieved in one week? If not, an additional task may result in more failure.

*"You're right, Ms. Franks. I should have been more specific last week. Why don't I quickly write up a new chart so that Ben can work on hopping again this week? Would you like to help? You always have such good ideas." Mary gave Ben a crayon and a sheet of paper to draw on while she and Ms. Franks wrote the new activity chart.*

However you decide, the new activity chart should be presented to the parent and child as a totally new activity. The same procedure would be used to introduce this activity as any other. To prevent the child from becoming bored, you might postpone presenting the modified objective until you have presented one or two new activities.

Let's talk now in detail about this next step...presenting the new activities.

Immediately after reviewing each activity from the previous week, the home visitor begins presenting the new activities prepared for this home visit. Up to this point, the child has been cooperative because he or she has been anxious to show the skills learned from last week and because you so warmly recognized these efforts and successes. By now though, the child is anxious to try something new.



Home Visitor  
Presents New  
Activity and  
Models Teaching  
Technique

When presenting a new activity:

- Begin with the activity that will be most demanding of the child's attention.
- Give the child the materials you will use during the activity, to explore them and warm up to them.
- Meanwhile, explain the activity and its rationale to the parent.

Of the three to four new activities that you will present during this part of the visit, it is wise to begin with the activity that requires the child's greatest attention. Usually, once a young child has been involved in an active task, such as kicking a ball or jumping over small obstacles, it is difficult to get the child re-directed to a table activity. This, however, depends a great deal on the individual child and your knowledge of the child will be important in deciding which activity to present first.

Once the first activity has been selected, you will need a few minutes to talk with the parent. But what happens with the child? Does he or she just sit and wait? Well, this is a good time to let the child warm up for the activity. This is best accomplished by giving the child the materials to use for the activity. Let the child play with them so that when you are ready to begin working, the child will be familiar with the materials and will not be distracted from what you are trying to do.



Very often you will find that when you are ready, the child is playing with the "toys" in a way that will allow you to move right into your activity. This smooth transition makes the entire home visit more pleasurable for everyone.

*"Look at these neat pictures I brought for you today, Ben," said Mary offering the cards to Ben. "Why don't you look at these for a minute while I talk with mom?"*

While the child is occupied, present the lesson plan or the activity chart to the parent. Have the parent read over the chart as you explain the objective for the week and the directions for teaching the activity. It is important to also explain to the parent why you have chosen that skill to work on. It is helpful to be clear and specific about the activity and encourage the parent to ask questions.

Once you've discussed the activity with the parent, try the activity with the child and record the responses.

When presenting new activities:

- Present the task to the child as stated in the directions.
- Record the child's responses.
- If necessary, modify the activity.

Presenting new activities is an important part of teaching: it tells you how well the child can perform the skill prior to instruction. This information is useful because:

- You may discover that the child can already perform the skill as stated in the objective. It would be silly to continue working on a skill that the child can already perform. The activity would have to be changed. But be sure to reinforce the child's accomplishment.
- On the other hand, you may find that the objective specifies a skill that the child will not be able to achieve within one week. Since it is important for the parent and child to experience success each week, the objective should be changed.
- It may also indicate that an appropriate skill has been targeted. It seems as though the child will be able to learn it within the week.
- It provides a "base" from which to judge improvement at the end of the week.

CREDIT

**ACTIVITY CHART**

Child Name: Ben  
 Home Teacher Name: Mary  
 Date: October 24

**What to Teach:**  
 Ben will name missing part of pictured object when given 2 choices 5/5 pictures.

**What to Record:**  
 X = names missing part when given choice  
 ⊗ = repeats missing part

TRUCK...HOUSE...PERSON...BIKE...TABLE

T T F S S M T W T

DAY

**Directions:**  
 Use the notebook we made last week of magazine pictures. Show Ben a picture and ask him what it is. Then say "There's something missing, Ben. Is it the \_\_\_ or the \_\_\_?" (Example for truck: Is it the steering wheel or the door?) If he's correct tell him, "That's right, the \_\_\_ is missing" and mark X on chart. Take the missing part from the pocket in the back of the notebook and let him put it where it belongs. If he doesn't name the correct missing part, tell him "The \_\_\_ is missing." Mark ⊗. Work on these and have him repeat it at least once a day.

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After Mary explained the activity to Ms. Franks, she turned to Ben. "What do you think of those pictures, Ben? Which one do you have there?" "The truck," replied Ben. "That truck looks funny to me, Ben. Something is missing. Is it the door or the tire?" "The tire," Ben said. "Yes, the tire is missing." Mary marked an X on the chart and continued with the next picture.

"You did such a good job naming those missing parts, Ben. Now let's try something different. Here's the truck, can you tell me what's missing?" asked Mary. "The man," reported Ben. "That's right Ben. The man is missing. But something else is missing. Is it the tire or the door?" "The tire," said Ben. Mary then marked an X on the chart.

Try the activity out with the child and record the child's responses on the chart. In the example, Mary would give Ben one of the pictures and ask him: what it is. Then she would ask if he noticed that something was missing from the object. The home visitor would name two parts of the object, one of which would be the missing part, and ask Ben which named part was the missing one.

The objective has been changed to indicate that by the end of the week of instruction, the child will be able to name the missing part without help. During teaching, the parent will not give the child a "choice of two" unless the child has difficulty and needs help. Giving the child a choice of two is now the correction procedure.

If Ben correctly named the missing part when given a choice of two parts, the home visitor would mark an "X" on the chart. If he did not correctly name the missing part without help, Mary marks an X on the chart and continues with each picture.

If the child had been unable to name the missing parts, the home visitor would begin teaching the skill. However, if the child could name the missing parts, each time, then the home visitor would reinforce the child, give credit for having achieved the objective and change the objective. After changing the objective the home visitor would try it out with the child and if the home visitor found that this new objective was appropriate, he or she would make the necessary changes in the directions. The modified activity chart might look like this:

ACTIVITY CHART

Name: Ben  
 Teacher: Mary  
 Date: October 24

What to Teach:  
 Ben will name missing part of pictured object on request  
 5/5 pictures

What to Record:  
 X = names missing part on request  
 ⊗ = names missing part when given choice of two

Directions:  
 Use the notebook we made last week from magazine pictures. Show Ben a picture and talk about it with him. Then say "There's something missing, Ben. Can you tell me what it is?" If he is correct, tell him "That's right, the \_\_\_\_\_ is missing" and mark an X on the chart. Let Ben put the missing part on the picture. If he doesn't name the missing part ask him, "Is it the \_\_\_\_\_ or is it the \_\_\_\_\_?" and mark an ⊗ on the chart. Work with these pictures throughout the week. You could also work on other pictures to help keep Ben's interest up.

TRUCK...HORSE...PERSON...BICYCLE...TABLE

T T W Th F S S M T

The Project

Satisfied that the objective is appropriate for the child, the home visitor can demonstrate the activity. This gives the parent an idea of how to use the reinforcement and correction procedure. The parent has already seen how the materials are introduced to the child and how to get the child to respond while the activity was first presented. Now the home visitor wants to focus on other aspects of the activity that the parent has not yet seen used.

The home visitor works with the child, being sure to reinforce when the child responds correctly. The reinforcer that the home visitor uses should be the same as that specified on the activity for the parent to use during the week. It should be delivered immediately after the child responds, it should be sincere and it should specify what the child has done right.

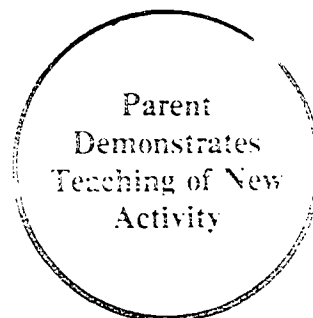
When the child has difficulty or responds incorrectly, the home visitor can demonstrate a positive way of correcting the child. This should help the child find the correct response as well as increase the likelihood that he or she will respond correctly the next time without extra help. Be sure to use the correction procedure that is stated in the directions.

Demonstrate just long enough for the parent to understand how to carry out the activity. It is easy for the home visitor to forget this. After all, the home visitor enjoys working with the child and likes to work on the activities prepared for the visit. However, it is important to remember that the parent is the primary teacher in a home-based program. Therefore, the activity should be passed to the parent while the child is still fresh and interested in it.

After the home visitor clarifies any questions that the parent may have about teaching the activity or recording on the chart, the parent tries it. The demonstration by the parent gives the home visitor the opportunity to observe the parent teach the skill and make

To teach the activity:

- Follow the directions stated on the activity chart.
- Reinforce the child's correct responses.
- If the child has difficulty, help the child using the correction procedure indicated on the chart.
- Remember, work on the activity just long enough to give the parent a good idea of how to teach it.
- Make teaching interesting and fun for the child.



sure that the parent will not have difficulty teaching during the week.

Establishing the parent's demonstration as part of the routine from the very beginning of the program helps avoid problems later. Although the parent may feel somewhat awkward the first time he or she teaches an activity in front of the home visitor, the home visitor's warm and positive remarks will help the parent relax in the future.

When the parent begins the demonstration, the home visitor should be careful to allow the parent the freedom to move through the activity with the child.

There may be some brief moments when the parent hesitates or appears unsure of what to do. The home visitor should not intervene when this happens. The home visitor should not step in and take over the activity with the child. Rather, it is best to allow a few moments for the parent to try again. However, if the parent continues to appear lost or turns to the home visitor for help, the home visitor should give the parent some verbal hint or cues to get the activity started again.

As the parent works on the activity and the child responds correctly, the parent will reinforce the child. Nonetheless, the child will often turn to the home visitor, looking for additional reinforcement. While the home visitor will want to respond to the child, he or she should be careful not to let the reinforcement mask that of the parent. It would be unfortunate if the child was reluctant to work during the week when the home visitor is not around to reinforce the child's progress. Make sure the parent is the primary reinforcer.

When the parent demonstrates:

- Be an observer, not a participant;
- Don't allow your reinforcement to mask that of the parent;
- Reserve your comments until the parent is through;
- If the parent has difficulty, don't take over the teaching, give verbal cues;
- Stress the positive aspects of the demonstration, be positive about the problems;
- Make sure the parent understands your comments by demonstrating.





While the parent works on the activity, he or she should also record the child's responses on the activity chart. This gives the parent a chance to practice recording and gives the home visitor a chance to make sure that the parent understands the recording procedure.

Provide the parent with positive feedback after the activity is completed. Reinforce the parts of the demonstration that went well. Also give the parent suggestions on teaching the activity to make it run more smoothly and increase the chances that the child will be successful. This can be done very nicely through a discussion with the parent, having the parent suggest the parts that he or she felt went well and those that were choppy or uncomfortable.

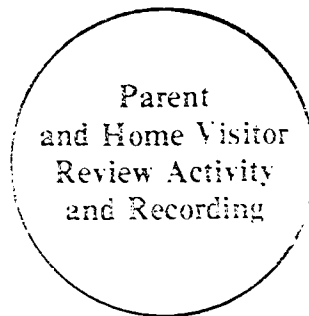
*"That went very nicely, Ms. Franks. I don't think you'll have any problem with it during the week. You really held Ben's interest and were so positive when he made a mistake. Let me give you just one idea, when you ask him if the door or the tire is missing, try not to point to those parts. You might be giving him more help than he needs."*

When a suggestion is made, the home visitor should be sure that the parent understands the recommendation. If it would help, the home visitor could demonstrate how to make the change and the parent could then try it.

This has also been the parent's first opportunity to record the child's responses for this activity. Since the parent will record all through the week, make sure you provide the parent with feedback regarding recording.

Encourage the parent to continue working with the child on the skill until comfortable with it. Be careful, though, that the child does not become so tired of the activity that he or she will have no interest in working on it during the week.

It is time now to work on the next structured activity that you have prepared. Follow the same procedure as before. But before presenting the new activity, clear away the materials from the previous activity. Also let the child know it is time to stop what he or she is doing and begin something new.



Before leaving, the parent and the home visitor briefly review each of the structured activities that will be left for the week. Some parents will do fine with just a quick reminder of when to work on each activity and how to record, while others benefit from a review of each of the steps to follow. How this review is carried out will depend entirely on the parent.

**Consider the following factors during your visits:**

#### Environment

- Begin in a consistent place from week to week.
- Vary the location where activities are worked on to keep the child from tiring of the visit.
- Be sure that all unnecessary distractions are removed, such as toys or materials that will not be used, the T.V. or radio.



## Materials

- Choose and organize them ahead of time; avoid searching for materials while working.
- As often as possible use materials available in the home; try not to give the parent the idea that successful teaching requires expensive, store-bought materials.
- Let the child explore and manipulate the materials to become familiar with them.
- Use only the materials needed for each task to prevent unnecessary distractions.

## Reinforcers

- Vary the reinforcers you use so that they maintain their value for the child.
- Be sincere in delivering reinforcers.
- Emphasize use of hugs, praise and other important social reinforcers.
- Be creative with reinforcers; star charts, smiley faces and small toys work well with young children.

## Presentation

- Make learning fun for the child; keep the child interested.
- Be careful to use just enough help to make the child successful. . . too much help slows the learning down; too little leads to frustration.
- Be positive when correcting the child's mistakes.

## Transition from activity to activity

- Consider the child's attention span; don't "burn out" the child's enthusiasm for the activity.

- Be definite; let the child know what is going to happen and follow through.
- Avoid ending the activity when the child is in the middle of it.

The structured activities are an important part of the teaching process, particularly for handicapped children. Clearly, the activities produce specific outcomes or benefits for the child in the form of increased skill acquisition. The structured approach is preferred since it assures that teaching is individualized to the child's specific needs and learning style. Not only are objectives developed based on the assessed needs of the child, but each activity includes the reinforcement and correction procedure that the child best responds to. The structured activities also enable the child to be taught in a consistent way each day during the week.

Parents gradually learn many important teaching techniques. Some of these techniques are:

- selecting appropriate activities to teach
- observing and evaluating child progress
- modeling or showing the child the correct response
- reinforcing correct responses
- giving child aid in performing a skill until the child can do it independently

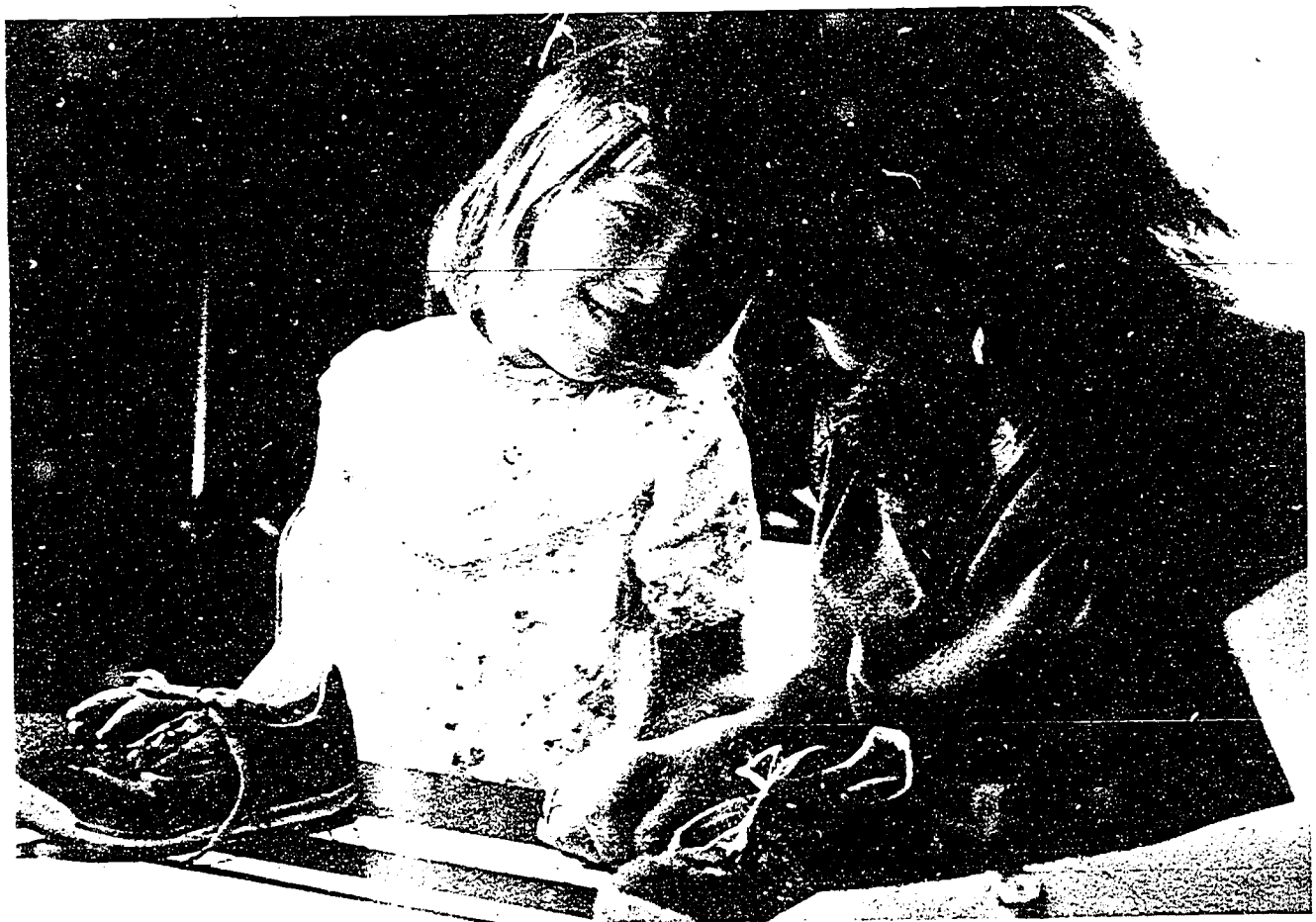
The parent is presented with a verbal and written description of each activity and how to teach it. Then the home visitor provides a demonstration for the parent. The parent has a chance to teach the activity under the watchful guidance of the home visitor. Through this individualized process, the parent learns what to teach and how to teach.

Benefits of the structured activities for the child:

- Objectives are based on the child's needs.
- Activities are designed with the child's specific learning style in mind.
- Activities are taught in a consistent manner on a daily basis.

Benefits for the parent:

- Parent learns to teach developmentally appropriate activities for the child.
- Parent learns specific teaching techniques.
- Parent practices the use of teaching techniques.
- Parent is provided with individualized instruction for teaching the child.



## INFORMAL ACTIVITIES

### IN ALL COMPONENT AREAS GROUP ACTIVITIES INVOLVING SIBLINGS

Expansion of Skill Acquisition Through:

- Maintenance
- Generalization
- Readiness
- Exposure

Child Directed Activities Which Provide an Opportunity For Creative Expression:

- Art, Science & Music Activities
- Exposure Activities Through Unit Concept

To Facilitate the Independent Teaching on the Part of the Parent

Emphasis on the Home as a Teaching Environment By:

- Use Of Household Objects as Education Materials
- Daily Activities as Teaching Experiences

## Home Visit Section II: The Informal Activities

Once all of the structured activities have been presented, the home visitor can introduce the informal activities.

The informal activities are as important as the structured activities and serve several functions:

- They enable the parent to select and to carry out activities with the children during the home visit. This experience will provide the parents with confidence in continuing and further developing their role as teachers.
- They provide the child with opportunities to practice skills already learned. The skills are used in a variety of situations and with different materials.
- They enable the home visitor to expose the child to new concepts and to determine whether the child is ready to begin learning a new skill.
- The child has an opportunity to take the lead in the activity using skills in novel ways.
- They encourage the use of household objects as teaching materials and the incorporation of educational activities into the daily routine.
- Component information is presented on the child's level.

*"Well, Ben, you sure have been working hard! Why don't we make a little snack and then we can play some more," Mary suggested. "Can we play with the ball later?" asked Ben. "Sure. Now go ask your sister and your friends to bring in the puzzle. Then we'll all make nachos."*

Unlike structured activities that are worked on in a one-to-one teaching setting, **informal activities are intended as in-home group experiences.** Therefore, be sure to include siblings in these activities.

Similar to structured activities, **the emphasis during the informal activities should be on the parent.** Through these activities, the parent will practice teaching skills in informal ways, with the **home visitor serving primarily as a consultant or aide** to the parent.

There are several techniques that the home visitor can employ to **help the parent take the lead with the informal activities:**

- The home visitor should never sit between the parent and the child. To do this encourages the home visitor to direct attention either to the parent or the child, but not both. It also makes it more difficult for the parent and child to interact directly. Finally, the child is more likely to look to the home visitor than the parent for help, instructions and reinforcement. (Remember this suggestion anytime there are seated activities during the visit.)
- Go over the different activities you plan to present. Let the parent select those activities he or she feels most comfortable teaching.

- Briefly discuss the directions with the parent. Discuss which of you will do which parts. This will allow the parent to select the parts of the activity that he or she feels most confident and prepared to work on.
- Start the activity, such as reading a book. Then pass the activity to the parent to continue. This will give the parent a chance to see you model the teaching briefly and will give the parent an idea of how to continue.
- If you have worked on an activity during an earlier home visit and plan now to present a similar activity, remind the parent of the earlier activity, give verbal cues for presenting the new one and then let the parent teach it.
- Gradually, week by week, increase the parent's participation in the informal activities. Start slowly and be specific about what you hope to accomplish with each activity. As parents become more comfortable let them work more on their own.
- Remember to reinforce the parent's successes and be positive when you need to correct. Like all of us, adults and children alike, parents need to know when they are doing something well and if mistakes are being made, they want to know how to correct them.
- If the parent is working with the target child, you may need to help keep the siblings occupied.
- When starting an activity, hand the materials to the parent, not the child. This ensures that the parent will get involved in the activity.

- If the parent runs into a problem while teaching, verbally cue the parent rather than stepping in and taking over the activity.
- Let the parent present new and challenging materials to the child. This puts the parent in the spotlight as the teacher.
- If the child is having difficulty and looks for assistance, let the parent respond. It would not help the parent, or the child for that matter, if the parent is expected only to work with problem-free situations. Initially, you may have to demonstrate ways the parent could handle a situation, but gradually help the parent depend on you less.



*"Ms. Franks, I'd like to make nachos today for the snack. They're really nutritious and easy to make. And making them will also help Ben practice cutting with the knife. Which part would you like to do?" Mary explained the activity to Ben's mom. Ms. Franks replied, "Well, Mary, they sound good, but I've never heard of them before. Why don't I help Ben with cutting the cheese to put on the crackers? Then you can help him make the nachos." "Fine," said Mary.*

**Explain the goal for each informal activity to the parent.** If the goal of an activity is to review or generalize a specific skill or skills, be sure that this is clear to the parent. In order for parents to be effective in teaching, they must know what they will accomplish with the activity.

If you find a parent reluctant to get involved in teaching informal activities, it may be due to one or more of the following:

- The parent does not know what he or she is trying to teach the child or why.
- The parent is unsure of how to go about teaching the activity; what materials to use, how to introduce them or how to get the child to respond.
- The parent does not view him or herself as the teacher. While this is common for parents new to the program, if after several weeks the parent still feels that the home visitor is the child's teacher, then there is a major misunderstanding. Such communication problems need to be attended to immediately.

Up to this point, the role of the parent during the informal activities has been stressed. The home visitor must also **consider the child while presenting informal activities.**

Unlike the structured activities which are intended to teach the child specific skills from the IPP, **one informal activity can include several skills.** An informal activity can be used for practicing one skill, generalizing another and introducing the child to yet another. For example, you may want the child to practice adding body parts to an incomplete person, something that the child learned to do two weeks ago, but has never done with any materials other than the pictures you brought to the home. You may also want to review feelings of happy and sad,

which is something that you have not worked on with the child in quite some time. Finally, you are considering teaching the child his or her full name starting next week, so you are interested in seeing how well he or she can do it now to help you prepare a reasonable objective for the next home visit. When planning and presenting an activity to work on these skills, remember to make it fun. You might do the following:

- Tell the child that he or she is going to draw a picture of himself.
- The first thing the child needs to do is lie on the floor.
- Trace around the child's body.
- Have the child add the missing body parts: eyes, nose, mouth, ears, fingers, etc.
- Discuss how the child in the picture feels and why he might feel as he does. Encourage the child to draw the appropriate facial expression.
- Have the child say his or her full name giving only as much help as the child needs.
- Tape the picture to the door of the child's closet.

In just 10 to 15 minutes the child has worked on a number of skills that are appropriate and worthwhile. The parent has also seen how skills that the child has worked on can be incorporated into a simple activity. The child has given input into the direction of the activity. All of this is accomplished through the presentation of an informal activity.

This brings up an important point: the "informal" of the informal activity is its presentation, not its preparation. While the child may be unaware of goals and intentions of the activity, the home visitor and parent should be. These goals must be set with the individual child in mind. Even unit activities are individualized.

Unit activities are those informal activities that a home visitor plans for all of the children he or she works with, and are usually centered on a theme such as "winter". While the same activity is brought into each home, the home visitor will emphasize different aspects of the activity to make it suitable for each target child. For example, an activity based on the theme "winter" might be making a picture of a snowman. The home visitor might have as goals: drawing the circles for one child; cutting them out for another; and naming the position of the snowballs (on top of, in the middle, on the bottom) for yet a third child. Exactly which aspect of the activity the home visitor will stress depends entirely on the individual child.

Some of the informal activities that are presented have a different goal than those discussed thus far. Learning specific skills and then generalizing them is very important in the education of any young child. Having an opportunity to use these skills spontaneously as the child chooses is also important. This helps the child integrate the skills and will enable the child to use the skills later in new ways. Art, music and story telling activities, among others, provide fine opportunities for the child to use acquired skills in novel, creative ways.

*"OK Ben, before we finish up, how about playing with the ball? What would you like to play? You show us and we'll all follow along."*

When presenting such activities, give the child the lead. Allow the child to give the other participants instructions and to direct the course of the activity. You may want to teach the child a particular dance step through a music activity, but sometime during the activity have the child dance creatively and even teach you a step. When teaching verses of a song, have the child make up a verse.



Some handicapping conditions prevent the child from directing certain activities and the home visitor must take this into consideration when presenting an activity. Nonetheless, the best home visits are those that have a balance of adult-directed and child-directed activities. Let loose and let the child be your guide sometimes, too.

Remember that one of the goals of the informal activities is to demonstrate to the **parent how to incorporate learning into the daily routine.** As you work on an activity, suggest ways in which the parent could work on the skills during the day without necessarily interrupting daily routine. Then ask the parent to suggest other moments during the day to work on the skills.

Children can learn in the kitchen, bathroom, living room, bedroom and outdoors, while the parent cooks, cleans, does the wash or relaxes.

Perhaps the most successful way to teach the parent that learning need not take place at a table is to demonstrate this. Work at a table with those activities that require it. Otherwise, **change the work location.** Blocks can be stacked on a table, on the floor or on the sidewalk. This is true of many other activities as well.

When presenting activities, also use household items as the educational materials. It is a common, but inaccurate, idea that effective teaching requires expensive, store-bought materials. One of the greatest accomplishments of a good home visitor is teaching a parent that helping a child learn a skill does not equal the cost of an educational toy. If the parent understands that common objects can be utilized to teach the child, it is easier for the parent to recognize that each

time he or she uses one of those objects or sees the child playing with it, there is an opportunity for teaching and learning.

In summary, the child and parent learn many new skills through the structured activities. The informal activities then help in expanding on these otherwise limited and isolated skills so that they can utilize them in situations that vary from the structured setting in which the skills were initially learned. The child first practices, then generalizes the skills and ultimately combines them, enabling the child to interact with his or her environment in ways he or she previously could not. The parent learns to use newly acquired skills through basically the same process so that, through practice he or she will eventually generalize teaching skills to daily occurrences.



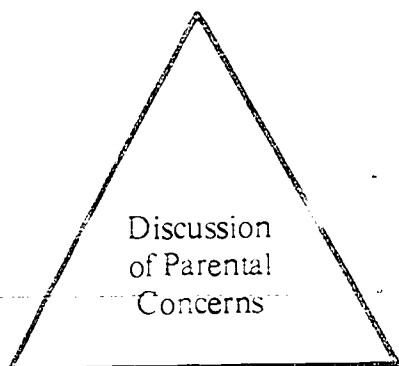
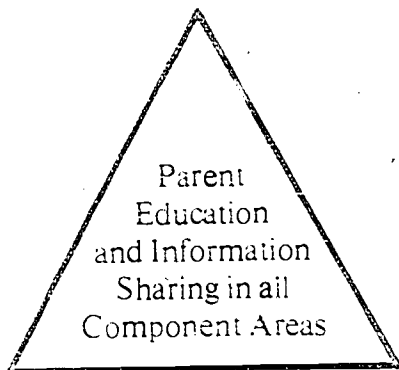
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## PARENT EDUCATION ACTIVITIES

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COVERING ALL  
COMPONENT AREAS

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## Home Visit Section III: Parent Education Activities

The home visitor has covered a lot of ground with the child and parent by the time that they begin working on the parent education activities.

When presenting parent education activities, the home visitor will need the parent's undivided attention. The home visitor may need to give the children a game or toy brought along to keep them interested for the few minutes needed. The children could also continue the activity they were doing during the informal section of the visit.

*"OK Ben, why don't you keep playing ball for awhile? Your mom and I are going in to talk for a few minutes. Call us if you need something," Mary suggested.*

The parent activities allow the home visitor to present specific information that relates to the various Head Start component areas, child development or management, and planning educational activities for the child. Parents' expressed needs are also addressed during this part of the home visit.

Since the activities from the structured and informal activities are still fresh in the parent's mind, begin the parent activities by having the parent help plan the activities for the next home visit. Activities that the parent helps plan will be easier to teach. Also, the parent learns how to plan activities for the child. Including the parent in the planning process should begin on the first home visit.

**The parent of a handicapped child may need special help in determining what is appropriate to teach.** All parents, like their children, have different learning rates and styles. As parents learn different parts of planning, give them the freedom to take over that part and begin working on the next step with them.

The parent can help plan both the structured and informal activities. Start with selecting skills to be taught to the child. For parents who have a realistic opinion of their child's abilities and limitations, it might be enough for the home visitor to suggest the developmental area from which a skill should be selected. Other parents, however, may need to select from two or three skills offered by the home visitor.

*"Ben did very well today, don't you think? You must have worked a lot with him during the week, Ms. Franks. What do you think we could work on next week? You mentioned that you were anxious to have him take care of himself better. According to his checklist, it looks as though he's ready to start on brushing his teeth, buttoning his clothes and washing his face and hands. Which of these would you like to try out?", Mary asked Ben's mom. "If he would learn to button his own shirts and coat it would be a big help to me," she replied. "Well let's start with that then."*

Getting parents to select appropriate skills may take from one home visit to several months, depending on the individual. Once the parent is selecting appropriate skills without difficulty, the home visitor moves on, encouraging parent participation in other aspects of planning structured activities, such as choosing the materials, reinforcement, correction procedure, writing behavioral objectives and doing task analysis on a behavior.



Initially the home visitor is responsible for the planning process, but gradually, week by week, the responsibility for the planning becomes the parent's. Of course, at each step along the way, the home visitor must provide instruction for the parent, providing a rationale for including the step in planning and helping the parent perform the step.

What better way for the parent to learn how to teach the child! As the home visitor provides the parent with individualized instruction on how to plan activities, the parent is actually teaching the child new skills during the week, using activities that have been planned in the same way.

It is very reinforcing for both the home visitor and the parent when the parent completes the first activity chart alone. This is a good indication that the home visitor is accomplishing an important goal of helping the parent become a better teacher of the child.

The parent also helps the home visitor plan the informal activities for the next home visit. By planning informal activities a week in advance, the home visitor and parent can review the plan and determine which of them will carry out each activity or part of each activity.

*"Next week I'd like to work on an activity on Thanksgiving. It would be nice if we could work cutting and the past tense into it to give Ben some practice with those skills." Ms. Franks looked a little uneasy and said, "I don't know what we could do." "How about if we make a turkey by cutting a body out of construction paper? We can make feathers by gluing different colors of dried corn and beans on the body. Then we could read him a story about Thanksgiving. Ben can tell us what the characters did." "That's a good idea. I'll read the story, but you'll have to make the turkey." laughed Ms. Franks. "Maybe we can all do it together." Mary made a note that she would bring materials for the activity on the next visit.*

They can also choose or make the materials that will be needed. Planning the informal activities during the home visit is best reserved until the parent has gained confidence in carrying out the activities, and choosing the activities and materials without difficulty. In this way, when the home visitor discusses maintenance and generalization of skills with the parent, the parent will have a better understanding of these processes and their importance.

Again, remember that initially you will have to do the majority of the planning. Teaching parents to plan informal activities should be individualized to their learning styles and personal situations. How quickly

and effectively a parent participates in the curriculum planning process will depend in part on how committed you are to helping the parent recognize his or her own potential as a teacher.

Component activities on the adult level are presented during this part of the home visit. These activities may have been planned using a unit or theme approach, or based on the needs of the parent. In either case, the information presented must be individualized for each parent and home situation. For example, you may have planned a safety activity for the parent on toxic household substances. To make this information useful, help the parent identify an appropriate place in the home that could be used for safely storing medicine, cleansing agents and poisons.

An activity in one of the component areas might best be **accompanied by a hand-out** on which to base your discussion with the parent. Be sure the information is presented in clear, non-technical language. As you adapt the information to the specific family and home you are working in, encourage the parent to write these adaptations on the hand-out to refer to later. Give the parent a folder in which to keep all handouts. Some parents like to have the handout a week in advance of the discussion. They can then read it and prepare a list of comments or questions.

Another helpful idea is to **coordinate your parent activities with information presented at parent meetings**. Help parents apply the information to their own situations. This can be very helpful in getting the information to come alive for the parent.

In most cases, you will be exposing the parent to information rather than doing in-depth training. You will have neither the time nor the expertise to do so. However, encourage the parent to share any questions with you, and don't be afraid to tell the parent when you don't know an answer. Join the

question down and let the parent know that you will find out the answer and that you will both learn something new. The parent will not expect you to have all of the answers, but will appreciate the fact that you have done something "extra".

During the parent activities time, the home visitor will also address one of the expressed needs of the parent. When working on these needs, the home visitor is not as much an educator as an in-the-home resource person. Home visitors are not expected to be experts in all fields. They are not social workers, doctors, psychologists or marriage counselors. Thus, when the parent has expressed a need, the role of the home visitor is limited to helping the parent locate, contact and follow-up appropriate resources.

*"You asked me last week if I knew of any places that needed temporary help. Ms. Franks. I checked into it the other day. There's a place called MANPOWER that has an office in town. Apparently they arrange temporary jobs for people. The phone number is in the book. Would you like to talk with them?"*  
*"Mary, I wouldn't know what to say. I haven't worked since Jean was born," countered Ms. Franks. "Let's try it once, I'll make believe I work at the MANPOWER office and you talk with me as though over the telephone." "I don't know, Mary." "Oh, ...s give it a try. Who knows, maybe you could get a job!"*  
*"OK, but I'll feel silly," said Ms. Franks. She wound up calling before Mary left the visit.*

As with all parent activities, it is important to individualize them to meet the parent's expressed needs. The intention of these activities is to help the parent find solutions to the problems they are having. As you work toward a solution, encourage the parent to be as independent as possible. Suppose a mother were to discuss with you that her husband has left and that she is having difficulty making ends meet. She doesn't know what to

do and is not aware of the resources in her community that could help her with this problem. The home visitor and the Social Service Coordinator could help the mother in a number of ways. They could:

- Explain the Aid to Dependent Children (ADC) program offered by the Department of Human Services.
- Give the parent the phone number to call for applying for ADC.
- Give the parent the name of a person at Social Services that she could contact.
- Call Social Services for the parent to make an appointment.
- Arrange transportation for the parent.
- Drive the parent.

Each step represents increased responsibility for the home visitor. Help parents use their own strengths and resources. Give only as much help as they need to find their own solutions.

The more parents do on their own, the more independent they will become. Working toward this end should be your goal as you present activities that address parent needs.

Take a moment during the parent activities to share program information with the parent. If there is a parent meeting or child group experience scheduled, tell the parent and be sure that the information is written down and placed in a prominent place, perhaps beside the telephone. Encourage your parents to attend meetings, volunteer as aides, or even contact other parents to remind them of meetings, etc. It is important to help parents recognize that they are valuable members of the program and that the program would benefit from their time and ability.



"I wanted to remind you, Ms. Franks, that we are taking the children to the zoo on Friday. I need one more chaperone to meet our guidelines. The kids would really enjoy you, you'd have them laughing all day! How about it?" suggested Mary. "I guess I could go, Mary, but I won't have the money to get in." "Don't worry about that, the zoo is letting us all in free, so you'll get to see the monkeys for free!" "Ooh, that sounds really good!"

Carefully plan the time spent with the parent to include one or two activities. If the parent expresses a need or concern while you are in the home, some of the planned activities may need to be deleted to handle the parent's concern. **Be sure to provide information in all component areas.**

Now that you have completed all of the activities you have prepared for the visit, it is time to sit back for a few minutes and visit with the parent. It is wise to save this for the end of the visit, because it will not interfere with the work that needed to get done before. **Taking just a minute to talk with the parent helps you build rapport.**

"How about that cup of coffee now, Ms. Franks?" Mary asked. "That sounds like a good idea!" she replied.

## A Final Word

Being a home visitor can be likened to being a chef. As chefs begin their careers, they must first become familiar with their kitchens, and they rely heavily on recipes developed, tried and shared by others. As they develop their own base of experience, they discover that they needn't follow recipes quite as closely, for they are aware of the effect each ingredient will have on the finished

product. Finally, through their own experimentation, successes and failures, they are able to share their own recipes with others.

To ensure your success as a home visitor, keep these do's and don'ts in mind:

- Do be a good listener.
- Do have specific goals or objectives for each visit.
- Do be flexible.
- Do be prompt to your home visits.
- Do realize the limitations of your role.
- Do help parents become more independent.
- Do keep language appropriate.
- Do dress appropriately and comfortably.
- Do be confident.
- Do remember that small improvements lead to big ones.
- Do be yourself.
- Do respect cultural and ethnic values.
- Do monitor your own behavior — the parent is observing you.
  
- Don't impose values.
- Don't bring visitors without the parent's permission.
- Don't socialize excessively at the beginning of the visit.
- Don't exclude other members of the family from the visit.
- Don't talk about families in public.
- Don't be the center of attention.
- Don't expect perfection from the parent.
- Don't ask the parent to do something you wouldn't do.

Last, but most importantly, remember that the parent is the person to whom your effort should be directed. Parents are people who have a great deal of knowledge, skills and life experience behind them. As home visitors, we need to respect this and build upon their base of experience. At the same time, we must ensure successful experiences for the parents so they develop confidence as effective parents and teachers of their children.





Chapter

# The Home Visit: The Rest of the Story

By following the suggestions for planning and implementing the home visit you will start out on the right track for successful home visiting. Most of your home visits will run smoothly and be effective in teaching parents to teach their children. However, there will be situations which cannot be handled by planning and implementing the visit as suggested. Working with adults in environments that are not controlled by you can make home visiting an exciting and challenging experience!! Surely you will encounter situations that will need special attention. The following guidelines and sample situations should provide you with basic strategies to help solve the predictable and not so predictable problems that you are likely to encounter as a home visitor.

This chapter will be divided into three sections. "Starting the Program Year" presents ideas for introducing parents to the home-based program, and suggests a format for the initial home visit. Section II, "Issues in Home Visiting," presents many questions that are frequently asked by home visitors. All of the suggested methods of handling special problems have been tried and have been successful in at least one situation. This

list of suggestions is by no means complete, but you can use them as guidelines to solve problems. Think positive, where there is a problem there is also an answer. The final section of this chapter is "First Aid for Home Visitors". Home visitors need support in dealing with problems unique to home visiting. Included are hints which have helped home visitors meet their responsibilities in an efficient and effective manner. Also discussed is the staffing procedure for problem solving and a recording method to ensure accountability. The following table lists all the topics covered in each section.

## Section I: Starting the Program Year

How Do I Get Off on the Right Foot?

Parent/Home Visitor Agreement

Parent Orientation

How Do I Determine a Schedule for the Week?

What Do I Do on the First Home Visit?

## Section II: Issues in Home Visiting

How Do I Believe in Parents?  
Motivate Them?

How Do I Deal with Parents  
About Having a Problem?

What Do I Do if I Don't Have Time to Visit?

What Do I Do if I Don't Have a Car?

What Do I Do if I Don't Have a Home?

What Do I Do if I Don't Have a Home and Don't Know  
Who Drop In During the Visit?

What Do I Do if I Don't Have a Home and Don't Know  
Who Drop In During the Visit?

What Do I Do if I Don't Have a Home and Don't Know  
Who Drop In During the Visit?

What Do I Do if I Don't Have a Home and Don't Know  
Who Drop In During the Visit?

What Do I Do if I Don't Have a Home and Don't Know  
Who Drop In During the Visit?

How Do I Help Parents Deal with Child  
Misbehavior?

## Section III: First Aid for Home Visitors

Informal Staffing

Hints for Home Visitors

## Starting the Year

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## How Do I Get Off On The Right Foot?

You can avoid many problems that arise during the year by some planning before your visits begin. Remember parents don't always know what to expect in a home visit. At first, the parent may be unclear about what he or she as the parent and you as the home visitor are expected to do. You should emphasize the importance of the parent's role as a partner in the home-based program. Keep in mind that parents and home visitors are dependent upon each other in a successful home-based program and that each has responsibilities that must be fulfilled.

## Parent/Home Visitor Agreement

One way of outlining responsibilities is to develop a parent/home visitor agreement (see Figure 1). The agreement can be discussed either at the parent orientation or on the first home visit. You should stress that you will be there to help in planning and teaching activities. Any unsuccessful activities will be re-evaluated by both of you, and together you will plan alternative strategies. Understanding this will put many parents at ease and reduce their hesitation to carry out activities. The parent will have more confidence in actively participating in the program if he or she truly understands this partnership. A copy of the agreement is left with the parent and one is kept by the home visitor. With this initial step you will lay the groundwork for mutual expectations and will set the tone for the remainder of the year.

# Parent/Home Visitor Agreement

Figure 1

Parent \_\_\_\_\_

Home Visitor \_\_\_\_\_

Date \_\_\_\_\_

Date to be reviewed \_\_\_\_\_

Parent

## HOME VISITS

- \_\_\_\_\_ I will be home for each visit or let the home visitor know I will not.
- \_\_\_\_\_ I will have my child dressed and ready.
- \_\_\_\_\_ I will understand that the visit time is just for me, my child and the home visitor.
- \_\_\_\_\_ I will watch how the home visitor works with my child and not do other work.
- \_\_\_\_\_ I will help during the home visit.
- \_\_\_\_\_ I will help plan activities for my child.
- \_\_\_\_\_ I will try teaching an activity when the home visitor is there to help me.
- \_\_\_\_\_ I will work on activities every day with my child and record his or her progress on activity sheets.
- \_\_\_\_\_ I will help my child keep track of all Head Start materials left with me and return them to the home visitor.
- \_\_\_\_\_ I will talk with the home visitor about how my child is doing on visits and at home.
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## HOME VISITS

- \_\_\_\_\_ I will be home for each visit or let the home visitor know I will not.
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- \_\_\_\_\_ I will understand that the visit time is just for me, my child and the home visitor.
- \_\_\_\_\_ I will watch how the home visitor works with my child and not do other work.
- \_\_\_\_\_ I will help during the home visit.
- \_\_\_\_\_ I will help plan activities for my child.
- \_\_\_\_\_ I will try teaching an activity when the home visitor is there to help me.
- \_\_\_\_\_ I will work on activities every day with my child and record his or her progress on activity sheets.
- \_\_\_\_\_ I will help my child keep track of all Head Start materials left with me and return them to the home visitor.
- \_\_\_\_\_ I will talk with the home visitor about how my child is doing on visits and at home.
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Parent

Home Visitor

CLUSTERS

CLUSTERS

- My child and I will come to cluster each and every time.
- I will volunteer in the classroom \_\_\_\_\_ days a year
- I will give ideas for clusters.
- I will get materials ready with the home visitor's help for the cluster.
- I will present activities at the cluster.
- I will be in charge of the children at the cluster with the home visitor's help.
- I will go on field trips.
- Other

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- I will plan the activities for clusters
- I will set up the classroom, bringing needed materials.
- I will present group activities such as singing, games, crafts, storytime, acting out stories, field trips, etc.
- I will help in teaching the child to learn to get along with others, share and take turns.
- I will help the child learn to use good table manners.
- I will allow time for activities that the child chooses to do.
- I will help the parent plan activities for the clusters.
- I will use ideas the parent discussed with me for the clusters.
- I will get materials the parent needs for the cluster.
- I will let the parent teach activities at the clusters.
- Other \_\_\_\_\_

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Parent's Signature \_\_\_\_\_

Home Visitor's Signature \_\_\_\_\_

Review Comments: \_\_\_\_\_

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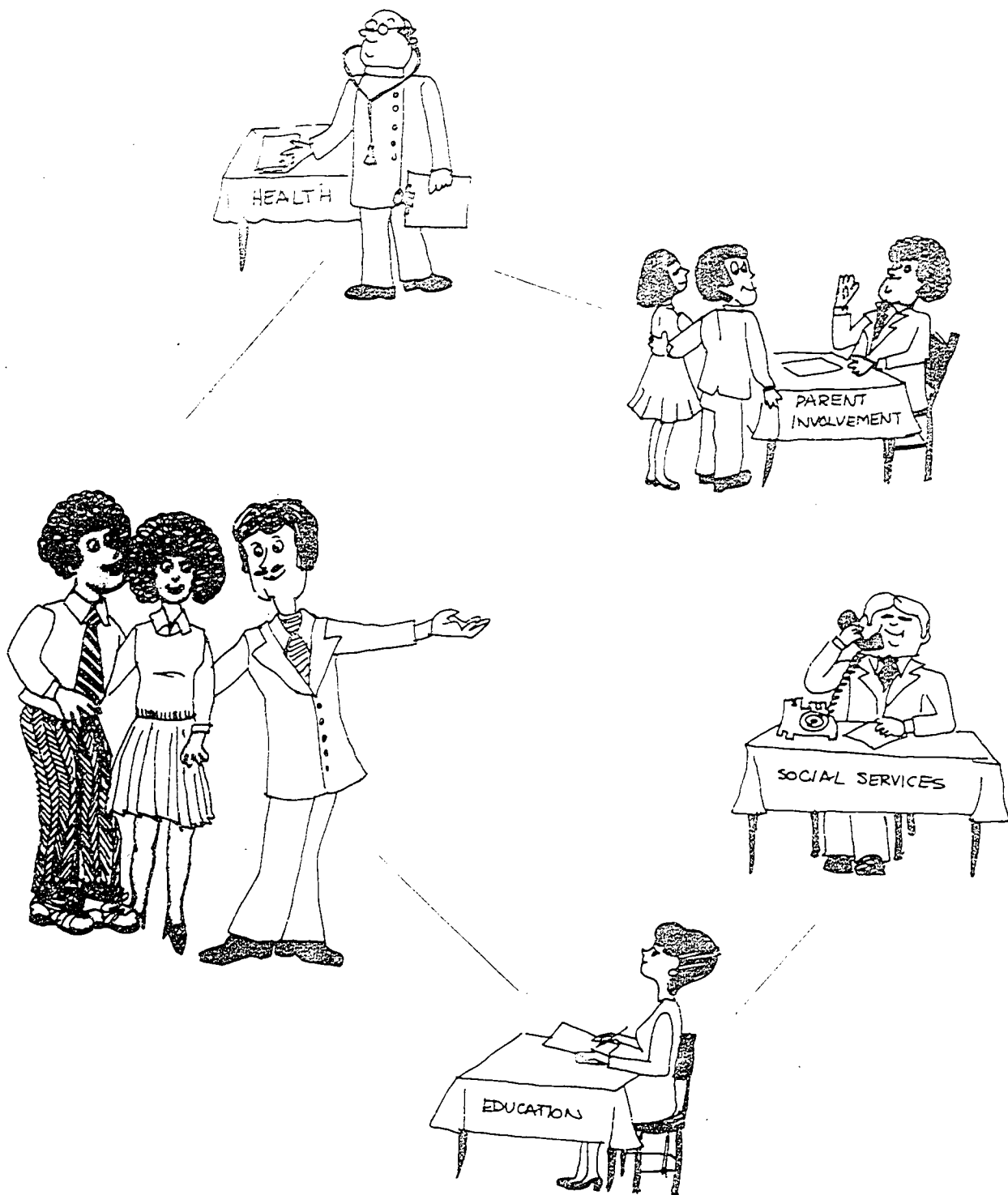


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## Parent Orientation

Plan a program orientation at the beginning of the year. Some things to remember in planning this orientation include:

- **Length:** It should be no longer than three hours, including refreshment time.
- **Place:** It should be held in a building that includes a comfortable room, big enough for the maximum number of people you expect.
- **Babysitting:** Try to arrange on-site babysitting (make sure the building has a separate room equipped with toys). Ask for help from fellow staff members, volunteer parents, a high school home economics class, bus drivers, or consider providing an allowance for babysitting costs.
- **Transportation:** Provide transportation, arrange car pools or pay mileage.
- **Refreshments:** Provide refreshments or have a potluck.
- **Parent Hosts:** Consider enlisting former or returning home-based parents to help with the orientation. They can phone parents to invite them to the gathering, make and send invitations, greet everyone, hand out nametags, introduce new parents to each other, assist with refreshments, or any other jobs that will help your orientation run smoothly.
- **Explanation of the Home Visit:** Use part of the orientation to explain what you and the parents and the children will do on a home visit. You might role play a home visit with other staff members or with returning parents, or show a video tape of an actual home visit. After the role play or video tape, brainstorm with the parents. Let them list things they would like to learn to do with their children; have them share things that they are already doing with their children; or have them decide how they might prepare the home and their children for a home visit.
- **Parent Advocate:** Have a parent who has previously been in the home-based program speak to the group about what he or she gained from participation. Be sure to prepare the parent well — you may wish to follow a question and answer format so you can prompt the parent if the going gets tough.
- **Component Stations:** Set up stations for each component coordinator. Divide parents into small groups and have them rotate to each station. Component coordinators should explain the important aspects of their roles as they relate to home-based and explain how they can and will assist the parents if necessary.
- **Parent/Home Visitor Agreement:** As mentioned previously, you may use the orientation to explain the parent/home visitor contract and to have each person sign it. Remember, some parents may be seeing what is expected of them for the first time and they may decide that this is not the option that best suits their needs. That is to be expected and it can eliminate problems in the future.
- **A General Reminder:** Involve parents as much as possible in the orientation. The more input they have, the more they will learn and the more they will see that they are partners in this process.



*A parent orientation gives parents an opportunity to meet program staff and learn about services available in Head Start.*



## How Do I Determine A Schedule For The Week?

With a properly planned schedule, you should be able to begin and complete your home visits at the appointed times. You would also allow time to plan activities, attend staff meetings and in-services, travel, complete records, conduct group experiences, make referrals and fulfill the many and varied responsibilities of home visitors. The following are some tips for organizing a schedule that works!

- Start with a sheet of paper listing the days of the week, the hours you will be expected to work, and all inflexible weekly activities (for example, staff meetings and group experiences). Then begin filling in your home visit times.
  - A recommended caseload would be no more than 12 families, 13 children (Proposed Home-based Performance Standards and recommendations of Home Start Evaluation Study).
  - If you are a new home visitor build up your caseload slowly if possible. Start with as few families as possible and add new ones as your routine becomes established.
  - Try not to schedule more than four visits per day... three visits is preferable. A visit for one child should be no less than one hour... an hour and a half is best. If there are two enrolled children in the home, the visit should last two hours.
  - The day and time for each home visit should fit into the family's schedule as much as possible. When scheduling families, accommodate those with less flexible schedules first... for example, mothers who work or go to school or who have several young children at home.
- Allow plenty of time between all visits. You will need to give yourself sufficient travel time and time to review your plans for the next home visit.
  - Keep at least one 2-hour time slot open each week for rescheduling missed visits.
  - Save time at the end of the day or, if possible, between each home visit to write down ideas and begin planning for next week's home visits. It is best to do this while the ideas are still fresh.
  - Allow yourself 20% of your total work hours for planning and record keeping during the week. Depending on administrative policy, this time could be spent at the office or at home. This time allows you the opportunity to meet with your Handicap Coordinator or other specialists to discuss the progress of any special needs child on your caseload. Be sure to solicit their ideas in planning activities for the handicapped child and his or her family.

## What Do I Do On The First Home Visit?

A common fear expressed by home visitors is: "I've just knocked on the door for the first time... Now what do I do?" The first home visit is important if you want to get started on the right foot, so you need to muster all your confidence, enthusiasm and professionalism. It helps if you remember that the parents are probably just as nervous and uncertain as you are. They are not likely to have ever had a home visitor come to their home to work with them. This may be a very new and intimidating experience.

As mentioned before, the best thing you can do is to **plan ahead**. Start that very first home visit by following the same structure you will use for the rest of the program year.

Remember that most parents have a very busy schedule and have taken special steps to participate in your visit. By establishing the routine from the beginning you are demonstrating to the parent that you have an important purpose for visiting the home and that you've planned in order to meet that purpose.

**Beginning the Visit:** Establish eye contact with the parent and child and extend a cheery greeting to both. Find a good place to work — a kitchen or a dining room table is preferable, but a couch with a coffee table or the floor will do for now. Explain to the parent everything you plan to do on this visit and how long you intend to stay.

**Structured Activities:** You can then begin teaching by introducing one written activity. Review the home visiting process with the parent and be sure to follow it as you present the activity (see "The Home Visit: Implementing"). Make a written activity simple and fun for both the parent and child — perhaps a commercial or homemade game they can play together, some books to read, making an animal book of magazine pictures that can be added to each day, etc. If you have screening or assessment information on the child, use it to plan the activity. This will help ensure its appropriateness. Present only one written activity on this first visit and build from there.

**Informal Activities:** Next, conduct your educational screening if this has not already been completed. Do this during the informal activity time. If screening has been completed, then begin filling out your educational assessment which would include a behavioral checklist. Again, this will need to be introduced and explained to parents. Choose one developmental area to assess, and take the materials necessary for doing 10-20 items from the checklist in that area. Be sure to explain the relationship between planning activities and completing the checklist. This will prepare the parent to help you in targeting skills during the second and subsequent home

visits. Plan additionally to do a creative activity with the parent and child during the informal activity time. Do an art project, present a finger play, make a snack, sing a song, dance to music, play a game — anything to get everyone interested and involved.

**Parent Education:** You may need to take Head Start forms for the parent to fill out (for example, health forms, social service forms, parent questionnaire, etc.) This can be done during the parent education part of the visit. Discuss each form with the parent and help complete them if necessary. This is also the time when you may have that cup of coffee with the parent if he or she has offered. Use the opportunity of one-to-one time with the parent to ask if he or she has any questions about the home-based program and responsibilities. If the parent was unable to attend the parent orientation, then review all important points from the orientation including the home visiting process and the parent/home visitor agreement. Find out what things the parent would like the child to learn during the coming year. To help focus on the child's strengths, ask the parent what activities the child performs well. Find out things the parent likes to do with the child. Also, set a permanent day and time for future visits.

**Establishing a Time Frame:** Be sure to complete this first home visit within the time specified. Establishing consistency and routines from the beginning will pay off as time goes on. Plan an additional activity for the child and parent to do in case you find yourself with extra time. If time runs short, finish what you are doing, complete any "must do" tasks and save the rest for next time.

**Remember:** Above all on this first home visit, listen and observe. Get to know the parent, the child and the environment. Notice any positive points from which you can build in the future. Relax. Be flexible. Enjoy yourself. Even the very first home visit can be fun if you plan ahead and use it as a learning experience for everyone.

## Issues in Home Visiting

### How Do I Build Rapport With Parents And Motivate Them?

The most important factor in building a good working relationship with families is your attitude. It must be positive. You need to treat parents with respect and with an attitude that says, "You are important and I know you can teach." Focus on parents' positive traits and build on those. View each person as a unique individual who has a great deal to offer if he or she is given the chance. You must believe that parents care about their children and want them to attain their maximum potential. Finally, realize that parents are the most important teachers of their children and that through instruction, demonstration and encouragement they can improve their teaching skills. In short, you must have high expectations which won't crumble if you experience a setback.

If your attitude is positive, then building rapport comes more easily and naturally. You can begin building rapport from the first moment you meet. But in doing so, don't lose sight of the reason you are in the home. You are there as a family educator, and you have a job to do.

Here are some tips for building rapport and motivating parents.

#### During the Home Visit

- Make the parent the focus of your visits. Let the parent know that you are interested in his or her growth as the child's teacher. Talk to the parent. Assist through feedback. Let the parent work with the child. Help develop the parent's role as a teacher of the child.
- Begin working with the parent and child on specific activities immediately. This sets a tone for the home visits and can provide an excellent opportunity for reinforcing the parent and child. Parents will feel good about their abilities as they begin to see that they can and do teach their children.



- Don't overlook the role that the activities you bring can play in building rapport. Many times the experience of working toward a common goal — teaching the child — is the best way to build rapport.
- Plan activities around daily routines. The child could count floating objects in the bathtub, point to colors while helping to set the table, learn matching skills while sorting the laundry, learn measurement and pouring while the parent watches, and so forth. Be as creative as possible in planning activities that fit into daily routines.
- Be sure the parents understand the rationale for each and every activity they are to teach. Make it a habit to discuss the reason for the activity before you present it to the child.
- Discuss the daily routines with the parent (for example, bedtime, mealtimes, nap-time, etc.) and use this schedule to help the parent select a good time to work on activities each day.
- Be flexible with the type of activities you take into the home. Try to ensure success for the parent. During a particularly busy or difficult time, take in more loosely-structured activities that require less of the parent's time. As soon as things settle down, expect the parent to spend more time again.

### Taking an Interest in the Family

- Find out what the parent is interested in — a hobby, a sport, a job — and take an interest in that too. You may find a good recipe and share it with someone who likes to cook, a magazine article on camping for someone who enjoys weekend camping trips, or bring a plant problem that you are having to someone who loves plants. Use your imagination. Be thoughtful.

- Be a good listener. This means stop talking, be interested, put yourself in the parent's place, be patient and ask questions.
- You might send a birthday card to the child or parent, and a Christmas card to the family.
- If you have taken pictures of the child and parent, always a good idea, (even postage simulation) make a copy of a particularly good picture and send or give it to the parent.

### Through Reinforcement

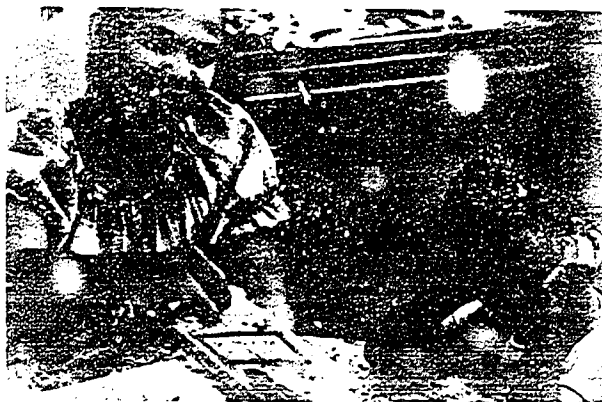
- Compliment the parent on things he or she has taught the child already and/or special things around the house. Be honest about this praise and look for positive things.
- Use part of the parent education section of the home visit to assist parents in pursuing a goal. Help them enroll in and study for Graduate Equivalent Degree (GED) course work or tests, work on a craft together, assist with food budgeting, etc. This can be used as reinforcement for working with the child during the week. A reminder — do only those things that you feel competent to do. Make referrals if it is not within your expertise.
- Reinforce the parent for working with the child during the week, for good attendance on home visits, or for any progress made in working with the child. Give recognition in the newsletter, make and distribute certificates for good work, take the parents and/or their children on an extra field trip as a reward.
- After you have left an activity to work on for the first time, give a call or send a postcard two or three days after the visit to let the parents know you are thinking about them. Wish them luck on the task. Ask if

there are any problems with the activity. Help them decide what to do if there are problems. Remind them of the time and day you will be coming again.

- Have a "Parent of the Month" feature in the newsletter as a reward for good participation.
- Promote socialization among parents as a reward for participation. You might help organize an exercise class, a bowling team, a parent field trip, a baseball or volleyball team or a garage sale.

### With Parents as Partners

- Allow the parent to teach you some things. Remember, you are partners and this implies a give-and-take relationship. Let the parent tell you about the child and what works with him or her. Let the parent assist you in planning activities for home visits. Be receptive to a parent's suggestions on ways to teach activities and to reinforce the child.
- Let the parent know that you don't have all the answers, and that you've shared some common experiences and problems (for example, toilet training your child, learning to be consistent and following through, finding time to do everything).
- Be patient. Sometimes we expect adults to change behaviors too quickly. Remember adults have different learning rates and learning styles, too. It takes a long time to change well-learned behaviors. You will need to give the parent time and focus on those behaviors that have changed — no matter how small they may be.
- Utilize the parent's skills and talents whenever appropriate. Ask someone who sews to help make paint smocks. Someone who likes to cook might want to share skills at a parent meeting or a children's group ex-



perience. Someone who is artistic might decorate the office or center with a mural or design the cover for the newsletter. A musician can be a tremendous lift for a parent or child gathering. Sometimes the recognition gained from sharing talents can motivate further involvement.

### Using Others as Resources

- Use your fellow staff members as resources in solving your problems. Follow the informal staffing procedure that is presented later in this chapter. Ask another home visitor or your supervisor to accompany you on a home visit to observe. Ask for concrete positive suggestions after you have completed the visit.
- Get an uninvolved parent interacting with an active parent. Seat them together at a parent meeting, ask them to chaperone a field trip together, have them share a ride to a group gathering, or ask them to assist at one of the children's group experiences. Get them talking about the positive aspects of the home-based program. Encourage the active parent to give support.



A word of caution — all of these rapport building ideas can and do work. But they should **not** be the focus of your visit. They should not take up a large amount of time. You are building a positive **working** relationship from which you can help the child learn and grow. However, your role is not to become the parent's best friend. You can be friendly and concerned, but keep in mind that your purpose in being in the home is to educate. As stated before, save the parent activities until last — after the work with the child has been completed.

## How Do I Deal With The Parent's Feelings About Having A Handicapped Child?

Most parents have high hopes for their children. As they watch their child grow, they make plans for the child and imagine what the child's future will be. As a parent begins to face the limitations brought about by a handicap, the plans may have to be readjusted. They may feel the impact of the handicap in wide variety of ways, depending on the nature and severity of the handicap, their own attitudes and stability and attitudes of friends and other family members.

Most parents go through a pattern of adjustment to their child's handicap.

1) At first they may be consumed with their own feelings about the handicap. This may show itself in attitudes of denial, grief, guilt, over-protectiveness, inadequacy, worry or skepticism.

2) As time goes on and parents begin to understand the nature of the handicap and how it realistically affects their child, they are likely to evaluate the child objectively.

3) Later they may be able to accept and value their child as a unique individual with abilities as well as disabilities.

4) Beyond this stage is the time when they may wish to help other parents of handicapped children.

You may encounter parents at any stage in this process. Remember it is not your job to counsel families but you can work together with the parent to reach a stage that will benefit the child and family. Here are some ways to reach this goal:

- Prepare yourself by reading factual information about the handicapping condition. The Head Start *Mainstreaming Preschoolers* Series and your area Resource Access Project are excellent resources for this information.
- Put parents in touch with available resources. They may appreciate the information contained in the Mainstreaming Series. You might suggest that they contact an advocacy group representing handicapped persons (for example, the Association for Retarded Citizens, The Association for Children with Learning Disabilities, etc.). Such groups can help the parents with their questions or difficulties in raising their child. They can also help parents find services they may need in the future.
- Constantly stress the positive traits of the child. Point out what the child **can** do. Break down those skills the child cannot yet do into small enough steps so the parent sees continuous growth.
- Help the parent form realistic expectations for the child. Development of long-term goals at the beginning of the year helps the parent see what the child can realistically be expected to do by the end of the year. Show them the steps that will be taken to reach each long-term goal. If the parent asks when the child will do things such as walk or talk, explain that you can't make an accurate prediction. Instead, the parent can look at



where the child currently is in relation to the skill and then examine the steps that must be mastered before the skill can be attained. Point out to the parent the need to work as partners in helping the child reach each goal.

- If parents are having a great deal of difficulty coping with the situation and if they express the need, then make a referral. Mental health clinics, school psychologists or advocacy groups often offer programs designed to help families develop healthy attitudes toward themselves and their handicapped child. This can provide parents with needed support.
- Don't stop trying because the parent does not respond to your efforts. Keep showing that you care.
- Admit to the parent your own questions, doubts or inabilities. This may strike a responsive chord in parents who have had the same doubts about themselves. No one really expects you to have all the answers — but you should know where to go for assistance.
- Empathize with parents, recognize that they are dealing with a difficult situation, but don't pity them. Let them know you are both on the same side — the child's.

## What Do I Do If The T.V. Or Stereo Is On?

Televisions, stereos and radios, for better or worse, operate for hours on end in homes throughout the country. People have become so accustomed to the noise that it is no longer a serious distraction for most activities. The noise can present a problem on the home visit, however. As many potential distractors as possible should be eliminated so you can all concentrate on the tasks at hand.

Here are some hints on how to turn off the T.V. tactfully.

- Explain to the parents that children work and learn best in an environment that is as free of distraction as possible. Ask if they would please turn the stereo (radio, T.V.) off for this reason.
- Tell the parents that you work best with few distractions and that you have lots of exciting activities planned that you'd hate to have interrupted.
- If someone else is watching the T.V., ask if you can work in another room. If you must work in that room with the T.V. on, then seat yourself so the parent and child have their backs to the set and make sure you don't watch it!
- If you are coming at a time when the parent's favorite program is on, then ask if there is another time that would be more convenient. Give a choice of times, but make it clear that it is essential that you find a time when you can have full attention.



## What Do I Do If There Is No Place To Work?

It is preferable to have a table and chairs at which to work, but remember that the child's chair must be high enough so that objects on the table are within easy reach. You can easily modify an adult chair to raise a child by adding a box or a youth chair. You will also need cleared floor space for some activities. If there is no obvious place to work or if the area is cluttered, consider the following strategies.

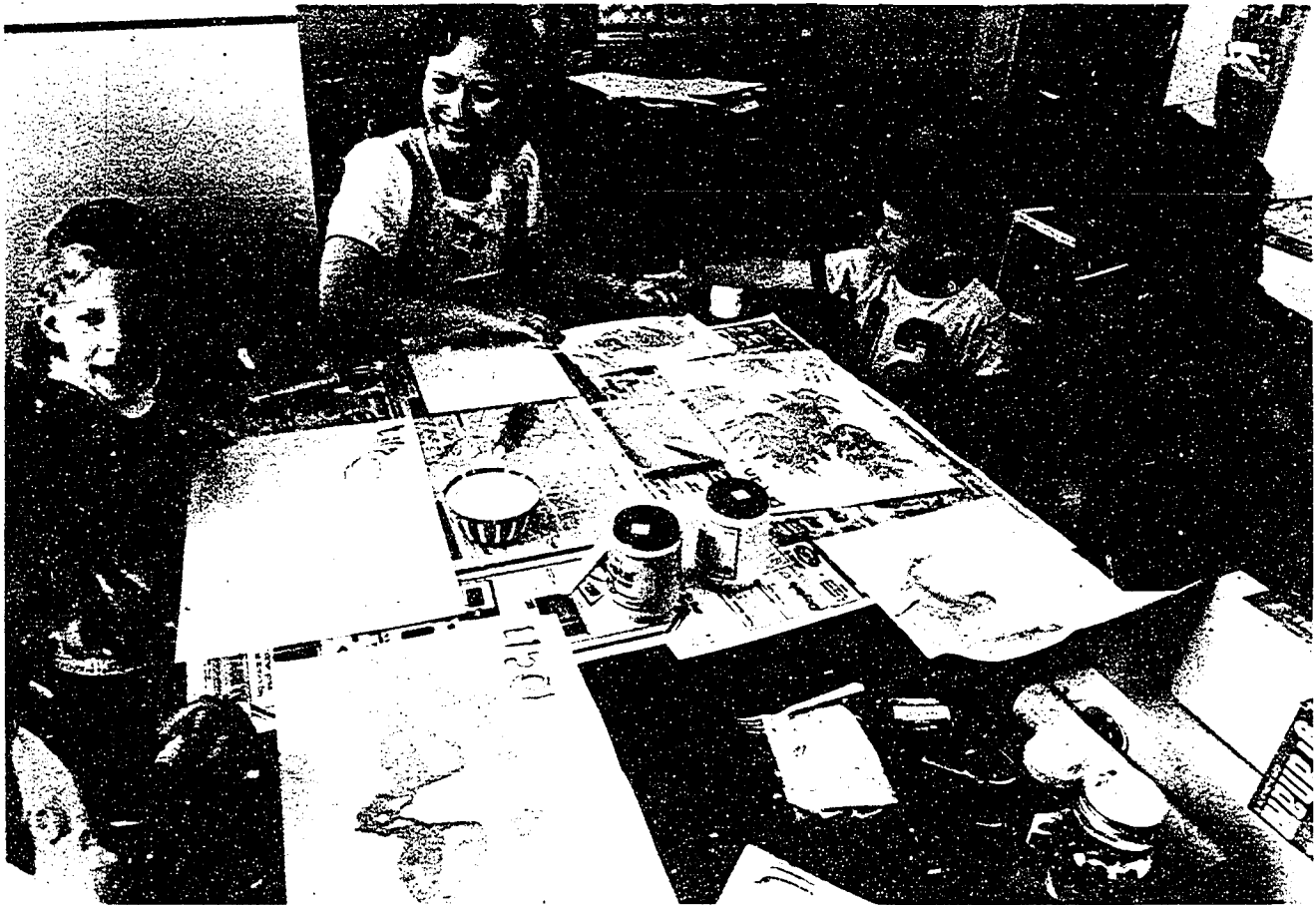
- Explain that it is helpful if the child and parent have a special work place. This helps create a routine of doing the activities consistently in that place. Find a suitable work place with the parent's help. Tell the parent that a table and chairs provide a solid, comfortable surface for the child and a good place to do activities. You might assist the parent and child in clearing the designated area.
- If there is no such area, you can bring a rug to use as your work area. You may either leave the rug for them to use during the week or take it with you for use at other homes.

## What Do I Do About Siblings?

Imagine how special a child must feel to have an adult — complete with toys and fun activities — come to the house once a week. If your home visits are a success, you and mom and dad will be terrific reinforcers for the child. Obviously other children in the home are going to want some of your time and attention too. Siblings may become so demanding of you during the home visit that you cannot achieve your objectives with the target child. You will need some strategies to help manage this situation. You will need to provide structure and also allow for some reinforcement and attention during the home

visit. The following are some suggestions designed to help you control the situation.

- Bring extra activities for siblings. Bring things that they can do by themselves. A large ball, a busy box, stacking toys, blocks, etc. can keep a young child occupied. For older children you might consider bringing coloring books and crayons, paper and colored markers, puzzles, picture books, old magazines and scissors, tape recorded stories with books and recorder, cut and paste activities, simple board games, lacing cards, etc.
- Bring a timer. Tell the sibling(s) that you will need time alone with the parent and Head Start child. Tell them that they need to play alone for awhile. Let them know that if they do this, they will be able to join in the activities later in the visit. Find a private work area for the sibling(s). Set the timer for 10 or 15 minutes (depending on the child's age and attention span) and tell the sibling(s) that when it goes off, they may come in and show you and the parent what they have done. You or the parent should reinforce the child for working alone and then reset the timer. Continue in this manner until you have finished presenting all structured activities to the target child and parent. Be sure to reinforce the sibling(s) when appropriate with praise, hugs, stickers, tokens, new activities, etc.
- After you have presented all structured activities to the target child, set up informal activities in which all siblings can work and play together with you and the parents. Make a conscious effort to plan informal activities in which everyone can be involved. After one or two home visits, siblings will know that they will have a chance to participate too. This is an excellent opportunity to include teaching of socialization tasks such as sharing and taking turns. It can also be a good time to demonstrate management techniques for the parent and to give the parent an opportunity to teach less structured activities.



## What Do I Do About Friends And Relatives Who Drop In During The Visit?

Having a home visitor come to the home can be an event that creates curiosity in others. Family friends and relatives may want to drop by to see what is happening. This can be very reinforcing to you, but if these unexpected visits occur frequently, they may interfere.

Again, you will need to address this situation with consideration for the individual circumstances. The answer to the problem will depend upon the reason for and frequency of these unexpected visits. It will also depend upon how distracting it really is. The following are some hints for dealing with unexpected visitors.

- If this happens infrequently and the individuals do not disturb what you are doing, then you will probably need to say nothing. In fact, you can turn the situation to your advantage. Involve them in the informal activities or let them entertain siblings as you and the parent and child work on the structured activities.
- If it happens frequently and proves to be a distraction, talk to the parent when you are alone about ways to ask callers to come back later. Help her decide on the actual words to say, like, "Having visitors seems to be distracting for my child. If you'll come back later, I'll tell you all about what we did." Try role playing this situation if the parent seems particularly uncomfortable.
- Try putting a sign on the door (with the parent's approval, of course). Simply say, "Our home visitor is here. Please come back at 1:00."

## What Do I Do If There Is No One Home?

Since home-based programs are most effective when visits are made weekly, every effort should be made to see each family each week. You will find that if you establish and follow a permanent schedule, the families will usually be ready for your visit. You may, however, encounter occasional unreported absences. When no one answers your knock, consider using the following strategies.

- Make it a rule that parents must call the office when they are going to miss a visit. Someone at the office should be responsible for accepting phone calls and should keep a complete time schedule for each home visitor. When a family calls in, this person should immediately contact the home visitor to avoid an unnecessary trip to the home.
- Any time you arrive at the home for a scheduled home visit and find no one there, be sure to leave a note. State the time you arrived, leave a number where you can be reached and ask the parent to call so you can reschedule the visit.
- Report the missed visit and surrounding circumstances in writing to your supervisor on the Home Visit Report. You should also call the office immediately to report the missed visit. The supervisor should keep an ongoing attendance record for each family and home visitor.
- Establish an administrative policy to deal with absences. After two consecutive missed visits the supervisor should contact the family by phone or in person to: a) determine the reasons for the missed visits, b) review the family's and home visitor's responsibilities in the home-based program and c) agree on solutions to the problems.

After three consecutive missed home visits, the supervisor should visit the family and discuss the family's interest in continuing with the home-based program. If they choose to continue, an agreement on roles and responsibilities should be written and signed by both the supervisor and the family.

- It is sometimes helpful to remind parents that you are coming. Call just before you leave for your visit, send a post card during the week to remind them when you will be there again, or post a colorful sign on the refrigerator stating the time and day of your scheduled visit.

## What Do I Do If The Parent Leaves The Room?

Your home visits are designed to focus on both the parent and the child. Therefore, you can do your job **only** if both are present and participating. You will need to make this clear from the beginning. If the parent does leave the room, consider the circumstances carefully before you mention anything.

- If the parent leaves infrequently and for unavoidable reasons, then it is best to discontinue the activity until he or she returns. While you are waiting, amuse the child. As soon as the parent returns, explain that you are glad he or she is back and continue with what you were doing.
- If the parent leaves frequently and for unavoidable reasons, then examine the situation. How could you work together to eliminate the reasons for leaving the room? Discuss the problem and come to some compromise (for example, changing the time of the home visit, bringing activities for siblings, telling people who call to call back, etc.). Explain why the parent must be there.

- If the parent's departure is frequent and for avoidable reasons, examine what you are doing. Are the activities stimulating and appropriate? Does the parent understand why you are doing them? Have you made the parent the focus of the visit or are you focusing on the child, leaving the parent out? Are you including the parent in planning activities? Have you planned activities that will allow the parent and child to experience success? Have you allowed and encouraged the parent to take the lead in teaching as many activities as appropriate?

- When addressing the situation, the direct approach is best. Tell parents they need to be there because the program cannot work without their active involvement. Tell them what progress you have seen in them and their children already, or point out the things they helped the children learn before you came. Tell them that as their skills increase they will be better able to help their children learn new things.

## What Do I Do About Lost Materials or Activity Charts?

You will find that most families will take care of the materials you bring to the home. But when you begin to experience losses, it can be a heavy drain on the budget and on your time. Here are some strategies that may save you money and worry.

- One of the best ways to prevent lost materials is to find a special place in the home to keep all items you take. You can take a suitable container on the first home visit and decorate it as one of your planned activities. Ice cream barrels or sturdy cardboard boxes make good permanent storage areas for home visit materials. Help the

family locate a place to keep the container, and many of your potential "missing items" problems will be solved.

- If materials are consistently lost or broken in a particular home, try taking in only one commercial material at a time. When an item is returned, then take in a new item. In order to do this, you will need to rely heavily on homemade materials in carrying out many of your activities.

- Monitor yourself carefully. Keep track of materials that are left in the home on the Home Visit Report or in your personal records. Be consistent about asking that these materials be returned after the family is finished with them.

- Be sure to keep a record of all written activities taken to each home in case activity charts are lost. The Home Visit Report can be used for this purpose (see "The Home Visit: Planning"). That way, you have a record of the activities that the parent and child worked on during the week. You can then determine if the child achieved the activity even though the written chart is not available.

- Let the parents know that you value the activity charts and the time you spent preparing them. This will increase the likelihood that parents will value them too. Reinforce them for returning the charts, especially if they look used. Remember that a dirty, crumpled, obviously used chart is better than a clean, white one that spent the week in a drawer.



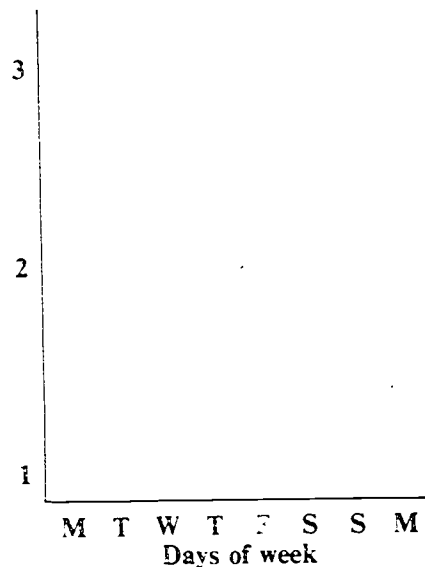
## What Do I Do About Non-Reading Parents?

You may run into an occasional parent who has little or no reading ability. This should not stop you, however, from preparing structured written activities. All parents can and do teach their children and it is our responsibility to help parents teach even though they are hindered by lack of reading skills. Some suggestions are given here for helping non-reading parents teach their children.

- In teaching a non-reading parent to carry out activities with a child, you will need to rely heavily on modeling. Be sure the parent observes exactly how an activity is to be taught and then has an opportunity to try it. Give feedback on the way the parent teaches the activity so changes can be made if necessary.
- Discuss each activity in detail with the parent. Give ample opportunity for questions and make changes in the activity. Leave a written copy of the activity in the home for reference by any member of the family who may be able to read and help the parent.
- Illustrate materials needed for each activity on the chart to cue the parent.
- Consider tape recording specific directions for the parent as an aid during the week.
- There are several ways to assist non-reading parents with record keeping during the week. One way is to label the recording chart with symbols instead of words. Some examples are:

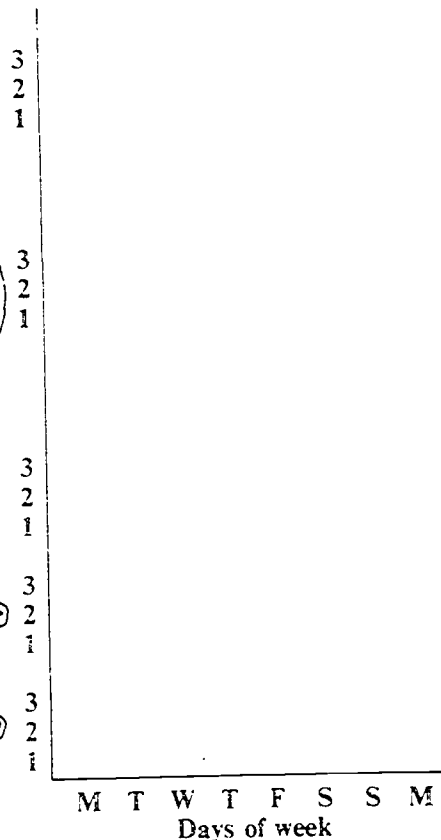
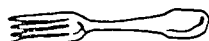
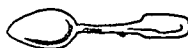
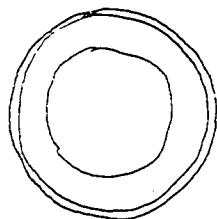
### Objective:

*Will stand on one foot for 4-8 seconds on request 3/3x.*



### Objective:

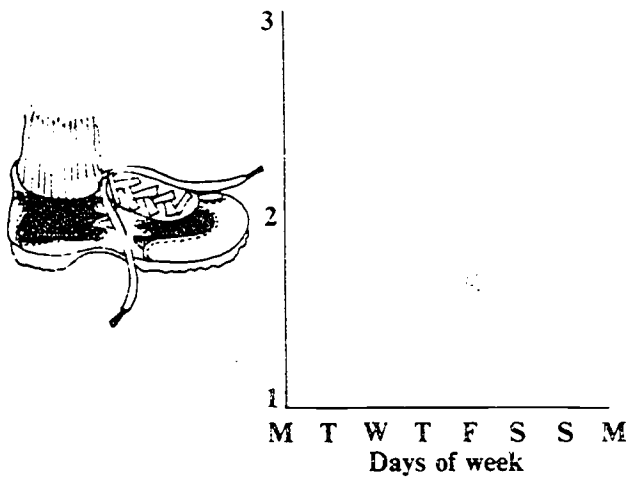
*Will set table with fork, knife, spoon, plate and cup when given verbal directions 3/3x.*





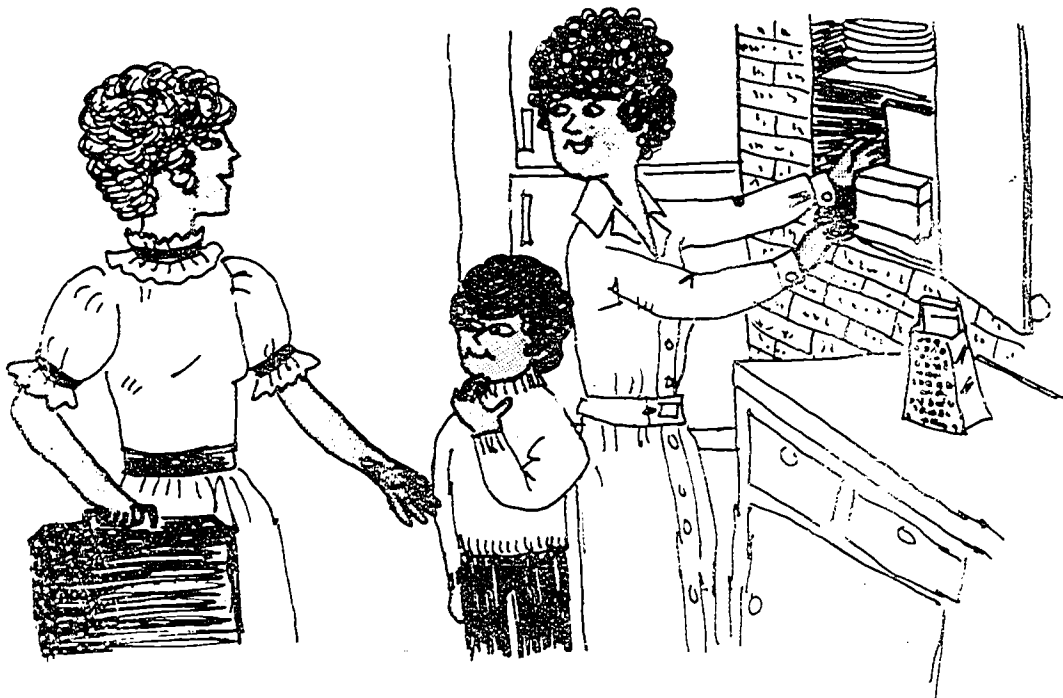
**Objective:**

*Will lace shoe when given a model 3/3x.*



You can also use an egg carton for record keeping purposes. Give the parent enough tokens for each trial for six days. If the child successfully completes the objective, a token goes in ☺. If the child needs correction, a token goes in X. Each trial for each day during the week is recorded in this way. The home visitor records how well the child performs the activity when first presented and after practicing for one week.

- If you do nothing else, have the parent X the chart each day the activity is worked on. Doing this will not give you information on how the child did each day, but you will know how often the activity was practiced.



*Encourage parents to keep materials and activity charts in a special place.*

## How Do I Help The Parent With The Child's Misbehavior?

Handling a child's misbehavior can be a touchy situation. We have all seen things done and perhaps done things ourselves that we know are not good behavior management techniques. It is easy to slip into negative patterns with children when we want them to act differently. Threatening, bribing, nagging and punishing often seem to be the fastest way to remedy a bad situation... and sometimes they are the only methods parents know. These techniques should be discouraged. Listed here are some suggestions for helping the parent deal with misbehavior.

- You can approach the subject of changing the parents' responses to their children's behavior by asking them if the methods they use seem to work. Ask them how they were disciplined as a child and how they felt about it. Ask them to look at a particular misbehavior in their child and the methods they have used to change it. Have them analyze how long the behavior has been occurring and whether the behavior seems to be increasing or decreasing. Then ask the parents to look at something that the child consistently does that they like. Ask them to analyze what they did to teach the child that positive behavior. This sequence can lead to a good discussion on behavior management techniques.
- The best way to help parents learn different behavior management techniques is to be a good model yourself. Show parents how reinforcement, ignoring of some behaviors, consistency and removing privileges can work with their children and explain the procedures when you use them. Tell them how each procedure works and what to expect if they try it.

- An excellent way to examine and learn new management procedures is to refer the parent to some good resources on behavior management and parenting. Some particularly effective books that have been written on this subject for parents are: *The Portage Parent Program*, *Living With Children*, *Parents Are Teachers*, the *STEP* program and *Exploring Parenting* (see Resources section). You might ask the parent to read a chapter a week as an assignment and then discuss it during the Parent Education portion of the home visit. As a follow up, you can write an activity chart for the parent that is designed to practice a particular technique for the child.
- If you are working with several parents who want information on behavior management techniques, you might organize a discussion group on the topic. If you do not feel qualified to lead such a discussion or to teach behavior management principles, find a mental health consultant, a special educator or a school psychologist who could lead such a group.
- Discuss particular problems with a qualified member of your agency or community. Consider bringing this person on a visit to talk with the parent and/or observe the situation so that realistic recommendations can be made.



# First Aid for Home Visitors

## Informal Staffing

Home visiting can be a lonely job. You may not have much opportunity to talk with other home visitors since you are busy traveling from home to home. Being isolated from other home visitors also means you don't have the opportunity to discuss common concerns or problems. One effective way of improving this situation is to schedule weekly staff meetings. Home visitors, supervisors and the education or handicap coordinators available should be included. The primary purpose of these staff meetings is to discuss problems that relate to home visiting and the families being served.

The informal staffing procedure is an effective means of discussing problems and selecting possible solutions to them. The informal staffing log (Figure 2) is used as a record of the discussion. This log is passed to each home visitor at the beginning of the meeting. Anyone who has a question to be discussed at the meeting fills in his or her name, child or family's name and a brief description of the problem. There is no limit to the number of questions a home visitor may list.

The problems to be discussed can be anything related to home visiting, the home-based program or families and children being served. No problem is too small or insignificant to be discussed. Examples of some concerns which home visitors may have are:

- What can I do if the parent doesn't work with the child during the week?
- How can I teach Jimmy to put his shoes on the correct foot?

•How can I maintain Lisa's attention during the home visit?

•Mrs. Jones would like to talk to another parent of a handicapped child. Who do I contact?

After each home visitor has had the opportunity to write questions, the group begins the discussion. Select a recorder from the group. This person reads a question and asks the home visitor if he or she would give some additional information about the situation including any solutions which have been tried. Discussion is then opened to the group. Other home visitors may have had similar problems and found a solution. Component staff also may have ideas to offer. The recorder lists all of the possible solutions as they are suggested. At the end of the discussion, the home visitor **must** select one of the alternatives which he or she thinks might work. The solution selected must be tried during the next home visit.

This is the key to the informal staffing procedure. Some action must be taken as a result of the discussion. After the home visitor has tried the idea he or she reports the results back to the group. This is usually done after two weeks to allow time to see if the idea was effective in solving the problem.

If the problem was not solved there are two possibilities: (1) repeat the discussion and select another idea or (2) take an observer on the next home visit. This could be another home visitor, a supervisor or other resource person who may be able to offer other solutions after viewing the home visit. Be sure to obtain the parent's permission before having another person visit. If the problem cannot be solved within your own staff, use community resources to assist you and the family.

# PORTAGE PROJECT INFORMAL STAFFING LOG

Staff in Attendance \_\_\_\_\_

Recorder \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

DATE	HOME VISITOR	FAMILY	PROBLEM	ALTERNATIVE SOLUTIONS *CHOSEN ONE	FOLLOW-UP

130

110

Figure 2

145

The informal staffing procedure should be the main activity of the staff meeting. Don't be so concerned with announcements and general information that there is limited time to discuss concerns relating to children and families. Remember, this may be the only opportunity you have to discuss common concerns with fellow home visitors. Additional staff meeting activities which could follow informal staffing include:

- **Sharing materials** — A home visitor may have made a teaching material which should be shared with the group. Someone may have new ideas for using a familiar toy or material.

- **Speakers** —

- Specialists could share ideas for stimulating language development.
- Staff from other agencies could discuss their program and how services between programs could be coordinated.
- Qualified persons could be invited to discuss aspects of preschool education relevant to the home-based program.
- Local kindergarten teachers or school personnel could discuss expectations of children entering their classroom.

- **Films** relating to child development or parenting could be presented.

- **Component coordinators** could discuss activities which could be done during home visits.

- **Happy stories** — End the meeting with everyone sharing something good that happened during the past week. It is easy to spend too much time concentrating on problems and forgetting the good things that happen.

Staff meetings should be scheduled the same day each week. If there are center and home-based staff present at the meeting, time should be allowed for each group to discuss concerns related to each option. Each group could conduct their own informal staffing.

The day scheduled for the staff meeting can also serve other purposes. Usually the informal staffing and other program business can be completed in half a day. The remainder of the day can provide time for the following activities:

- Complete weekly reports of home visits.

- Plan activities for next week's visits.

- Discuss each child's program in individual meetings with supervisor.

- Reschedule missed visits.

## Hints for Home Visitors

Home visiting can bring out the disorganization in the best of us. There seem to be endless materials to check out, check in and keep track of; records to prepare, organize and keep handy. And everything has to be kept mobile, at your fingertips, and usually in a very small space. The following are some tips that may save you some organizational headaches.

- Stay a week ahead in planning structured written activities. Check to see if the activities are appropriate during the informal activity time of the visit **before** you plan to present them. For example, you have referred to the assessment information and determined that the child is ready to be formally taught to name four colors. During the informal activity time on the visit before you plan to present this as a written activity, ask the child to name colors using objects around the house. If the child can already do this, then mark it as a learned skill on the assessment tool. You have thereby saved yourself writing an activity that the child can already do.

- Keep a working folder for each child on your caseload. This folder should include: a copy of the IPP, the child's developmental assessment, address, phone number and directions to the house, blank activity charts, blank home visit reports, planned home visit reports, planned activity charts, observations and notes and the Family Assessment Tool.
- Completed home visit reports and activity charts will probably be kept in the office for reference and monitoring purposes.
- A metal or plastic file box for your working folders on children can be very helpful. When visiting a family, however, be sure to take only that child's folder into the home.
- Avoid bringing too many materials into the home. Bring just those items you will need for the planned activities and a few "extras" for emergency situations.
- It is helpful if you have a basic kit of materials that can be used throughout the year. Special materials that are not included in the kit can be checked out from the office. Some sample items that might be included in a basic kit are: crayons, tape, ruler, stapler, drawing and construction paper, glue, scissors (both child and adult sizes), sets of action and object pictures, wooden puzzles, a can of stringing beads, pegs and a pegboard, sequence cards, picture books, lotto games, picture card games, cubicle counting blocks, paints, pencils, magic markers, balls (two sizes), tape recorder and puppets.





# Records



Throughout this manual mention has been made of forms and records which are kept for Head Start programs. This chapter will clarify the need for record keeping and suggest a complete set of records for a child and family in a home-based program.

You may have reached the conclusion that there is one less forest due to all the paperwork required in Head Start. Record keeping is necessary to communicate to all levels (national-regional-local) the effort being made by each program. What is to be gained by record keeping?

## Program Accountability

All services to children and families are documented; this includes activities in each component area. Records should include a description of the service or activity provided, the date it was provided and who provided it. This documentation is necessary to show that the program is in compliance with Performance Standards. These records help administrators and evaluators decide which parts of the program are good and which ones need improvement. Good record keeping also provides information necessary for the Annual Handicapped Survey.

## Individualization

Recording the needs of parents and children as well as their progress allows the home visitor to plan activities to meet these needs. The Individual Program Plan is a guideline for the home visitor to use in planning a program for each child and family. Efforts must be made to meet the special needs of handicapped children.

## Progress of the Child

Recording helps the home visitor, child and parents see the progress the child has made during the program. The first assessment gives a baseline of the child's skills. Weekly recording can show if progress is being made in meeting the short-term objectives of the IPP. If the child's records do not show progress, then a change in the program is needed so the child will accomplish the planned objectives. Recording tells the home visitor the materials, teaching techniques and activities which are effective with each child.

## Credibility

Recording will improve the relationship with other agencies, particularly the public schools. Head Start will be able to give other agencies working with the child a complete record of the services received, including the child's goals and progress made toward meeting these goals.

## Ease in Making a Transition

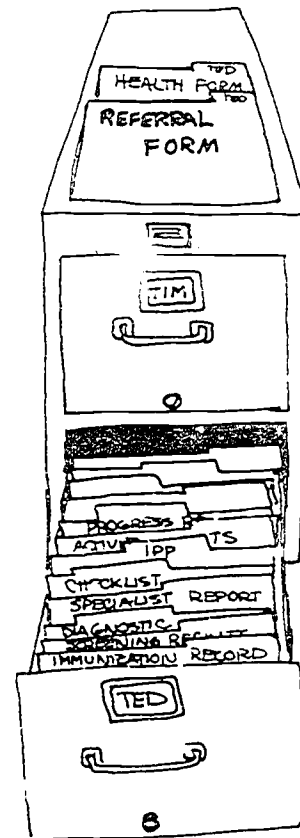
Record keeping allows the Head Start program to provide valuable information about the child to the next teacher. The child's new teacher will have access to records which indicate the present level of functioning and skills the child is ready to learn. Information for new teachers should include effective teaching techniques for the child and parents.

The primary focus of the home-based program is the weekly session with the child-parent-home visitor and the daily activities done by the parent and child. Since these experiences occur in the home, they are not as visible as activities which would occur in a classroom program. Adequate record keeping must document what takes place during each teaching session. Home visitors will use these records in planning their home visits and evaluating progress. These records will also enable supervisors to monitor home visitors on a regular basis.

The need for recording is also more crucial in working with handicapped children. Remember, children with special needs learn small sequential steps that lead to annual goals on the IPP. Information recorded on children's strengths and needs when they start the program helps with planning appropriate activities. Records of skills achieved and effective teaching techniques aid in weekly home visit planning.

## What to Record

All records should serve a purpose. The records should document services provided to children and families and provide information useful in delivering and planning services. Data relating to each aspect of the program from recruitment to transition to a new program must be recorded. The following chart lists forms or records from each phase of the program year. Many of the records are the same for all Head Start enrollees such as a Health Form. The standard forms are not included in this manual. The starred forms are specific to either home-based programs or handicapped children. They are included and discussed in the appropriate manual section. The column on the right highlights information which should be recorded (it does not include all the information for each form).



TYPE OF RECORD	INFORMATION INCLUDED
<p style="text-align: center;">Recruitment</p> <p>Referral Form  * Recruitment Activities  Application/Enrollment  Health Form  Immunization Record</p>	<ul style="list-style-type: none"> <li>⊙ identifying information</li> <li>⊙ source of referral</li> <li>⊙ directions to home</li> <li>⊙ document all recruitment contacts</li> <li>⊙ eligibility/income verification</li> </ul>
<p style="text-align: center;">Screening - Diagnosis - Assessment</p> <p>Screening Results  Parent Permission for Referral  Referral for Diagnosis  Diagnostic Report  Specialist's Report  Developmental Checklists  * Family Assessment Tool  Parent Questionnaire</p>	<ul style="list-style-type: none"> <li>⊙ date of screening</li> <li>⊙ screening instrument administered</li> <li>⊙ diagnostic tools used</li> <li>⊙ recommendations of specialists</li> <li>⊙ diagnosis (label)</li> <li>⊙ entry behavior on checklist</li> <li>⊙ parents' expressed needs</li> </ul>
<p style="text-align: center;">Individual Program Plan</p> <p>* IPP  Record of any revisions  Record of annual reviews</p>	<ul style="list-style-type: none"> <li>⊙ current level of functioning</li> <li>⊙ annual goals</li> <li>⊙ short-term objectives</li> <li>⊙ time-line for meeting objectives</li> <li>⊙ date each objective is initiated and completed</li> <li>⊙ person responsible for meeting objective</li> <li>⊙ special services or materials used in the program</li> <li>⊙ parent's signature</li> </ul>

TYPE OF RECORD	INFORMATION INCLUDED
<p data-bbox="219 315 714 357">Implementation/Home Visit Forms</p> <ul style="list-style-type: none"> <li data-bbox="170 388 446 430">* Home Visit Report</li> <li data-bbox="170 430 397 472">* Activity Charts</li> <li data-bbox="170 472 641 514">* Parent/Home Visitor Agreement</li> <li data-bbox="170 514 535 556">* Developmental Checklist</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="876 378 1477 451">o list all activities that take place during the home visit</li> <li data-bbox="876 451 1477 525">o indicate new skills learned on reports and checklist</li> <li data-bbox="876 525 1477 598">o specific directions for parents to use during the week</li> <li data-bbox="876 598 1477 672">o establish responsibilities of parents and home visitor during home visit</li> </ul>
<p data-bbox="397 850 552 892">Transition</p> <ul style="list-style-type: none"> <li data-bbox="178 934 722 976">* Parental Permission to transfer records</li> <li data-bbox="178 976 422 1018">* Progress Report</li> <li data-bbox="178 1018 544 1060">* Developmental Checklist</li> <li data-bbox="203 1060 462 1102">Diagnostic Reports</li> <li data-bbox="203 1102 446 1144">Specialist Reports</li> <li data-bbox="178 1144 259 1186">* IPP</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="885 924 1161 966">o Pre-Post test data</li> <li data-bbox="885 966 1104 1008">o Present skills</li> <li data-bbox="885 1008 1136 1050">o Emerging skills</li> <li data-bbox="885 1050 1339 1092">o Suggested teaching techniques</li> <li data-bbox="885 1092 1315 1134">o Suggested teaching materials</li> <li data-bbox="885 1134 1356 1176">o Suggested parental involvement</li> <li data-bbox="885 1176 1291 1218">o Who can receive materials</li> <li data-bbox="885 1218 1356 1260">o Purpose for sharing information</li> </ul>



## Confidentiality

Much of the information which is recorded about a child and family must remain confidential. It must be kept filed and read only by those who are directly involved with the child and family. Confidential information includes all records which are personally identifiable (contain name or other information which would identify the owner).

Information used by the home visitor in planning instructional activities can be kept by the home visitor. The file for each child could contain:

- weekly home visit plans
- activity charts or lesson plans which give directions to the parents
- developmental checklists
- Individual Program Plan

Although this information is kept by the home visitor, it may not be shared with other home visitors or people not directly involved in the child's education program.

Additional information about a child or family should be kept in a confidential file which remains in the office. This file should contain:

- application/enrollment forms
- screening results
- health forms
- diagnostic reports
- social service information

Parents have the right to read any information which is in their child's file. They also must give written permission for records to be given to other agencies. The permission must state what information may be given; to whom; for what purpose and the date of access to records. There are some records which contain information just for Head Start which should never leave the agency. Examples of this type of information include: records of income and social service records of family problems. A general rule is to give agencies information which aids in development of an appropriate educational program for a child. If the information is not helpful educationally, it should not be shared.

Confidentiality also involves information which is shared verbally with other home visitors or agencies. A home visitor may not discuss a child unless parents have given their permission. The first impression of these restrictions may be that the home visitor's hands are tied and more paperwork is required. If we turn the tables and place ourselves in the parent's shoes, it's easy to appreciate the precautions the Head Start agency is taking to protect the privacy of the families we work with. The following letter is a good example of a parent's feelings about confidentiality. It was provided by the Duluth Head Start, Duluth, Minnesota.



*Dear Teachers and Staff:*

*I'm glad my child's records are now confidential — not to be read by anyone but school staff and not to be sent to another agency or school without my permission. The records contain information that I don't want just anyone to know. I can now read my child's file if I wish and, if it contains anything I want removed or corrected, I have the right to request this.*

*These rights are very important to me and my child because they protect our reputations — what others think and say about us. Unfortunately, our reputations have no protection against loose talk — only your caring about us and your being careful.*

*So PLEASE REMEMBER:*

- 1. When you talk about me or my child to someone, she could be my best friend, my worst enemy, or my sister-in-law's sister-in-law! She may report it all back to me (making me dislike you) or tell it to my mother-in-law (when I find out, I'll kill you!).*
- 2. When you talk out loud in the Pizza Hut about that horrid little Scotty who's driving you crazy — someone may hear you who knows just who Scotty is.*
- 3. When you speculate about the reasons for any trouble my child is having ("Sometimes I think Scott is hard of hearing") others may repeat them as fact (Did you know — I heard it from Scott's teacher — that Scott has a hearing problem?).*
- 4. I am especially sensitive to opinions about my child's behavior and how his misbehavior might be my fault. I very often feel (and sometimes say) that I'm a poor mother but no one else had better even suggest it!*
- 5. You have no idea what information about me that I want kept confidential. It could be: my boyfriend's name, how often I move, whether I am on welfare or my dad was an alcoholic, even my address and phone number. In other words, you shouldn't be talking about me at all!*

*I know you hear this rule being broken every day — in school and out — and I know people who ask questions can make it hard for you sometimes. So to help you out, I am giving you some answers (free!):*

*"My that Scotty is a brat — doesn't his mother know how to discipline him?" "Scotty is like all the other children in the room — he has his good days and his bad days."*

*"What's the matter with that little girl — why does she have crutches?" "She has crutches because she needs them to walk — just like you need glasses to see."*



*"Is his mother divorced or what?" "In our program, we consider such information confidential."*

*"How did Scotty get in Head Start? His parents have plenty of money." "Applications and admissions are handled by the main office."*

*Remember — just because someone is nosy, doesn't mean you owe them any information!*

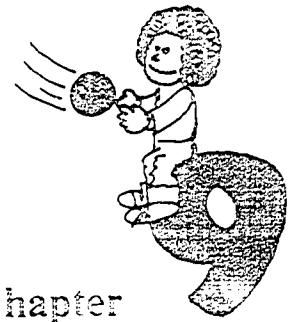
*Finally, I would like to ask you to be aware of what my child hears. If someone remarks about him or me when he is listening, be sure your answer doesn't give him the idea that there is something wrong. (Such as — "You shouldn't ask if Scotty is Indian." "His mother doesn't want anyone to know about that.") He will remember your answer long after you've forgotten.*

*Thank you very much,  
Scotty's mom*

This letter summarizes many important aspects of confidentiality. Home visitors do develop close relationships with the families they visit. You must be very careful not to discuss information about these families with anyone outside the Head Start staff. And remember, anytime you do discuss a family with a fellow home visitor or coordinator, the purpose of the discussion should be to assist the family or the child. Never discuss personal information about the family which does not pertain to the program for the child and family.







## Chapter

# Helping to Enlarge The Child's World

Have you ever had the feeling of "being all dressed up, with no place to go"? Perhaps you bought some new clothes for a special event, but you had nobody to go with. So you sat home alone and brooded. Or perhaps you remember having the right sport equipment and knowing how to play the game, but you weren't chosen for either team. So you sat on the sidelines feeling envious and angry. Have you ever felt that way? If you have, you know how it can hurt. It can also hinder your learning new skills and making new friends.

Handicapped children often feel left out too. They feel hurt when they are not included along with everyone else. Sometimes they are left out for good reason; for example if their health or safety would be threatened. They might also be excluded when they don't have the physical ability to do something. But too often people do not take the extra effort to include handicapped children in normal activities. It isn't that people are trying to be mean, but they just aren't being sensitive to

the needs and feelings of the handicapped children. Being left out can slow the development of any child, handicapped or not.

A goal for each home-based program must be to include every child in as many normal activities as possible. As a home visitor you need to be sensitive to the needs and strengths of the child and his or her family and try to broaden the child's world. Opportunities should be made to enlarge the child's world and to "normalize" these experiences. If you concentrate only on developmental skills and ignore how and where these skills can be used, you've only done half the job.

This may be even more true with handicapped children. Handicapped children generally are more restricted in the things they can do by themselves. They may require extra help to do certain things. They may also need more help in learning to use skills in different settings or situations. You must plan

activities and experiences which extend the child's development. You must also be aware of restrictions on the child and remove as many of these as possible, so that the child can be fully integrated within the family and neighborhood.

How can home visitors help "mainstream" handicapped children? To answer this question, we must first understand that there are many "mainstreams". One of these is placing handicapped children in classroom programs with non-handicapped children. But there are other mainstreams to consider, such as the home, neighborhood, recreational programs and so forth. Mainstreaming should be thought of as a means to expanding the child's world to include experiences in all possible environments. When we think of mainstreaming in this way, we see that home visitors can be a big help in mainstreaming handicapped children. They can help handicapped children be "mainstreamed" in the home, neighborhood, cluster groups and classrooms.



## Mainstreaming Begins At Home

Handicapped children are sometimes left out of the mainstream of family life. They are sometimes excluded from objects and events within the home which could enhance their growth and development. Some handicapped children are excluded through gross neglect. Others are restricted by well-meaning, but protective parents. The effects tend to be the same: an unnecessary delay in the child's development. Home visitors are in a good position to discover these situations and then help the child and family correct them. While no pat answer can be given to fit every situation, this chapter will discuss aspects of the home environment, give some examples of unnecessary restrictions of handicapped children and offer strategies to remove such restrictions.

To help you evaluate the home environment, it is useful to separate the physical from the social aspects of the home. Changes in one can affect the other. Discussing them separately can help you assess the child's access to the mainstream of family life. A brief look at Figure 1 will help you see the difference between the physical and social environment and help you understand this section.



# Some Considerations in Assessing the Home Environment

## The Home Environment

### Physical Aspects

- What kind of objects or toys are in the home to stimulate development?
- Are the toys appropriate for the age and/or developmental level of the child?
- Is special equipment needed for the handicapped child?
- Is the special equipment used, or used correctly?
- What is the level of visual or auditory stimulation in the home? Too much? Too little?
- Is the handicapped child allowed to explore the immediate environment? Or, is the child restricted to one or two rooms in the home?
- Are modifications made in the physical environment to allow the child greater freedom of action?
- Is the child's position changed fairly often, if he or she cannot change positions alone?

### Social Aspects

- How many family members interact with the handicapped child?
- How many outside visitors interact with the child?
- How much social interaction is there and is it appropriate?
- Does the family attempt to include the child in their activities?
- Is the child spoken to, even if he or she cannot speak?
- Is the language level appropriate to the child?
- Are attempts made to play social games involving the child and at least one other person, no matter how easy the game might be?
- Do the parents use their everyday routines with the child as opportunities for teaching?

Figure 1

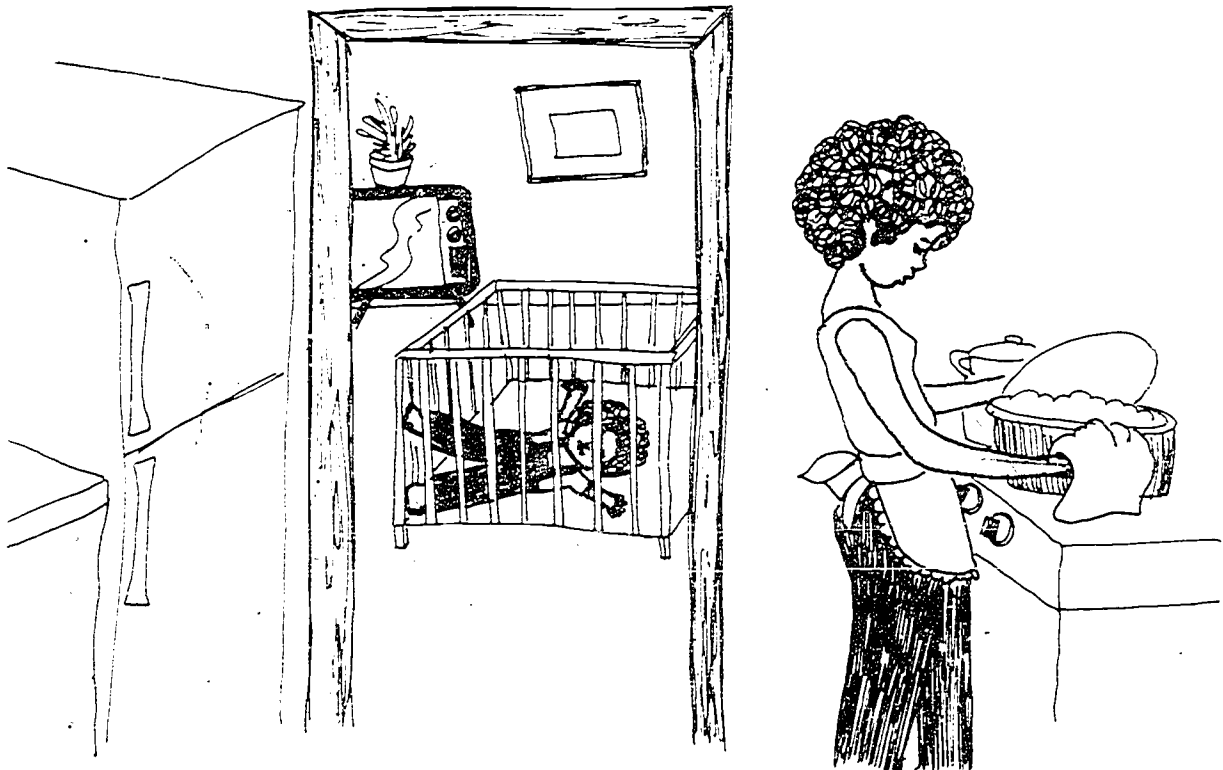


## Physical Environment

Physical aspects of the home environment include the rooms, household objects and their arrangement, sensory stimulation such as light, sound and smell, and special equipment (for example, wheelchairs, bolsters, special furniture) if the child is physically disabled. The home visitor must assess how the physical environment affects the child in terms of **learning and development**. Changes in the physical environment are often possible in situations where the child is restricted. For example, a child who is not walking because of a physical disability might be confined to a crib, bed or even the living room floor without access to the rest of the home. Some restriction may be necessary or unavoidable. However some handicapped children's needs are denied because of parental neglect or ignorance. Some parents may not provide stimulation for the child when he or she must be restricted to a confined area. Perhaps toys cannot be reached or maybe

there are no interesting objects to watch such as mobiles hanging over the crib. Put yourself in the position of the child. How much stimulation is there when you are physically confined? If you've ever been hospitalized, even for a short time, you can begin to appreciate what life must be like for a child who is physically confined.

Being on a blanket on the living room floor can be restrictive if the other people are in another room and there are no interesting toys within grasp. There is no motivation to reach, manipulate or play with an object under such circumstances. Also the opportunity to watch family members, listen to their speech and perhaps imitate them is denied. It would be much more stimulating and challenging to be in a room where daily family routines take place. The child could watch the family members, listen to them, perhaps imitate them and receive attention. The chances of the child responding to voices,



*Leaving children in an empty room denies them many experiences.*



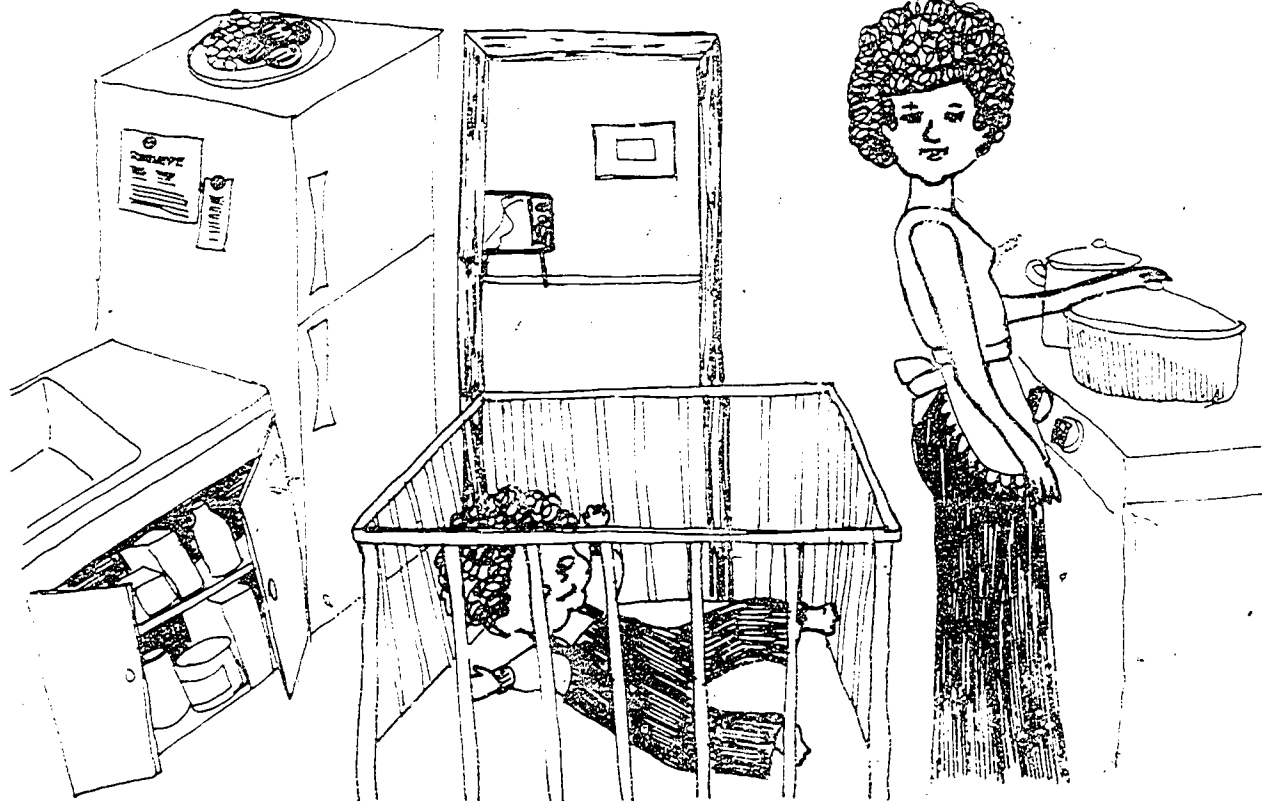
pictures, toys, smells from the kitchen and other stimulation are tremendous. Being "where the action is" in the home gives the child more stimulation and opportunities for the family to respond to him or her.

Allowing the child the freedom to explore the environment is important. Studies have shown that parents who restrict their children can slow down their development. Keeping a young child cooped up in a play pen is an extreme form of restriction, however children can also be restricted in many less obvious ways. Usually parents are not aware that they are being restrictive and some gentle prodding by the home visitor may be all that is needed to gain greater freedom for the child.

Sometimes parents and other family members find it difficult to understand the importance of stimulation to the child. A severely delayed or physically disabled child who does not move or make much sound can easily be ignored by the family. They may not

realize that the child needs sensory stimulation before they can expect new behaviors. Perhaps nobody ever told them to change the child's position so he or she didn't look at the ceiling all day. Perhaps nobody told them to keep stimulating the child even though they don't get much response. It's all too easy to fall into the trap of ignoring a very handicapped child because the child doesn't respond to you. Help family members avoid this trap. Some suggestions include:

- Place objects within easy reach or view.
- Provide items that vary in color, size, shape, texture, etc.
- Have available some items that make noise when the child moves them, such as rattles, balls with bells in them, mobiles, noise makers, etc. These toys help children learn that they can have an effect on the environment. This helps children become more active and helps them learn cause-effect relationships.



*Provide children interesting sounds, sights and smells to stimulate their development.*

- Show the parents different educational uses of toys or other objects in the home.
- Help all family members develop activities or "routines" which they can do daily with the handicapped child. This helps provide more stimulation to the child and involves everyone in the child's education and development.

Another part of the physical environment that deserves your attention is any special equipment needed by the handicapped child. Make sure that the parents are following through in the appropriate use of the special equipment. Suppose, for example, that bolster cushions are recommended for the child whenever in a sitting position (especially when sitting at the table). The parents do not do this and the child's mobility is hampered. This can affect the child's learning. Without support, the child has to use more energy to maintain balance. The child tires more quickly, taking time and energy away from the activities and being with people. Also, without the bolster cushions the child cannot use his or her arms and hands as well. This reduces eye-hand coordination and makes tasks more difficult than they need be. Using bolster cushions gives some physical aid, comfort, and mobility, setting the stage for more efficient learning.

As another example, consider the case of Brian, a three-and one-half-year old child with an orthopedic problem:

*Brian lives at home with his mother and older sister in a small apartment. Born with an orthopedic difficulty, Brian has been in and out of hospitals, clinics and diagnostic centers. His mother often felt a bit overwhelmed by the seemingly endless visits to these places and felt intimidated by the professional staff. When Brian was two-and one-half-years old, he was fitted with a special plastic brace*

*which attached around his chest and provided support for his back and legs. The brace allowed Brian to stand holding onto objects. Later, a walker was given to Brian and he used this to support himself as he "walked" around the house. Brian was excited about being able to get around on his own and used the walker and brace with relish. As, at two months after the home visits began, the home visitor noticed that the parent did not have Brian in his brace as much during the visits. Often, the mother stood behind Brian and gave him support or propped him in her lap. At first when the home visitor asked about the brace, the mother said that she didn't mind holding Brian during the activities. In some ways it seemed nice to the home visitor because the mother hugged and kissed Brian more. But something didn't seem right. The following week Brian was again out of his brace. This time the home visitor offered to put the brace on him and proceeded to do so. Brian looked decidedly unhappy as the brace was being put on and began to squirm and cry. The mother remarked that Brian didn't like his brace any more, but she didn't know why (Brian could not yet talk). The home visitor noticed that the brace seemed tight and asked how long Brian had been objecting to the brace. The mother said that it had been going on for four months and that the only time that Brian wouldn't object was when she told him the home visitor was coming. But even lately that wasn't enough to get him to put it on. When the home visitor suggested that perhaps Brian had outgrown his brace, the mother said she had thought that maybe that was it too, but was afraid to call the clinic to check on it. This prompted a discussion between the mother and home visitor about the mother's feelings regarding the clinic staff. They also discussed the importance of mobility for Brian and how it could*

affect many areas of his development. At the end, the home visitor agreed to go with the mother to the clinic to have the bra re-fitted, and to model for the mother how to talk with the professionals and answer questions of them. The home visitor prepared for the visit and discussed



*situation with one of the clinic staff members she knew from previous visits. This groundwork enabled everyone to have a successful, non-threatening visit, and once again put Brian on the track toward full development of his potential.*



Be very aware of the child's safety in the physical environment. Many preschool handicapped children function at an infant or toddler level. They have a natural curiosity about objects in their environment. Such curiosity often presents a safety problem to these children, particularly if the parents respond to the child on the basis of his or her **chronological age** rather than **developmental age**. Allowing a five-year-old child who functions at a two-year-old level the same freedom as a non-handicapped five-year-old can be disastrous. Help parents understand this difference if they have a delayed child.

Also help parents avoid restricting a delayed child to one "child proofed" room, rather than rearranging the physical environment to reduce hazards. It makes better sense to restrict the hazards (poisons, tools, etc.) to one room, than to restrict the child to one room. Of course, some modifications may be necessary, such as a gate to prevent falling downstairs. Generally "child proofing" is inexpensive and a small price to pay to open up the child's world. Most of the changes needed for better safety will be educational — changing people's ways of looking at things and

ways of behaving. Please see Appendix I for a home safety checklist which can aid you in helping the parents provide a safe environment for their children.

A final area of the physical environment that should be considered is the parent's use of common household objects for instruction. It is easy to bring activities and materials to the home, demonstrate their use to the parent and expect the family to work with the child. These structured activities are necessary. However, you should also evaluate the unstructured interactions between the parent and the child. Remember, the ultimate goal is to have parents integrate appropriate teaching methods into their everyday routine with the child. You want them to use household toys and objects as instructional materials. If the parents become dependent on your materials, you've not done your job. We need to teach them to use their own materials for instructional purposes. This will help ensure their continued work with the child once your home visits end. Helping parents master this skill is an important consideration in your assessment of the physical environment.





## Social Environment

Full access to the social environment of the home is very important to handicapped children. The social environment includes the people with whom the child comes into contact and how they interact with the child. All areas of development depend on some social interaction. This is true for language, cognition, socialization, motor and self-help skills. Children with restricted access to their social environment may not develop to full potential. Because all areas of development overlap somewhat, restriction in one area may affect other areas. For example, a child could have poor language skills because of a lack of language stimulation. This can affect interactions with peers and retard social development. Poor social skills may hinder participation in peer games and affect learning motor skills. One problem can compound another. In evaluating children and their relationship with their social environment, we must recognize the interplay among these areas.

There is also an interplay between the child's physical environment and social environment. An obvious case is where the handicapped child is restricted to a single room. This clearly restricts access to the social environment. In other homes we see handicapped children who appear to be well cared for. They are clean and neatly dressed and have an abundance of toys and objects available. The adults in the environment, however, do not often interact with them. This reduces the value of the toys and objects. The physical environment is rich, but the social environment is poor! Studies have shown that simply taking in a new toy every week is of little value compared with taking in a toy every week and doing something with it. You must show parents how they can use a toy to interact with their children.

The most important aspect of the social environment is the degree of involvement the primary caregiver has with the child. Having someone readily available and responsive to the child's needs is extremely important in the development of any child. With handicapped children, however, the child's disability may cause parents problems that they feel unable to handle. Problems in basic self-help skills, use of adaptive equipment, medication and so forth, can challenge the skills of any parent of a handicapped child. Some parents will escape from certain situations and will restrict their care to the child's basic physical needs. It is all too easy for the parents to take the course of least resistance. This is only human nature. All of us would likely do the same. Don't place blame on the parents for any withdrawal from the child. You must be sensitive to the parent's feelings, but also help the parent interact more with the child. Increase this interaction by including it in your home visit objectives. First, demonstrate and review the many skills the child already has. Sometimes parents pay too much attention to the handicapped child's problems and fail to appreciate skills. Use activities in your visit which show the child's strengths. This may give the parent a new perception of the child. Second, build upon the strengths and skills the parent already has and then suggest a new way to interact with the child. Again, being sensitive to the needs of the parent is crucial. Gradually shape the parent's level of interaction with the child. Trying to accomplish too much too soon will not work. You have to individualize for both the parent and child.

Other parents give too much help to the handicapped child. Sometimes parents are so concerned with the child's well-being that they deny the child chances for independence. It may appear that the child is well mainstreamed, as he or she is taken to restaurants, shopping centers, friend's homes, etc. However, the child is restricted in terms of what he or she can do independently.



Perhaps the child is in a stroller when able to walk part of the time. Maybe the child is fed, but is capable of self-feeding with only a few spills.

Often parents will claim that they do things for the child "for his own good". This may have been true when a child is young and less skilled. But observation often shows that the child is much more ready than the parents. Home visitors should view such situations as targets for change. Structure the situation for the parents. Make them feel comfortable enough to allow the child the opportunity to be more independent. Help them arrange the environment to promote learning and independence. Children need to have the chance to succeed or fail on their own if they are going to learn. This does not mean an "all or none" situation. Some aid may be needed, but the challenge to improve should be given the child. For example, parents might continue to feed a young blind child rather than encouraging self-feeding. The child might need help in guiding the spoon and in placing the glass and plate in the same position. The parents do not have to choose between feeding the child or letting the child become frustrated by doing it alone. A middle ground can be reached where the parents provide some aid to the child, but, at the same time, encourage and allow the child to become more self-sufficient. The parents could use plastic dishes and glasses to prevent breakage. The glass could be filled only half-way to reduce spills. Velcro strips could be used on the bottom of the plate and on the child's feeding tray to secure the plates. Plate, utensils and glass should be placed in the same spot each time to help the child locate them easily. The parents could give the child verbal directions and physical guidance at the beginning of each meal to let the child know what each food is and where it is located. During the meal, the child could be given reinforcement for correct response and corrective feedback if unable to locate something or if

there are spills. There are many ways that aid can be given the child, while still requiring the child to become more independent.

Sometimes when parents give too much help to the child the result is not only a delay in the child's development, but also misbehavior:

*Anita had recently been enrolled in a home-based program. She was a little over three years old and had some physical problems caused by cerebral palsy. Although she could not talk and had difficulty coordinating her arms and hands, she was a very bright child. She communicated many of her needs through a symbol board, loved to play matching and sound identification games and understood most of what was said to her. Anita's mother doted on her, always making sure she was clean, combed and well-dressed. Unfortunately, the mother and father also did too much for Anita, trying to "make life a little easier for her". The home visitor discovered during her first five visits that the parents' reaction was shared by the other family members, including the large number of relatives who lived in the neighborhood. Anita certainly did not lack for stimulation!*

*The home visitor realized that the parents were actually contributing to Anita's delays by being over-protective and doting. The home visitor knew something needed to be done about this, but wasn't quite sure how to bring it up. Fortunately an opportunity soon appeared. Anita generally seemed to like having people wait on her and do things for her. But when the home visitor was there, Anita showed more willingness to do things by herself. The mother, however, continued to give Anita too much help. One visit, the mother was working with Anita on stacking blocks. As Anita stacked each block, the mother would*



hand her another one. Anita worked very slowly, with some seemingly random movements of her hand. This seemed to prompt the mother to quickly give Anita aid by guiding her hand. Anita accepted the aid the first few times, but soon began to whine angrily. The mother interpreted this as being stubborn and she forced even more aid onto Anita. Anita began to pull her hand away from her mother's, but with little success. Soon she became very angry and kicked and cried, throwing the block down on the floor. The mother was upset and apologized to the home visitor for Anita's behavior. The mother was surprised by the home visitor's response. The home visitor said that she was really quite happy to see Anita behave that way! The home visitor then explained how Anita was angry because

she wanted to stack the blocks by herself. She didn't need her mother's help, even if it seemed like she did. The home visitor explained how the mother needed to allow Anita more time to try the response by herself before the mother gave additional aid. The home visitor also explained how Anita wanted to please the home visitor by being independent, but too often let the mother do too much for her. The home visitor then described some other situations in which Anita was not given the chance to learn to be more independent. She also gave the mother some suggestions to encourage and teach Anita to do more for herself. The mother realized the home visitor was right and agreed that some of the suggestions should be objectives for herself and the other family members during the rest of the year.

Be sure to involve other family members in your program for the handicapped child. The social environment of the home does not consist solely of the parent having the primary caregiving responsibility for the handicapped child. Involving the other parent, siblings and relatives or neighbors can be beneficial on several counts:

- The amount and type of interactions the handicapped child has with people will increase dramatically. Non-handicapped children readily prompt their own interactions, particularly when they become mobile and develop language skills. As non-handicapped children develop more skills, their ability to provide or prompt their own interactions mushrooms. Handicapped children, however, will generally encounter more problems in this area. This is particularly true if they are not mobile or do not have well-developed speech and language skills. It is therefore important to increase the amount and type of social interactions available to the handicapped child by involving all available family members in the child's care and play routines. Increasing such interactions by other family members may be important goals for your home visits.
- By increasing the involvement of other family members in the child's play routines of the handicapped child, you in effect will be providing a respite for the primary caregiver. This can be an extremely important outcome as many parents who provide the primary care become mentally or physically drained without time for themselves. Thus, by involving other family members in caring for the handicapped child, you can contribute to the **quality** of the interaction between the child and the primary caregiver.
- Involving others in the child's care can also help break or weaken a pattern of over-protectiveness on the part of the pri-

mary caregiver. As the parent sees that others can play with and care for the handicapped child without mishap, the parent will become more relaxed about such interactions and allow the child more freedom in his or her social and physical interactions.

- Finally, involving others in the care given the handicapped child will provide more opportunities for generalization and maintenance of newly acquired skills. As mentioned in the chapter on implementing the home visit, merely having the child demonstrate a given skill as a result of your lesson plan is not enough. The skill has to become a part of the child's behavior, being used in new situations, with new materials and so forth. Having other people involved with the child will create more opportunities to display skills in novel situations and settings.

A final aspect of the social environment that deserves your attention is the language interactions between parent and child. Children not only learn language, but a great deal about their world from the speech of adults. Parents talk to their infants long before the infant is capable of producing speech. Even though the infant does not respond to the parents' voices with speech, many responses on the part of the infant can be noticed. These may include:

- increased physical activity
- child's eyes following parent's eyes
- child's eyes watching parent's mouth
- head looking in direction of object named or discussed
- smiling or laughing
- increased cooing or babbling
- change in facial expression

These responses serve as reinforcement to the parents and provide motivation for the parents to continue talking with the child. Normal children soon learn to speak and prompt their parents to talk with them by asking questions or initiating conversations themselves.

Handicapped children often have problems with speech and language development. They may not be as responsive to adult speech and may not begin to speak as early as non-handicapped children do. This lack of response on the part of the child may discourage the parent from talking with the child and providing the language input necessary to develop speech and language skills. When a child does not "talk" back it is easy for the parent to lose interest in talking to the child. Stress to the parents the importance of language in the child's development. Help them recognize the nonverbal signals displayed by the child which indicate attention to or understanding of adult speech. Look for the same behaviors demonstrated by young infants. Recognizing the child's attention can help keep the parent talking.

Some parents may even need to be shown how they can talk to the child. Show them how to use simple sentences and facial and vocal expression to attract the child's attention. Provide ideas for the parent to talk about such things as naming objects, what they look like, how they feel, what can be done with them. Tell them to talk about what they're doing or what the child is doing, name actions, tell what's happening or what might happen. Providing a model and reinforcing the parents' attempts can improve the child's language environment and improve the level of language functioning.

Also make sure the parent's speech is appropriate to the child's level of understanding. Again, this is especially important if the child has no speech, but can comprehend language. When a child starts to use one or

two word sentences, parents normally change their adult speech style when speaking to the child. They tend to use "baby talk" with the child. Before the child started to use words, the parent's speech might have been more adult-like. In other words, the child's use of one or two words helps to modify the adult's speech. The adult's speech more closely resembles that of the child's and prompts more speech from the child. With some handicapped children without speech, the parents can mistakenly believe that the child does not understand and either stop talking to the child or continue to use adult-like sentences. Neither of these responses will help language learning.

Home visitors can help parents by pointing out the need for language input at a level which the child understands. It helps to keep sentences brief and repeat messages in different ways. For example, if talking about a ball, use statements with the same message: "Ball"; "It's a ball"; "Sally's ball." The parent then should look for hints of understanding. Did the child look for the ball, reach for it or even say the word, "ball"? Reinforce the child's response by saying, "That's the ball"; "There's the ball"; or "Right, ball." This may sound more appropriate for a two year old than a four year old. Make sure the parent realizes the need to keep the language input at the child's level of understanding. It should not be too easy or too hard.

Some children may understand a high level of language, but for a variety of reasons, may not produce much speech. In this case the language input should be fairly complex to stimulate the child. A simple system of language output should be started for the child. Gestures and symbol systems along with short phrases should be evaluated as possibilities by a speech and language clinician. The clinician could then give the parents specific directions.





## Mainstreaming Within The Neighborhood

An important consideration for any handicapped child is the degree to which he or she is integrated within the neighborhood. Many handicapped children have been denied access to certain activities within the neighborhood for a variety of reasons. Years ago buildings, sidewalks and playgrounds were not designed with disabilities in mind. This prevented many handicapped children from enjoying such places in their neighborhood. However, recent legislation is changing this. Regulations implementing section 504 of the Rehabilitation Act of 1973 require that all programs receiving federal funds must not deny access to handicapped individuals solely on the basis of a handicap. Buildings are being designed or changed for the disabled by 1) including ramps, 2) lowering buttons on elevators, 3) adapting bathrooms to accept wheelchairs, 4) reserving parking spaces for the handicapped and 5) lowering curbs so that wheelchairs can easily cross streets. These

changes will make the prospect of taking a handicapped child along on errands or short trips a more attractive alternative for parents. Many communities are also developing recreational programs for handicapped youngsters. These programs include different forms of recreation and are generally available to different age groups of children. A national organization has been created which is devoted to sports and recreational programs for the handicapped (see Resources). Taking a disabled child to watch others with disabilities participate in sports may be a useful activity. This can serve as a good role model for the young child, showing him or her how others have learned to cope with their disability.

Home visitors will have no control over these developments (except perhaps in an advocacy role), but they should make parents aware of such services and facilities. Knowing that the community supports integration of handicapped children within neighborhood activities may help some parents overcome fears about taking the child outside the home.

Why might a parent be reluctant to take the child places? There are three primary reasons why parents restrict a child's integration into the neighborhood. These are: 1) the psychological/attitudinal problems of the parent, 2) the behavioral problems of the child or 3) a lack of certain skills on the part of the child. Psychological barriers to full integration are frequently felt by parents of handicapped children. Some parents of children with severe physical disabilities or developmental delay restrict the child to the home. They do this to avoid the reaction of others to their handicapped child or to protect their child from reminders of being different. If the child has a less visible handicapping condition, such as a hearing impairment, a parent might avoid taking the child places to keep others from discovering the condition. These feelings should become targets for change. The home visitor should provide a

model for the parent and create opportunities for integration within the neighborhood. If the parent's feelings about the handicapped child are serious enough to warrant counseling, a referral to an outside agency might be suggested. Provide as much support as possible to the parent in resolving these feelings. But be careful not to counsel the parents. Usually parents need only a little prompting and perhaps your model to get them to take their child out in public. Taking the child for short walks around the block or to the local park may be a good starting point. Have the attitude that it is a common event. Use going for a walk or to the park as a reinforcer for good work on the part of the parent and child. Or, schedule some activities that require being outside or the use of playground equipment. Gradually lengthen the time you are in public, or the number of places the parent can take the child. In this way, the parent probably will gain enough confidence to take the child out in public alone — seeing that the fears were unfounded.

Another reason parents may resist integrating their child into the neighborhood is because of the child's behavior. For example, the child may not be able to feed himself adequately, even with help. Therefore the parents prefer not to take him or her to restaurants. Perhaps the child is hard to manage. Parents might arrange to go to the grocery store without taking the child, in order to avoid tantrums.

If the parent is unwilling to take the child out in public because of behavior problems, then these behaviors can become objectives for change. The home visitor can include these objectives as part of the child's Individual Program Plan. You can help the parent plan and carry out a behavior change program. When parents can control a behavior problem in the home, then they can try it in the neighborhood, supermarket or a restaurant. This could be the focus of a home visit. Remember, a "home visit" does not always have to take place in the home.

There are many books available for parents and teachers which discuss techniques to change children's behavior. It is beyond the scope of this manual to highlight these techniques, however references are given in the Resources section. Remember, though, whenever a home visitor or parent starts a program to reduce an undesirable behavior, an effort should also be made to teach and reinforce the appropriate behavior. Don't just eliminate the inappropriate behavior. You must also give desirable alternatives to the problem response.

Finally, you may need to help the parent prepare answers to questions from curious adults or children. Sometimes these questions are poorly stated and having a ready answer can help the parent respond, rather than becoming upset or defensive. The parent can answer calmly and can help educate the person asking the question. For example, if a





neighborhood child asks, "Why is he in that thing?", the mother could respond, "Oh, this is called a wheelchair. Alex needs a wheelchair to get around in because he can't walk. Sometimes Alex needs my help, but most of the time he can push these buttons to make the wheelchair go. Watch him do it."

Rehearsing answers is a good way to practice. You can help the parent prepare good responses to typical kinds of questions and then rehearse the answers until the parent feels comfortable with them. While children are more likely to blurt out awkward questions, you should practice different responses for adults too.

## Mainstreaming Into Clusters or Centers

Handicapped children enrolled in a home-based option should be integrated with non-handicapped children as soon as it is appropriate to do so. Head Start Performance Standards require that children enrolled in the home-based option must receive some socialization or group experience at least monthly. This is not only Head Start policy, but also good sense in terms of the child's development. When the handicapped children live near the center and health or physical disabilities do not prevent it, part-time integration within the center should be easy. Home visits can still take place during the integration effort, but they may be faded out as the child attends the center more often.

When distance, lack of centers or health problems prevent integration into a center program, thought should be given to integrating the child into home cluster programs. Families which live in the same area could bring the children to a selected home. Cluster meetings could be held at the handicapped child's home. The home visitor and parents

lead some group activities and provide some free play for children to interact. Integrating the child into an existing cluster or center-based program can work better if you prepare the other children for the arrival of the handicapped child. Some preparation will generally help. But, don't allow the other children to do everything for the handicapped child or smother him or her with well-meaning help and sympathy. Instead tell the other children about the handicapped child's disability. Talk about some of the things the child can and cannot do and provide some healthy, constructive suggestions for activities the children can do with the handicapped child.

Another useful integration strategy is to read the children a story about a child who has a similar handicapping condition and then discuss the story. Some children might share information about people they know who are handicapped. A general discussion could be led by a parent or teacher regarding how everyone is handicapped in one way or another. Show how "disability" is mostly a case of being different in degree and not in kind. Using a yardstick or some other prop to represent "degree" may help children understand this concept. A recent book, *Notes From a Different Drummer: A Guide To Juvenile Fiction Portraying the Handicapped*, lists, summarizes and evaluates children's books which have handicapped people as characters in the story. It could be useful in introducing young children to various disabilities (see Resources).

Yet another strategy is to provide structured activities for the handicapped child and a few non-handicapped peers which involve cooperative interaction. Adult supervision may be necessary at first, but should be faded out as appropriate. The adult can provide prompts, models and physical guidance as needed to ensure successful interaction. Cooperative play activities may be a good place to start. Some programs have structured

integrated experiences around art, language, motor and other center activities. Some programs have even taught the non-handicapped children how to instruct and reinforce the handicapped child. It might also be possible to have a handicapped child instruct and reinforce non-handicapped youngsters in an area of his or her strength. This would enhance the handicapped child's self-confidence and possibly give the non-handicapped peers a different perspective of the handicapped child.

An exciting new development is the creation of puppets and puppet shows which depict handicapped children. One such project is called "The Kids on the Block". It describes a number of different physical and mental disabilities, shows various equipment used by handicapped people and discusses accessible environments. Presentations are designed to inform, amuse and prompt questions from the audience. Another project recently funded by the Office of Special Education is called "Count Me In". It is designed to train volunteers to present puppet shows about handicaps to preschool and school-age children. These projects (see Resources section for addresses) could prove extremely valuable in preparing non-handicapped children in centers or clusters for the integration of handicapped children. Local Head Start programs could develop their own puppets and puppet shows. They could adapt the information and puppet show to meet their own special needs. The puppets provide a non-threatening, enjoyable format with information about disabilities and ways to interact with handicapped children. They thus can smooth the integration of a handicapped child into cluster or center-based programs, including a public school classroom.

## Summary

Three areas of integration have been discussed in this chapter: home, neighborhood and centers. The goal is for the handicapped child to function within the normal environment to the greatest extent possible, which means the handicapped child should have all the experiences of non-handicapped children to the extent their abilities will allow. Integration in the home involves: 1) allowing the child to take part in all family activities, 2) providing a stimulating environment with interesting things to see, hear and feel, 3) modifying the physical environment to allow the child to be more independent, 4) increasing social and verbal interactions between the child and family members.

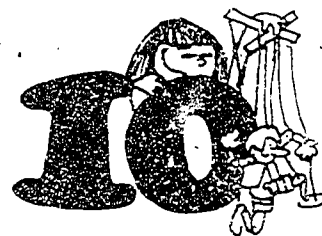
The neighborhood offers many opportunities for expanding the child's world. Home visitors can encourage this integration as a part of the home visit by taking the child and parent to the park, library, grocery store or other public place. Help parents prepare themselves and their children for these visits.

The third aspect of integration is into the center (classroom) or small groups of children called clusters. This integration provides a chance for the child to interact with other children both handicapped and non-handicapped. Several activities are suggested to lessen the fears of children who have not interacted with handicapped children: reading a story about a handicapped child, discussing misconceptions about handicapped people and dramatizing with puppets.

One of the major blocks to integration is the fear of the parent. The home visitor can play an important role in reducing this fear by demonstrating activities which increase the child's participation in his or her environment. The home visitor needs to increase the parents' confidence in their child's ability to develop new skills and their own ability to teach. One way of doing this is to plan teaching activities which create successful experiences for parent and child.







# Helping The Child Make A Transition

If you've ever moved from one town to another, you know how hard a transition can be. Going from a familiar, comfortable environment into a strange, new one can be unsettling. Think of it: new people to meet, new surroundings to become familiar with, a new routine to get used to and so forth. Sometimes it seems that your old ways of behaving just don't fit into the new surroundings.

Moving can be even more difficult if someone close to you will not be going with you. Perhaps you'll be leaving your parents or other close relatives behind, which will probably make you feel a bit sad and less secure about the move.

Children have the same feelings when they move from one place or program to another. They feel unsure of themselves. They may not know how to behave in the new program. Perhaps they are a little anxious or fearful and have trouble making new friends. They probably wish their mom and home visitor were with them.

A transition is usually harder for handicapped children. They may have fewer skills to cope with the move than would a non-handicapped child. Providing a successful transition for a handicapped child from a home-based program to another program cannot be left to chance. A lot of planning and groundwork must be done to ensure a successful transition for everyone — child, parents and teachers. Without this, much of the success you worked so hard for may be threatened or lost. Plan the transition carefully and help the child along the way. Some of the questions you should consider are the following:

- When is the child ready for a transition?
- What records should go with the child?
- What can I do to help make the transition easier?
- How can I ensure continued parent involvement?



# When Is The Child Ready For A Transition?

Deciding when a handicapped child is ready for a center-based program is not always an easy task. You need to know when the child will profit more from a program other than the home-based option. Often the information you would use to make this decision depends on the other programs available to the child. You may need to consider which of several center-based programs would best meet the child's needs. Your transitional program then needs to be carefully planned and carried out. For example, a handicapped child may be eligible for several center-based preschool programs such as Head Start, public school or a private agency program. Many different factors need to be considered in deciding if the child is ready, and for which program. Occasionally one factor will suggest the child is ready for a transition and another one will suggest he or she is not ready. Most important, however, should be the needs of the child. If a child's needs can be better served in a different program, then you should attempt to place the child there. Some factors to consider in making this decision include the following:

## 1. Imitative Skills

Imitative skills are the ability to copy the example of other people. To benefit from a center-based program, imitative skills are almost a necessity. For very young children, imitative skills are shown in playing pat-a-cake or peek-a-boo. Older children imitate the examples of their parents and older brothers and sisters. They try to play with toys like the older children or walk like their mother or father. Children can learn much through imitating other people.

A big advantage of a mainstreamed, center-based placement is the opportunity for the handicapped child to learn from non-handicapped peers. If the handicapped child

does not have basic imitative skills, then this advantage for mainstreaming does not apply. Obviously, teaching imitative skills is important. This might best be done in the home with the parent as the teacher. The parent can prompt and reinforce imitation in natural situations throughout the day. These same imitative skills can be taught in the center, but the consistency of the parent's involvement makes home visits a more attractive alternative. Fortunately, most handicapped children have developed imitative skills by three years of age. If so, they are good candidates for a mainstreamed setting if other factors are also positive.

## 2. Nature of IPP Objectives

A second important issue is the nature of the program objectives for the parent and child. Where a highly individualized program is needed for the child and parent, the home-based option best meets this need. This is especially true when meeting the parent's needs would significantly help the child. However, when most of the child's objectives could be taught just as well in the center and the parent's help could be continued another way, then the child may be better off in the center.

Consider the case of a child with severe behavior problems enrolled in a home-based program for a year. Most of the behavior problems were cleared up by helping the parent become a better manager and teacher of child behavior. Because both the parent and child showed good improvement, it was decided to have the child attend a center-based program. The child's other developmental skills were taught just as easily in the center. Also, having the child play and cooperate with other children helped the child's social development. The parent continued working at home on the behavior problems and was involved in the center activities as well.



For another child, you might decide to continue with the home-based option because the child's behavior problems at home are still severe. It is also important to develop the child's social skills with other adults and children. Therefore, the primary objectives are carried out in the home and the child also attends the center once or twice a week for socialization.

### 3. Nature of Receiving Program

Another factor to consider in deciding "readiness" is the type of program in which the child would be placed. Many people argue that the child's needs should be the only factor to consider in integrating a handicapped child. To them this means that if the child is ready, then the placement should be made whether the receiving program is ready or not.

Unfortunately, such a view ignores some practical considerations. Among these are:

- The receiving teacher's attitude toward accepting handicapped children.
- The potential for individualized instruction.
- The potential for modifying the current program curriculum.
- The potential for modifying the room arrangement.
- The skills the handicapped child might need to "survive" in the new placement.

Realistic compromises might be required for the sake of the child. If the receiving teacher is not happy about having the handicapped child in the program, he or she may need extra help at first. You might want to gradually introduce the handicapped child into the program and give the new teacher help with the child. Sometimes the attitude of the receiving teacher might be so bad that you will want to reconsider making the move. It may not be in the child's best interests. Fortunately this is rare, but it can happen. Be sure to talk with the new teacher before you make a transition.



You should also consider the potential for individualized instruction in the new program. Handicapped children often require more help than other children in completing tasks. A structured, individualized approach is often needed. Sometimes they do not benefit from group instruction. The teacher/child ratio may be an important factor, as would be the amount of time spent in group versus individual activities. If all the time is spent in large group activities, then the individual needs of the handicapped child may be lost in the process. This would be more likely to occur if there are only a few adults in the center.

To successfully integrate a handicapped child, some changes may also be needed in the center's curriculum or room arrangement. The IPP that you have been working from should provide the new teacher with specific curriculum objectives for the child. You should discuss these objectives with the teacher prior to placement so that you can help make changes in the curriculum. Usually this will mean that the teacher will have to "scale down" the curriculum objectives and activities through task analysis (see Appendix H). It may also mean that special materials will be needed to teach the child or that some changes will be needed in the room arrangement. This may be needed if the child is in a wheelchair or needs other special adaptive equipment. All of these things should be considered and discussed prior to placement. Being fully informed will help everyone make the right decision for the child.

Finally, you should consider certain developmental or group adaptation skills the handicapped child may need in order to succeed in the center program. These are skills which the child needs to participate in a group setting where one-to-one attention will not always be available. A lack of these skills points to a child as being "different". It can hurt the teacher-child relationship and put the child's continued placement at risk. Examples of important developmental skills for classroom participation include:

- Follows a simple command.
- Has basic dressing/undressing skills.
- Takes care of own toileting needs.
- Attends to a task at least briefly (5 to 10 minutes).
- Works with more than one adult.
- Sits still in group situation.
- Plays and works independently.
- Takes turns in simple games.
- Raises hand or gets teacher's attention when necessary.
- Moves through routine changes without difficulty.

These are just some of the skills needed for a child to "blend in" with the other children in the classroom. These skills will differ from teacher to teacher depending upon the child/teacher ratio and normal routine followed in the classroom. It is a good idea for you to talk with the receiving teacher to find out what skills will be needed. You can then help ease the transition by:

- Making some of these needed skills program objectives while the child is still in your program
- Telling the new teacher how the child could be managed in the new program even though he or she doesn't yet have the skill.

Together you and the receiving teacher can develop a plan which states the skills the child needs to develop prior to making a transition. This plan can also suggest how the child will be mainstreamed in the center:

- During what activities will the child receive individual attention?
- How will the child participate in small groups?
- When will the child receive instruction on IPP objectives?

Be careful not to be overly concerned with "kindergarten readiness" skills such as counting rote to ten, saying the alphabet, knowing one's address and so forth. Some parents and teachers consider these skills as "markers" which suggest a child is "ready" for a public school program. With handicapped children, you could easily fall into the trap of attempting to teach the child skills beyond his or her developmental level. These skills may have no use for the child and would soon be forgotten. The skills necessary for classroom participation may be needed for the child to stay in the center, but otherwise you should stick to the child's developmental needs to determine your IPP for the child. Focusing too much attention on supposed "kindergarten readiness" skills may steal time and effort from the child's real needs.



*Parents and teachers can plan together to help the child make a smooth transition from home to center.*

## What Records Should Go With The Child?

An important part of the transition process is the transfer of appropriate records. Make sure the child's new teacher gets all necessary information. This can save the receiving teacher, child and parents a lot of problems. The new teacher can quickly be introduced to the child's background information, especially specific information on the child's educational needs and strengths. This will help in the planning and instruction for the child and avoid giving the child tasks which are too easy or too hard. When the appropriate records have been transferred, the receiving program staff will not have to ask the parents questions they have already answered. This saves time and helps create good will between the parents and agency staff.

The home visitor will have a wealth of information regarding the child's instructional program which will be extremely valuable to the center-based teacher. The information should be included in written form and sent along with the child's confidential record. Better yet, the information could be written and discussed with the receiving teacher during a meeting, which includes the child's parents. This type of meeting allows the parent and receiving teacher an opportunity to get to know one another. It also provides much more useful information than that provided through written reports. If you have used a behavioral checklist with the child, it is helpful to go over this with the new teacher, perhaps giving him or her a copy.

When a child is transferred from a home-based option to a center-based program within Head Start, the transfer of records will be completed easily. The confidential records should not have to be moved and will stay in the central office. Head Start policy does not allow access of confidential records to some people within the agency. If confidential records do need to be transferred within Head Start, an administrator, such as the Handicap Coordinator will arrange it.

When a child is to be transferred to a program not administered by Head Start, parents must give permission prior to a release of records. Confidentiality must be ensured and the records should not be given to another agency without this signed permission. Home visitors can easily get the signed permission, by explaining to the parents the reasons for transferring records and discussing which information would be released. Have forms ready for the parent to sign stating which records will be sent and to whom. Your groundwork can save the receiving program's administrators much time and trouble. Records which are typically sent include:

- Progress Report
- Individual Program Plan
- Specialist's Reports
- Behavioral Checklists
- Health Records

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Other helpful information for the receiving teacher should also be sent. A sample Progress Report (Figure 1) and a sample Release of Information Form (Figure 2) are included on the following pages for your inspection. As you can see, the kinds of information included on the Progress Report would be extremely helpful for any teacher in working with a new child.

# Early Childhood Progress Report

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Address \_\_\_\_\_  
 School \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Reporter \_\_\_\_\_ Reporter's Position \_\_\_\_\_

**I. PROGRESS REPORT:** Child can, upon request, easily perform the following activities:

- A. Cognitive Skills:
- B. Motor Skills:
- C. Language Skills:
- D. Socialization Skills:
- E. Self-Help Skills:

**II. EMERGING SKILLS:** The next activities the child should be able to learn are:

- A. Cognitive Skills:
- B. Motor Skills:
- C. Language Skills:
- D. Socialization Skills:
- E. Self-Help Skills:

**III. PROGRAM FINDINGS:** How does the child learn best?

- A. Areas of Strength
- B. Areas of Weakness
- C. Meaningful Reinforcement

**IV. PROGRAM RECOMMENDATIONS:**

**V. SUGGESTED PARENT INVOLVEMENT:**

# SAMPLE RELEASE OF INFORMATION FORM:

I give permission for the \_\_\_\_\_ (agency name)  
to release:

\_\_\_\_\_ (name or names of reports or information)  
\_\_\_\_\_  
\_\_\_\_\_

about my child \_\_\_\_\_ (child's name)  
to \_\_\_\_\_ (name of person and that person's agency)  
at \_\_\_\_\_ (full address of that agency)

This permission is given only for the following dates:  
\_\_\_\_\_ to \_\_\_\_\_

I understand that I have the right to view all of these records and to obtain copies  
of them if I so desire.

Signed \_\_\_\_\_ (parent or guardian)

Witness \_\_\_\_\_ (name of witness)

Date \_\_\_\_\_ (date signed)



# What Can I Do To Help Make The Transition Easier?

Providing an effective transition for the handicapped child may require special steps or supports. Transferring records and meeting with the receiving program staff are necessary steps, but they may not be enough. Additional strategies may be needed, even though you could be limited in what you can do by the amount and kind of resources available. Consider the following steps in planning for transition:

## 1. Know Your Community's Resources

Without being informed about the possible placements that exist for handicapped children in your community, you could easily miss an opportunity to integrate the child on a full or part-time basis. Being informed also helps you make better placement recommendations. Some center-based programs are offered by the public schools, others by private or community agencies serving the handicapped. Recreational programs might be offered by city, county or state agencies. Your Handicap Coordinator could arrange for home visitors to visit a community program serving handicapped children. Later each home visitor could report the visit to the group at a staff meeting. A list of these agencies could then be made along with their important characteristics. This would serve as an important reference for the Handicap Coordinator and home visitors to use when considering a transition. Some things to look for when you visit a program include the following:

- Classroom (or program) schedule
- Staff to child ratio
- Amount of one-to-one teaching time
- Amount of small group, large group time
- Amount of structured or unstructured time
- Behavior management techniques used
- Parent participation in program
- Special services available and used
- Assessment devices and progress reports used
- Skills emphasized in the program (e.g., language, motor, cognitive, etc.)

Pay attention to these program characteristics during your visit; you will then have important information to report to the group.

## 2. Discuss Possible Change With Handicap Coordinator

The initial step in planning for a transition is to discuss the idea with the Handicap Coordinator or other person who serves that function in your agency. Be ready to give the pros and cons of a program change for the child. Remember, you know the child's progress better than the coordinator, but the coordinator can help in deciding whether there is a good match between the new program and the child's needs. Again, this should be a fairly informal discussion. Keep the focus on what is best for the child.

## 3. Discuss Possible Placement With Parents

The parent is a partner in any decision made regarding the child's program. Discuss the idea of making a transition with the parents. This can be done informally during your home visits, perhaps

when going over the child's progress since the beginning of the year. This discussion should help you get some idea of how the parents would feel about the child being transferred to a new program. Tell them why you think a change would be in the child's best interests. Give the parents some idea of what the new program is like and how you feel their child would fit in. No decision needs to be reached at this point. Just lay the groundwork for the transition and get the parents' permission to explore the possibility further.

#### 4. Meet With The Parents And Handicap Coordinator

After your individual discussions with the Handicap Coordinator and parents, a conference should be held to further discuss a possible program change. Ideas for the transition might come from this meeting. Some of these ideas could be used on a trial basis prior to making a formal decision regarding program change. Testing some of the ideas ahead of time could help ease the transition for the child. For example, you might want to work on some of the developmental skills that would be needed by the child in the center program. You could use a cluster experience to evaluate these responses and teach those the child needs to learn.



## 5. Parent Visits Receiving Program

Before a formal decision is made regarding transferring the child to a center-based program, the parents should visit the classroom being considered. This is very helpful if the parents are worried about whether or not their child should attend a classroom program or about the kind of classroom it is. Arrange for the visit and try to go with the parents on the visit. Share your thoughts with the parents regarding how the child would fit into the program. You might help the parents be better observers by first suggesting what to look for (see #1 above).

## 6. Classroom Teacher Makes Home Visit(s)

Another possibility is to have the receiving teacher go with you on a home visit before placing the child in the center program. Several advantages are clear:

- The receiving teacher can observe the child in comfortable surroundings and get a better idea of what the child can do.
- The teacher can observe the level of parental involvement, including the parent's teaching skills.
- The receiving teacher can also observe the home resources and limitations, which will help him or her decide how the family can continue their involvement with the child.
- The visit should be presented to the parent and child as a "get acquainted" visit. The home visitor might ask the parent and child to show some of the tasks or skills that they have been successful with. This allows the child to "show off" a little bit. It can also prompt positive reinforcement from the receiving teacher, thus setting the stage for a good relationship.

## 7. Child Visits Classroom Prior To Placement

As an introduction to the center program, staff and children, it is helpful for the child to visit the classroom with the parents and home visitor. Ideally, this should happen after the classroom teacher visits the home. Then, at least the child would have met the teacher and have had some positive interaction with him or her. Try to keep the visit casual. Too much preparation might frighten the child. Simply tell the child that you are going to visit a classroom where there are some other children. Plan a fun activity that is geared toward the child's level. Choose something the child can do with other children like sharing a snack, doing an art project or singing a song. Also, try to keep the visit short so the child does not lose interest. Overlapping with snack time might be a good idea; this allows you to see the child in a social situation. It also should prove reinforcing to the child!

## 8. Home Visitor Helps in The Classroom

Your presence in the classroom may be needed for a while to help the transition of the handicapped child. This could help ease the process for everyone — child, parent and receiving teacher. The security of having a trusted adult in a strange, new environment will reassure the parent and child. Also, you can work with the handicapped child in the center. You can show the center staff which techniques work best with the child and help them interact. Gradually your presence can be faded out when the child is fully integrated in the center. Better yet, the parent might be able to carry out the home visitor's function by helping the

center staff work with his or her handicapped child. This can be very reinforcing to the parents. It allows them to show some of the important teaching skills learned in the home-based program. This should also help to keep the parent involved in the child's program, either volunteering in the center or helping the child at home.

## 9. Enrollment in Two Programs

Some handicapped children can be helped best by being enrolled in home-based and center-based programs at the same time. This strategy has worked well for many handicapped children. It offers the opportunity for the child to learn the needed socialization and group adaptation skills from the center program, while still receiving individualized developmental skills from the home visitor and parent. This strategy can rapidly increase the child's development in a number of areas. As the child adapts to the group situation, he or she spends more time in the classroom. Later, home visits can be reduced from weekly visits to every other week, and gradually eliminated. How fast home visits can be reduced depends upon the needs of the child.

Enrollment in both programs can be used by many Head Start programs that offer both home-based and center-based services. Where two different teachers are involved, close cooperation and communication is essential for an effective transition. This is true whether both programs are operated by Head Start, or by Head Start and some other agency. In Head Start programs that have a variation in center attendance option, the teacher in the center and home program

may be the same person. In such situations, the transition process is greatly facilitated for everyone.

These nine transitioning options can be used alone or with one another. You must individualize each situation for each child and family. Also remember that if some doors are closed because of a lack of interagency cooperation, try to advocate for better cooperation and coordination. It is surprising what can happen when people press for better services for handicapped children and their families. Don't become discouraged or upset by temporary setbacks.



## How Can I Ensure Continued Parental Involvement?

The greatest strength of the home-based option is the active involvement of the parent in the instruction of the child. The parent teaches the child appropriate developmental skills with guidance from you, the home visitor. With your help, the parent has acquired valuable teaching and child management techniques. Along with these skills comes a feeling of confidence in caring for the handicapped child. Parents represent a valuable resource to any center-based program. An important component of your transitional plan will be to develop activities that encourage continued parent involvement.

Programming for continued parent involvement might include the following:

- Establish effective and continued home-center communication.
- Include the parent as a volunteer in the center.
- Help the parent become an advocate for the child.

### 1. Home-Center Communication

Most Head Start parents volunteer some time and involvement in the center activities. A few may not be able to be involved in the center program due to outside employment, other children in the home or other factors. This should

not, however, prevent them from having an active role in their child's development. Establish and keep good communication between the home and the center. This can provide an important link and allow the parent to continue working with the child. Continued parent involvement will help the child to transfer skills developed in the center to the home. Often, children, especially handicapped children, fail to generalize behavior from one place to another. Reinforcing the parent's continued work with the child can help build in transfer of learning.

There are many ways to continue parental involvement in the child's education. An obvious and popular technique is use of a notebook. It goes back and forth between home and center and tells what skills are being taught and the success the child is having in learning those skills. New activities at the center can be described to the parent in the notebook. Suggestions are given for the parent to reinforce these skills and extend them within the home. Parents can give the center staff information about the child's behavior at home and can suggest changes in activities or how to try again if the child does not respond favorably. This arrangement works well with a motivated parent who has good reading and writing skills. It also works well when the center staff knows how the parents interact with the child. The center staff can make appropriate suggestions and changes to meet each parent's needs. If the parent does not read or write well, regular phone calls can be made as a substitute for the notebook. Using the phone is, however, risky because the parent must remember everything that was suggested. This certainly is not as good as the notebooks with a detailed, sequenced list of steps to follow.



A more systematic form of the notebook idea is the **Lunch Box Data System** developed by the Teaching Research Project in Monmouth, Oregon.\* This project serves preschool handicapped children in center-based programs and has been identified as an exemplary model by the U.S. Education Department. Briefly, the **Lunch Box Data System** gives a list of sequenced tasks which are the short-term objectives for the child. The parent visits the center and learns how to carry out the activities at home. The center staff demonstrate techniques to make sure the parent is comfortable with the activities. The center staff can then reinforce or give corrective feedback to the parent, thus shaping the parent's teaching skills. As the short-term objectives are started, the child's correct responses are recorded on a data sheet. This data sheet then travels back and forth between the home and the center. As goals are reached on an objective, the next skill is taught. The data then returns with the child to the other setting where the learned skill is checked to make sure transfer of learning has taken place. Instruction is then continued on the new activity.

The **Lunch Box Data System** must be consistent between the parent and center staff to work effectively. Both parties must be motivated to keep this level of involvement, but the results for the child can be impressive. Center-based Head Start staff may not want to use the system for all children. The special needs of handicapped children and their parents make this an effective and attractive communication system. Other home-center communication ideas are:

- **Newsletters** which contain general information about the classroom program and home activity suggestions for parents — a personal note could be attached regarding the child.
- **Conferences** between the teacher and parent — these could occur in either the center or the home and would update the parent on the child's progress and suggest how the parent could reinforce the child's development.
- **"Sunshine calls"** are calls which would be made to inform the parent about something the child has learned, perhaps something that has taken some time for the child to accomplish. The "sunshine call" will not only please the parent, but will also prompt the parent to reinforce the child.

## 2. Parent As Volunteer in the Center

Parents should be encouraged to volunteer in the center program and the home visitor can help ensure that this happens. The knowledge and skills the parent has about the child can greatly help the center staff. The parent might meet with the home visitor and the center staff and talk about some of the techniques which are useful with the child. This can boost the confidence of the parent and allow the center staff to become familiar with the parent's skills. These skills can be put to good use whenever the parent volunteers in the center. Be careful that the parent and child do not depend too much on the

\*Fredricks, H.D., Baldwin, V.L., and Grove, L. "A Home-Center-Based Parent Training Model." In D.L. Lillie and P.L. Trohanis *Teaching Parents to Teach*. New York: Walker and Company, 1976.



parent's continued involvement at the center. A healthy interaction should be encouraged, but not dependency. The center staff may need to ask the parents to work with other children in the center rather than just with their handicapped child. This can help the parent understand the strengths and needs of different children. The parent can also generalize teaching skills by working with other children. The handicapped child will benefit by having to work with other adults and children, not just his or her parent.

### 3. Parents As Their Own Advocate

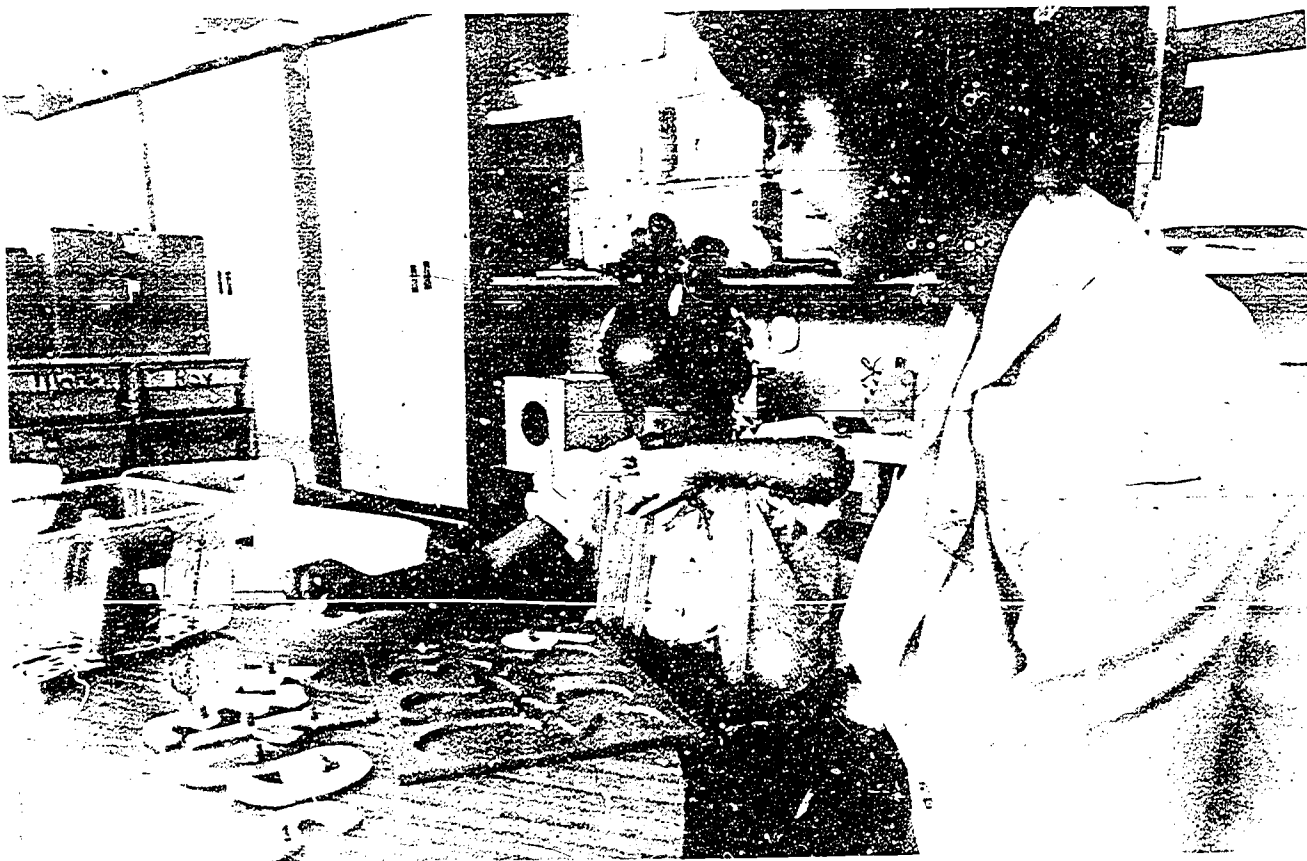
Some children will go to programs other than Head Start. The continuation of parental involvement may present a problem. In programs that value parental involvement, there will be no great problem. For families placed with programs that do not emphasize parental involvement, helping the parent become an effective advocate is an important transitional strategy. One goal should be to help the parent learn about their rights as stated in Public Law 94-142. Parents should know their rights to ensure that they and their child are treated fairly. But this will only ensure that the letter of the law is met. You also may need to help the parent develop some assertiveness skills. They may need to know how to approach the child's teacher and tactfully request that an arrangement be made to communicate regularly with the teacher. Modeling and role playing are effective ways to help parents learn and practice discussions with teachers and administrators. This could be done individually or in small groups with other parents, some of whom perhaps have already had experience in dealing with teachers from other agencies. The focus of such ses-

sions should be positive assertion of the parent's rights. Concentrate on the benefits that might result for the child if the parent continued an active role in the education of the child.

Several experimental Head Start programs have been developed in recent years to assist children in making the transition from Head Start to the public school system. The intent of these programs is to lessen the difficulties children have in moving from preschool to school programs. One program, Project Developmental Continuity, attempts to further develop the social competency of each child through a continuity of methods, materials, objectives and parent-teacher cooperation from Head Start to the public schools. Another project, the Basic Educational Skills Project, has a similar goal and consists of four essential elements: curriculum development, parent involvement, continuity and teacher attitudes and behavior. Continued parent involvement in the child's program is a central strategy for each of these programs. Furthermore, both programs address the needs of handicapped children within their program models and are good sources of additional information and strategies regarding helping Head Start children make the transition from preschool to the public school system.

## Transition Summary

Transition means moving from one educational program to another. Since any change from a familiar environment can create confusion and frustration, steps to ease this transition should be initiated. Some of the steps suggested in this chapter are summarized below.



- Determine what is the best environment for meeting the child's and parent's needs. Consider the IPP objectives for the child and the teaching and management skills the parent needs to develop. Parents, home visitors and the Handicap Coordinator should meet to determine if a transition is appropriate.
- Plan to teach the child any skills they need to learn in the new environment. For example, children should be able to imitate some child and adult behaviors to benefit from a classroom experience.
- Transfer child records that help the new teacher plan appropriate activities for the child. These include skills the child is ready to learn and effective teaching techniques.
- Involve parents in the complete transition process. This includes discussing a possible change in the child's program with home visitor and Handicap Coordinator, meeting with Head Start teachers or public school teachers to discuss the new program and visiting the new program.
- The new teacher should accompany the home visitor on a regularly scheduled home visit. This provides an opportunity to observe the parent and child interacting.
- Gradually introduce the child to the new program. Begin with a short visit to the classroom accompanied by the home visitor and/or parent and gradually increase the time the child spends in the classroom.
- Plan for continued parent involvement in the child's educational program. This can be accomplished in several ways. The parent could volunteer in the classroom. Communication between home and school can be set up to suggest activities parents can teach at home.

# Appendices

## Home Start Training Center Program Models

Home Start Training Centers (HSTC) are designed to provide training in home-based programming to local Head Start agencies. Currently, seven HSTC programs are funded to provide this training within their respective geographical area. Each HSTC was asked to provide a description of their program which is included in this appendix. Sample lesson plans were also requested and these appear in Appendix K.

### Home Start Gering, Nebraska

The Gering, Nebraska Home Start program is located in the extreme western part of Nebraska and serves an area which is almost totally dependent on agriculture for its income. Some families live in Scottsbluff/Gering; others live in small rural communities or on farms. The program serves Mexican Americans, Native Americans (Sioux), and whites.

During the school year twelve to fifteen of the children attend a center once a week in one of the Scottsbluff Head Start Centers, on a day when the regular Head Start group does not use the center. On center day the children are picked up by a Head Start/Home Start bus and are taken to the center for a four hour center session which includes breakfast, lunch, free play, outdoor play and directed activities. At the end of the morning the bus returns the children to their homes.

Other Home Start children and their parents attend centers at least twice a month, meeting with infants and toddlers and their parents. In these centers parents interact with their children for part of the morning and then attend a parent meeting in which they may discuss various topics such as nutrition or behavior management, or they may make a toy or game to use at home when working with their children.

Still other families meet twice a month in small clusters of three or four families in order to provide social interaction and learning for both parents and children. Assignment to such groups is dependent on where the family lives, on the age of the child and on the needs of parents and children.

Home visitors visit the home of each child once a week all year for one and a half to two hours. The purpose of these visits is to share with parents methods and ideas for teaching their children and ways to help their children to grow and develop as well as possible. The parent then teaches the child.

In planning for home visits the home visitor uses a basic curriculum which is being developed by local staff coordinators and home visitors and, whenever possible, includes activities suggested by parents. The curriculum, which is divided into weekly units, is based on the proposed CDA competencies for home visitors, and it also includes all Head Start components. For each family the home visitor chooses from the basic cur-

riculum the activities and experiences which she thinks will best meet the needs of both the child and the parent. In order to determine the developmental level of the child the home visitor administers the DDST in the fall and then uses the Portage checklist throughout the year as a tool for checking ongoing development. She is then able to individualize home visits for each family and may add to or subtract from the basic curriculum as necessary. Mothers and fathers are encouraged and helped to take part in goal setting and in choosing the learning activities they wish to use with their child between visits.

Because each visit to each family is individualized, this type of program enables us to work with handicapped children effectively. Medical reports, ongoing assessments, and observations form the basis for IPP's, which are developed for children diagnosed as handicapped by qualified diagnosticians using the ACYF diagnostic criteria. In order to help prevent the development of future problems we occasionally develop IPP's for children whom we suspect may have handicaps but whom diagnosticians are appropriately reluctant to "label".

All Home Start children are screened and diagnosed for known and suspected speech handicaps. Home Start teachers address language development with individual lesson plans, using diagnostic results to plan for each child. Children needing more intensive help are served by a speech aide or therapist as designated by the IPP.

Our program uses a handicap coordinator in order to ensure proper evaluation and diagnosis. Whenever possible we use existing community resources for evaluation and service. Currently in Nebraska we are encouraging the public schools to realize their responsibility toward preschool handicapped children according to federal and state laws.

Through individualization on home visits we are better able to meet the needs of both children and parents and to provide a basis for ongoing teaching in the home.

**West Central West Virginia  
Community Action Association,  
Inc. Parkersburg, West Virginia**

### **Home Start Training Center**

The home visitor visits each family on a regular weekly basis for approximately two hours, taking information and materials covering educational components, according to needs of the family. This is to be accomplished by using a broad range of methods, innovative materials and activities, and by capitalizing on the everyday experiences in the home. The home visitor will encourage and help the parents to create physical means for improving the cognitive and emotional development of the child. Materials found in the homes will be utilized to make toys, creative books and needed home equipment. Parents will be encouraged to allow their children to verbally express themselves rather than their parents speaking for them.

No one specific curriculum can be effectively used in a home-based program, however many curriculums are incorporated in the delivery of the educational component. As it is evident a very specialized curriculum must be designed for each family involved based on the facts that each person has a reason for what he does, each person does what is important to him, and that each person is different.

The Denver Prescreening Questionnaire is administered to all children following enrollment. With all facts and observations in mind, the selected curriculum will consider sequencing steps for this age range as well as the chosen delivery system. Curriculum is to be portable, dependent upon location in the home and delivered from visit to visit. Parent for future delivery to the child. Primary resources are the Portage material and the *Alpern-Boll Developmental Profile*. Home visitors are primarily involved in facilitating the parent's ability to teach children. Some priorities of visitors will be affected by priorities of parents more directly, visitors may have to concede more often than not to accomplishing Social Service work before educational goals or health before diagnostic testing, etc.

The home-based program is based on the philosophy that a child's most critical development takes place during the prenatal and the ensuing three years of his or her life. Hence, the child's home environment and their parents attitude toward them provide the foundation for their subsequent development as well as their relationship with others. We believe that since a child's parents are of paramount importance to the child's development, the thrust of the home-based program is directed toward them so they may learn to be better parents.

Between visits of the home visitor, parents will reinforce the activity of the home visit for the remainder of the week. Parents will be encouraged by the home visitor to provide various kinds of learning experiences and to develop more effective verbal interaction with their infants and preschool children as well as to take an active interest in other siblings in the home.

Home visitors will continue to place high priority on needs as assessed by the parent with an attitude of joint accomplishment.

### Specific Goals:

The West Central Home-Based Head Start Program works toward increasing cognitive, perceptual, physical, social and emotional development and involving parents directly in the educational development of their children in the following ways.

- A. Home visitor works directly with parents in the home during a 1-2 hour weekly visit.
- B. Home visitor becomes parent's friend, advisor and helper with problems facing the family; then begins teaching parents by discussing, demonstrating, sharing examples through conversation and helping parents to discover the educational needs of their children.
- C. Home visitor uses available educational material focusing on using home made articles and family routines to help parents work with their children.
- D. Home visitor provides information to parents concerning child behavior, discipline, the importance of self esteem and how it is developed, the need for socialization experiences and tries to show the parent ways to handle difficult situations as they arise during the visit.
- E. The objectives of this component are directed toward motivating the parents to become a positive change factor in the total development of their children.

Teaching is helping someone to learn. The home visitor will be teaching parents and children to learn but is not as a teacher in the traditional sense. Teaching is done by many people and in many places. Parents are the first and foremost teachers of their children and the home-based program endeavors to relate to the parent that they are the most influential teacher of their child and that most definitely, learning happens in the home.



The responsibility of the educational program lies with the home visitor and the parent. It is the responsibility of the home visitor to take all levels of expertise into each home and to teach and help each parent work with their children. A home visitor should encourage parents but between visits of the home visitor it is the responsibility of the parent to carry out the activities and/or suggestions discussed during the past weeks.

Head Start Home-Based knows how important good health care is to families. The home visitor will link families with health services needed. With the parents help, Head Start will provide physicals, dental care, vision and hearing check-ups, regular childhood immunizations for the enrolled children.

Head Start Home-Based offers parents the chance to get together with other parents in the program. Monthly parent meetings offer a variety of fun and educational events, based on the interests of the parents. Children will meet with other home-based children on a weekly basis and increase their socialization skills.

Home visitors will work with parents in other ways. The home visitor will share ideas on topics dealing with nutrition, budgeting, housekeeping and sanitation, sewing, and safety, etc. A nutritious snack will be provided and/or demonstrated with each family in the home at least once a month.

All four Head Start components including the nutrition aspects of health care are covered on each home visit.

## Home-Based Resource Center Oakland, California

The Region IX HSTC is a home-based resource center and not a training center. Therefore, we act in a somewhat different capacity than the training centers. The grant for Region IX specifies that we work with existing home-based options. The only services the grant allows for new home-based programs, are written information and referral. A major focus of the project is resource networking and encouraging programs to become involved in problem solving sessions.

Most of the programs that we work with already have developed workable systems for home visit training. We find that most of the problems are in program development and management. Also, health education tends to be weak.

The major emphasis in working with these problems is clarifying concepts about what a home-based program is and outlining what special program systems are needed to develop support and sustain a viable home-based program. For example, in attempting to strengthen health education, we are encouraging participation of local health specialists and working with them to strengthen their understanding of how they can provide support to a home-based program.

In terms of resources, we have found helpful for curriculum we refer to a variety of sources. Our programs have found the Millville, Utah curriculum a good resource, as well as, the Ira Gordon materials.

In our short existence, we have developed:

1. Research Bibliography
2. A.V. Bibliography
3. A Guide to Family Assessment Process.

Other short handouts on specific topics are available. Many of these materials were gathered from HSTC's and from Region IX programs who have developed expertise in an area.

## Portage Project Home Start Training Center

The Portage Model is based on a home teacher who visits each of the twelve families on his/her caseload weekly for one and one-half hours. In addition, children participate in a monthly group experience, or cluster. The home teacher works cooperatively with the parent in planning home teaching and cluster activities. Simultaneously the home teacher systematically instructs the parent in teaching methods, child development and child management techniques. The Portage Project Model contains five basic steps: child and family assessment; curriculum planning; the home visit; the parent teaching process during the week; and program reporting, or record-keeping procedures.

Following an intensive ten-day staff training, home visits begin. On the first visit, the home teacher assesses the target child by administering the *Alpern-Boll Developmental Profile* and completes a Health History

Questionnaire. Curriculum planning is then initiated by transferring the information received from the developmental screening (formal assessment) and information received from observation of the child's social interaction and learning patterns (informal assessment) onto a developmental curriculum checklist (*Portage Guide to Early Education Checklist*). The home teacher uses this checklist as a guide to curriculum planning and keeps one checklist for each child on his or her caseload. The checklist helps the teacher target long-term goals that are developmentally appropriate for the child. Once the long-term goal is targeted, the home teacher will do a task analysis of this goal in order to plan an activity that can be accomplished in one week. Each home teacher has available a *Portage Guide to Early Education* card file suggesting activities to teach items on the checklist. Each small weekly step is written as a behavioral objective on an activity chart, providing the parent with a clear statement of what activity the child should do, how frequently, and how much help should be given. These charts serve as the parent's written plan for the remainder of the week. In addition to the charts, the home teacher also plans four or five informal home visit activities to be conducted with all children and the parent during the second part of the home visit. The teacher also plans a third part of the visit in which the parent and teacher can discuss concerns of the family and program announcements. These informal home visit and parent education activities are planned on a yearly basis by a committee of home teachers and parents. The activities revolve around a theme and are compiled in a yearly Component Education Curriculum. Foremost, the home teacher plans skills and activities to discuss and demonstrate during the home visit in the areas of the greatest developmental need for the child and simultaneously educates the parent in teaching skills, child development and/or child management techniques and all the Head Start component areas.

The actual completion of the home visit is the third step in the Model and is divided into the three distinct parts:

- Prescribed Activities (activity charts)
- Home Visit Activities (informal activities including all Head Start components)
- Parent Education Activities (Social Service - parent education - family assessment)

The home teacher presents activities in all three parts every week. For the first 30-40 minutes the parents, teacher and target child will work together on prescribed activities. Here the "home teaching process" will be employed. A **post-baseline** will be taken on the three to four prescribed activities left the previous week to see if the child has attained the objective. Based on this data, the home teacher will alter these prescriptions or introduce new activities. Next the home teacher takes **baseline** on the three to four new activities to be left for the parent to teach the following week. Baseline is important since it is necessary to first discover how close the child is to achieving the activity before leaving it in the home for a week. An indication of the child's present skill level cues the home teacher to leave the activity as it is, or increase or decrease its level of difficulty. This step is very important to successful programming and recording. The **home teacher then will model** the teaching techniques of each activity for the parents. The home teacher then observes the **parent as he/she models** the activity. During this time, the home teacher frequently will give the parent feedback (reinforcement and suggestions) on his/her teaching techniques. Then the **parent and home teacher will review the activity charts and recording procedure.**

The second part of the home visit, lasting from 20-30 minutes, is for **home visit activities**. During this time parent, teacher, child and other family members will participate in art, science, music and motor activities. They may also **do activities in component areas** or work together on everyday

tasks such as folding laundry or washing dishes in order to assist parents in generalizing teaching techniques to less structured activities. The parent and teacher will also review previously mastered skills or check the child's readiness for new skills.

In the last 20-30 minutes, the home teacher and parent will **discuss parental or family concerns**; e.g., parent education in child development or teaching strategies (using the *Portage Parent Program*), social services, nutrition and health. The home teacher will offer information, direct the parent to a resource or make referrals to meet expressed needs outside the home teacher's realm of expertise. Newsletters and information on all component areas will be shared with parents regularly.

Activities conducted in all three parts of the home visit will be recorded on the Home Visit Report form. An effort will be made to use potential teaching materials already in the home and to teach parents to make everyday events learning experiences. The parents are encouraged to contribute to the planning and implementation of the curriculum and their suggestions will be incorporated into the activities during the home visit. When parents express an interest and indicate readiness, specific activities will be implemented to systematically teach prescriptive teaching and child management skills through the use of the *Portage Parent Program*.

After the home visit, the fourth step of the Portage Project Model is initiated. The **parent serves as the child's primary teacher for the remainder of the week** utilizing the activity charts and materials demonstrated and left by the home teacher.

The home teacher's major responsibility to the parents and children is to present content in the areas of self-help, motor, language, cognition and socialization for the target child, with the inclusion of nutrition, safety, dental and social service education.

## ARVAC Home Start Training Center Russellville, Arkansas

When a need is identified by a parent in an area that home teachers are not qualified to serve, then they make referrals to the center support staff or a community resource. It is the home teacher's responsibility to follow-up on these referrals to ensure that families' needs are met.

Finally, comprehensive records are kept of the home visit. A Home Visit Report is filled out for each home visit which describes all activities which were presented. Prescribed activities are dated when accomplished and unaccomplished activities are broken down into simpler steps and prescribed again. These reports are an ongoing comprehensive list of all activities prescribed and accomplished, all home visit activities and all parent education activities done with a given family. By monitoring these reports, the home teacher can determine if activities are being prescribed in all component and developmental areas as well as if the activities are developmentally appropriate. The home teacher weekly updates each child's checklist and dates prescribed activities accomplished on the Home Visit Report. Then the home teacher begins the cycle of the Portage Project Model again with curriculum planning for each child for the next week.

At the close of the program year, an end of the year report and an Alpern Boll post-test will be done for each child. With parental consent, this information will be sent on to the child's next teacher with recommendations concerning the child's strengths, areas needing development, and learning styles.

In developing the basic curriculum for home visits, ARVAC uses a theme approach as a mechanism for coordinating home visits and to allow continuity from one home visit to the next. Curriculum development is the responsibility of the Project Coordinator and the Educational Specialist with input from parents and home visitors. The curriculum is divided into weekly lesson plans that are provided to each home visitor and family.

The lesson plan is written to cover the component areas of education, health, nutrition, parent involvement and social services. Often the social services is added by each home visitor as she individualizes the lesson plan for each family. Each lesson plan contains approximately six activities. Each activity is explained as to "why" it is important to do the activity with the child and the instructions for doing the activity. As further explanation, a listing of the skills and concepts the activity can develop is included. This is primarily for home visitors' planning but is for parents' information also. A listing of vocabulary words to stress is included for the same reasons.

The activities are suggested as a guide to the home visitor and parent. These activities are basic, developmentally-appropriate activities for 3, 4, 5 year-olds.

The home visitor receives copies of the lesson plan at least two weeks in advance of its use. This allows planning time and time to collect supplies. This allows time for parents to be requested to save bottles, sacks, etc., that might be used on the home visits.

The home visitor receives two copies of the lesson plan for each family enrolled. The home visitor is responsible for taking the suggested lesson plan and individualizing it for each family. To individualize the lesson plan, she reviews the child-assessment, the Individualized Education Prescription, and the family assessment for that family. The home visitor adds activities to the lesson plan or puts additional emphasis to some of the suggested activities according to the child's needs and the family's goals. These changes are placed on the lesson plan. One copy is given to the family on the home visit and the other maintained for the home visitor's file.

The general outline of a home visit is as follows:

- ... Greeting the family (establishing rapport)
- ... Review of past week's activities on the lesson plan (verbal and written evaluation)
- ... Introduction of current week's activities covering all components including modeling, role play, etc.
  - education
  - health
  - nutrition
  - parent involvement/social services
- ... Review of assignments being left for the parent and child
- ... Time for the parent to discuss special concerns or to socialize
- ... Preparation for departure.

Each home visit is scheduled for 1-1/2 hour once a week on a regular schedule.

One of the main parts of the home visit is the review of the past week's activities. This is a time to evaluate if the activities were appropriate for the child and parent, if instructions and modeling were adequate, if the parent and child enjoyed the activity. Parents are requested to do a written evaluation of each week's activities. On each lesson plan are three questions for parents to answer. The home visitor records the parents' evaluation on her copy of the lesson plan.

If the activities reviewed need further work, the home visitor adds the activity to the new lesson plan. She reviews instructions, teaching techniques, etc. with the parent.

In this review, the child is often involved in showing what he made or what he learned to do.

Then the home visitor moves to the introduction of the new activities. The child/children are given materials to explore with or to play with while the home visitor and mother work together. The materials may have been used previously so the child is familiar with it (i.e. the puzzle that was introduced last week) or can be used for self-directed play (pegboard, color cubes).

The home visitor verbally goes over the activity stating instructions and purpose. If needed, she models the activity with the parent. This is always done with new activities or to introduce new techniques in teaching.

The next step is to involve the child in the activity with the parent doing the teaching with the support of the home visitor. If necessary, the home visitor will do the activity with the child with the parent observing. Then the home visitor exchanges roles with the parent.

This procedure is generally followed for all activities introduced. In the case of an activity taken from an IEP, more modeling and specific instructions might be given the parent. The parent has a copy of the IEP and the home visitor should show how the assigned activity meets the goals outlined in the IEP. The parent records on her lesson plan copy if the activity was attempted and if it was satisfactorily completed. The home visitor on the next visit will transfer this information to her records.

If the home visitor decides the parent is not able to do the activity as outlined or if the child is having difficulty, she reports this to the Handicap Coordinator requesting a review of the IEP.



Home Visitors are to repeat to the parent all assignments they are leaving in the home. For example: remember as you help Johnny in getting dressed, let him button his shirt.

Materials that the family does not have available in the home are provided by the home visitor. Emphasis is placed on using materials found in the home and on home-made teaching aids.

Time is allowed for parents to bring up problems for discussion with the home visitor. This is the time reserved for a brief socialization period between the parent and home visitor.

After the home visit the home visitor completes her required record-keeping. The home visitor is responsible for compiling the parent evaluation responses and sharing these responses with the staff responsible for the development of the lesson plan. These responses become a part of the evaluation system of the curriculum.

Home visit report forms are completed on a weekly basis with a copy sent to the Home Visitor Supervisor for review.

## Home Start Training Center Clinch-Powell Educational Cooperative Tazewell, Tennessee

The program consists of three interlocking phases. These phases are (1) Home Visitation, (2) Group Experience for Children, and (3) Coordinated Curriculum. Successful implementation of the Home Visitation phase is the key to establishing a successful program.

**Home Visitation.** The home visitation phase is conducted by home visitors who, once each week, visit the homes of each of the children enrolled in the program. Depending on the needs of each child, these visits last approximately one to one and one-half hours each. During these visits to the home, the home visitor delivers a "Parent's Guide of Suggested Activities" which is published weekly by the project staff. The home visitor helps prepare the parent to teach the child by explaining the curriculum materials, and when needed, demonstrating each suggested daily educational activity. The home visitor also takes books, toys, and child-centered materials which are loaned to the parent and child for short periods of time. In addition, she does other things to assist the parent in areas related to child development. Some examples are making referrals to the public health nurse when needed, scheduling appointments with county welfare agencies, and other public service agencies.

**Group Experience.** Periodic group or classroom type experiences provide an opportunity for social growth by giving the child practice in sharing and working together. The teacher travels to selected locations in the participating counties and spends approximately



one-half day per week teaching the children who live near that location. Depending on the remoteness of the area served, the number of children attending each session ranges from eight to fifteen. During the classroom sessions which last between two and three hours each, the children have the opportunity to socialize and learn in a group situation. The planned educational activities directed by the teacher in the classroom are related to the other interrelated phases of the program, thus reinforcing what the children have learned by doing the suggested daily educational activity which the home visitor demonstrates to the parent during her visit to the home.

**Curriculum.** Written curriculum materials are published weekly. These materials are delivered to the parent during regular home visits.

Several instructional materials have been developed for use in the project. The major instructional material is the *Parent's Guide of Suggested Activities for Young Children*. The *Parent's Guide* is published weekly and delivered to give the parents information on how to improve parenting skills as they work with their children. The second section of the Guide suggested a daily educational activity which the parent and child can do together. Accompanying each suggested daily educational activity is a list of materials necessary in carrying out that activity. At various times during the year other materials such as list of fingerplays, poems, etc. are distributed to the parents with the *Parent's Guide*. Supplemental materials with the *Parent's Guide* are provided to the classroom teacher and home visitors who are employed in the program. These materials are designed to correlate the work of the teacher and home visitor with the suggested educational activity in which the parent and child participate each day.

## Millville Home Start Training Center Logan, Utah

The Millville Home Start program is a parent focused comprehensive child development program for low income families located in the mountain valley of northern Utah. The area is predominantly rural and families often live a long distance from a Head Start center. The main emphasis in the home-based program is on assisting parents to provide their children with a learning environment at home that includes many of the opportunities and experiences available to Head Start children in center based programs. Research on the Home Start demonstration projects and other home-based programs has indicated that this method of service delivery has benefits similar to more traditional center-based child development programs and may in fact produce long lasting developmental gains in more than one child in the family.

The home-based part of our program includes weekly parent-focused home visits to families and weekly group activities at the center for parents and for children. Other services, such as physical and dental exams, are provided in the same way as to center-based children. However the main emphasis of the Health Component is on ongoing preventative health care education, e.g., educating parents to provide a safe healthy environment for children and to ensure that the child continues to receive comprehensive health care. The Nutrition Component emphasizes nutrition education to the families rather than providing lunch and snacks as in Head Start. The philosophy of Home Start is much the same as in Head Start; that is to say, the two programs have similar general goals: (1) to enrich children's lives in such a manner that they will feel good about themselves and thus be better prepared to succeed in life; (2) to work with parents that they may assist in the task of enriching their own children's lives.

However, in the Home Start program, more emphasis is placed on the importance of the home, the family unit, and the education and development of the young child by his own parents.

Early in the year both child and family assessments are done by the parent and home visitor. From these assessments, goals are selected and specific objectives are identified. Handicapped children receive a more thorough assessment by a trained professional. Special services are provided to children when needed. Often these services, such as special speech and language activities, are provided in the home by training parents in the use of special materials and techniques. Children with severe handicaps receive appropriate therapy at the center or at the local university. Parents of handicapped children continue to receive ongoing support and assistance in understanding, accepting and working with their child.

Home visits are planned with parents using the *Millville Home Start Curriculum Guide*. Yearly and monthly goals are met by using units in the guide. The guide consists of a developmental sequence of weekly units in education and health that include objectives and lists of activities for home visits. The activities are designed to be fun and simple and able to be used easily by parents with children of various ages. Materials are homemade, inexpensive, or unnecessary. Incidental learning with household chores or errands is emphasized. The units in the guide are selected to cover all of the Head Start components, to cover basic child development topics early in the year, and to coincide with holiday and seasonal opportunities for family activities.

Each home visit consists of four basic elements. The first element is a warm and positive greeting that is part of the personal friendly nature of the relationships that develop between home visitors and parents.

The second element is follow-up. The success of a home-based program depends on parent involvement during the week between home visits. Follow-up on activities parents selected and planned to do with their children is a means of keeping track of that involvement and reinforcing it. The third part is the activities and discussions that are planned in order to help enhance parent understanding of early childhood education and health by providing them with information and materials that will help them to be better educators and caretakers of their children. Through these activities parents will learn basic teaching skills, such as reinforcing desired behaviors, and also general knowledge such as which concepts are most important for preschoolers or how to prevent accidents in the home. The fourth and most essential part of the home visit is planning. Together with the parents, follow through activities, home visit activities, and other services are planned during home visits. This process guarantees both parent involvement and individualization of the program to each family.

Group activities lasting two hours are planned weekly for parents and for children. Parents plan their own workshops according to their interests. They are also often involved in the children's classroom activities that are planned to provide a regular preschool classroom experience that coincides with the curriculum units being used in the home. These group activities are designed to provide socialization opportunities for both children and parents.

# PLANNING WITH PARENTS

by Lori Roggman  
Millville HSTC  
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Lasting effects of any education program depend on the involvement of the parents. Urie Bronfenbrenner (*Is Early Intervention Effective?*, 1974) in reviewing the research on early intervention concludes that "parent-child intervention resulted in substantial gains in IQ which were still evident three to four years after termination of the program," however, "gains from parent intervention during the preschool years were reduced to the extent that primary responsibility for the child's development was assumed by the staff member rather than left with the parent." In other words, children gain more when parents are responsible for their development.

Involving parents directly in teaching their children is important in any preschool program; however it is essential in a home-based program. The effectiveness of any home-based program depends on parents\* teaching their children. Some parents are more prepared for this responsibility than others, but home visitors can help all parents plan for home visits and for follow through between visits.

In the report, *Status of the Home-Based Effort Within Head Start* (O'Keefe, 1977), two of the common program weaknesses seen were that "home-based staff tend to have problems in maintaining a parent focus," and that "parents often don't see their roles as teachers of their children." Planning with parents can strengthen both of these areas. As the teaching responsibility of parents increases, it is easier for both parents and home visitors to perceive the parent's role as

"teacher". When home visitors have confidence in parents teaching their own children, they are often more able to shift from focusing on the child to supporting the parent.

The planning process on home visits serves to 1) keep the responsibility of teaching where it belongs — with the parent; 2) help the home visitor maintain a parent focus; 3) support and reinforce parents in the teaching role; 4) individualize home visits.

It is during the planning that the parent and home visitor review that individual family's progress and goals. This time is also an excellent opportunity for sharing knowledge about child development concepts as well as sharing information about the individual characteristics and developmental levels of the children in the family. The home visitor is usually the main contributor to the discussion about general child development, but it is the parent who knows the children best and has the most information about which activities will be effective and useful in that home. It is also the parent who has the ultimate responsibility for the children's development. When the parent's contribution is recognized, utilized and reinforced, the result is a more confident and committed teacher.

Many home visitors are concerned about motivating parents. A phrase borrowed from the field of social work is, "Don't do something for someone that they can do for themselves." The result is to undermine independence and thus to decrease motivation. This applies to education as well and is particularly relevant with adults who often have a range of knowledge and skills not immediately obvious. Adults as well as children are often more likely to execute a plan which they have chosen themselves than a plan imposed by someone else. Involving parents in planning directly increases their motivation.

The points made in this discussion of planning may seem obvious. However home visitors who have been trained to work with children and are now asked to focus on adults may find this process is not "automatic". Here are some suggestions for home visitors:

1. First and foremost, focus on the parent. Maintain eye contact, ask questions and be prepared to really listen. Especially on early visits most of your interactions will be with the parent rather than a pre-school teacher.

2. Always ask parents what they want to do with their children during the week and on the next home visit. Be sure that the parent chooses at least one activity for follow-through and for the visit.

3. Provide lots of choices. Ask parents for their suggestions, add your own, and provide some sort of visible printed list of ideas. Parent guides and curriculum guides are very useful. You may want to use other resources.

4. Discuss with the parent which activities are best suited for the child's developmental level and learning style and the parent's teaching skills and lifestyle. This is an excellent opportunity for educating parents as well as for individualizing your program.

5. Decide together who will provide which materials for the home visit activities.

6. Write down the activities selected and encourage parents to make note of it too.

7. Always incorporate parents' chosen activities into your lesson plan.

8. Always ask about follow through activities on the next visit. This opportunity for positive reinforcement or for support and assistance should never be passed by.

9. During the program year, encourage parents to plan more and more of the home visit activities and follow through. Also encourage them to use more of their own ideas and to supply more of the materials.

It is only by gradually increasing the responsibility and independence of parents as teachers that home-based programs will have the most lasting positive effect. Education programs don't work as well as they can unless parents teach. Home-based programs can't work well unless parents are assisted in planning visits and follow through. Home visitors are parent consultants who, ideally, work themselves out of a job. As parents of young children take on more teaching responsibility, their children make more lasting gains. And in the end, we all benefit.

# What Does PL 94-142 Mean to Head Start?

## Head Start And Public Law 94-142

Head Start enrollment in Program Year 1976-77 included 36,133 children who were professionally diagnosed as handicapped. This figure represents 13.02% of the total Head Start enrollment. As a major provider of services to the nation's young handicapped children, Head Start personnel have a responsibility to become familiar with the provisions of Public Law 94-142 — the landmark legislation which has been called "The Bill of Rights for the Education of the Handicapped."

## What is the Purpose of Public Law 94-142?

The passage of Public Law 94-142 in 1975 indicates apparent agreement between the American Congress and the judicial system of the United States that the constitutional right to an education is based primarily upon interpretation of the 14th amendment. P.L. 94-142 is intended to abolish the unconstitutional exclusion of handicapped children from this nation's educational system.

It is the purpose of P.L. 94-142 to assure that all handicapped children have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs. Public Law 94-142 also provides: in-

surance that the rights of handicapped children and their parents or guardians are protected; assistance to states and localities to provide for the education of all handicapped children; and assessment of effectiveness of efforts to educate handicapped children.

P.L. 94-142 insures that all handicapped children, aged 3-21, are entitled to a free appropriate public education. The states are required to afford this education to all handicapped children aged 3-18 by September 1, 1978; and to ages 3-21 by September 1, 1980. However, the 3-5 and 18-21 age groups are served only if the requirement to serve them is consistent with state law or practice or with any state court decree.

## What Are The Specific Provisions of Public Law 94-142?

The significance of Public Law 94-142 is realized when its provisions are translated into direct services for handicapped children and their families. The important elements of the law include:

- \* A Free Appropriate Public School Education
- \* Non-Discriminatory Testing and Assessment
- \* Placement in the Least Restrictive Environment
- \* Preparation of Individualized Educational Programs
- \* Involvement of Families
- \* Provision of Related Support Services



## What Are The Implications of Public Law 94-142 For Head Start?

With the sizable increase of services to the handicapped, Head Start personnel will serve as advocates for the optimal transition of handicapped Head Start youngsters into the public schools where the ultimate responsibility for the implementation of P.L. 94-142 is placed. It is possible Head Start programs will be declared eligible for the financial benefits of Public Law 94-142.

## Programmatic Implications of Public Law 94-142 For Head Start

The provisions of Public Law 94-142 are analagous to the H.E.W. design of comprehensive services which have been outlined by Head Start **Performance Standards**. An analysis of the elements of the law reveals significant similarities in the provisions of Public Law 94-142 and the mandates to Head Start.

### Non-Discriminatory Testing and Assessment

The revised Head Start **Performance Standards** reflect the concerns of P.L. 94-142 and Regulation 504 which prohibit the use of testing instruments or procedures which may penalize children with sensory impairment or youngsters with different language or ethnic backgrounds. The use of functional, developmentally-based assessment tools is encouraged. Head Start personnel are expected to draw upon several diagnostic instruments for use in developing appropriate individual educational plans.

## Placement in the Least Restrictive Environment

Enrollment in Head Start's early childhood program of comprehensive services assures the handicapped child of an environment which includes a cross-section of children with varying abilities, needs, and talents. Public Law 94-142 criterion of a setting "which is as normal as appropriate" means that Head Start may be the educational environment of choice for some handicapped children.

## Preparation of the Individualized Educational Program (I.E.P.)

The Head Start **Performance Standards** outline explicit requirements for implementation of individualized comprehensive plans for **all** children, including those with handicaps. Consistent with the requirements of P.L. 94-142, the written objectives for each Head Start child must include on-going assessment and parent involvement. In order to facilitate the optimal transition to public school, Head Start personnel are encouraged to make themselves familiar with the I.E.P. format used in their local public school system.

## Involvement of Families

Head Start's commitment to optimal family involvement has served as an exemplary model for early childhood development. The Public Law 94-142 requirement for family involvement in the public school educational services to the handicapped (including participation in the I.E.P.) reflects a basic tenet of Head Start philosophy and practice.



## Provision of Related Support Services

According to Public Law 94-142, an important correlate to the individualization of each child's educational plan is the provision of related services such as transportation, developmental, corrective, or supportive services. Head Start's program of comprehensive services reflects the intent of this element of the law.

## Provisions of Due Process Procedures

According to P.L. 94-142 all states are required to include due process procedures which are intended to assure parents their rights and to minimize the time lag that has discouraged parents or guardians who have contested educational issues. The Head Start requirement for staffing a Social Services/Parent Involvement Coordinator is designed to provide support for families who may need assistance in exercising their rights. It is essential that these Head Start staff members acquire the knowledge and skills needed for effective advocacy for the handicapped.

## Head Start's Role In "Child Count"

Each state is required to implement a plan of "Child Find" which is designed to locate all handicapped children from birth through age 21. Head Start **Performance Standards** mandate an active plan for the recruitment of handicapped children. Many Head Start programs have coordinated their search for unserved handicapped youngsters with the statewide "Child Find" efforts. (Tennessee Head Start agencies reported 100% in the state "Child Find" campaign during 1976-77). This form of interagency collaboration increases the assurance of effective integrated service delivery to the handi-

capped, and recognizes Head Start's significant role as a viable resource system.

## The Significance of "Child Count" and the State Plan

Public Law 94-142 requires a free appropriate education for all school-age handicapped children. Federal Law (P.L. 94-142) does not require state and local public schools to serve handicapped children ages 3-5 and 18-21 unless this service is consistent with state law practice. The legislation provides incentives to expand educational and other services to preschool (3-5) and handicapped children.

1. Each State's allocation figures are based on the number of children 3-21 currently being served.
2. Additional funds for preschool programs are available through incentive grants.

Head Start personnel are urged to notify local education agency (L.E.A.) representatives about Head Start's extensive services to the handicapped. Each L.E.A. should be apprised of the **number** of children who have been professionally documented as handicapped and of the considerable financial resources which have been committed to serving these youngsters.

Head Start enrollees can be eligible for incentive funds and for funds for support services whether these Head Start children were included in the state "Child Count" or not. To be eligible for Incentive Grant funds the Head Start program must meet the state criteria for participation in the program.

## Impact of State Plans Submitted by State Education Association (SEA)

The administrative and programmatic implications for Head Start vary according to each state's written plan for the implementation of Public Law 94-142. This plan, which outlines specific procedures for meeting the mandates of the law, is submitted by the State Education Association (SEA). Each state plan must be approved by the Bureau of Education for the Handicapped (BEH), U.S. Office of Education, in order to qualify for BEH monies.

The state-by-state differences in the implementation of P.L. 94-142 are reflected in the variations of the state plans which:

- \* Legislate varying ages at which the handicapped qualify for services
- \* Include Head Start in the statewide "count" of handicapped children receiving services

- \* Declare Head Start eligible for receipt of incentive monies and other financial support
- \* Provide guidelines for collaborating agencies

These variations in state plans regarding educational services to the handicapped require Head Start personnel to familiarize themselves with the individual state plans.

- \* In some states children are routinely offered educational services from age three, while in other states, public school services do not begin until age 6.
- \* While in some states Head Start children are included in the "Child Count," they are not in others.
- \* Head Start **may** be eligible for financial support in some states, while in some states they may not.
- \* Some state plans are very explicit regarding interagency collaboration, while others are very general.

# State Mandatory Ages for Handicapped

STATE	AGES	EXCEPTIONS/CLARIFICATIONS*
Alabama	6 to 21	Permissive services for deaf and blind from 3 to 21. Education for 12 consecutive years starting at age 6. If school district offers Kindergarten, then services required at 5.
Alaska	3 through 19	
Arizona	Between 6 and 21	If Kindergarten is maintained, then 5. 3-5 permissive.
Arkansas	6 through 21	If Kindergarten program, then 5-21.
California	4 years/9 months through 18	3 to 4.9 intensive services; 19 through 21 if not graduated or completed course of study. 0-3 permissive under Master Plan.
Colorado	Between 5 and 21	Or until graduation. 3-5 permissive.
Connecticut	4 to 18	May serve only until graduation. Hearing impaired beginning at age 3. Starting 9/80 serve until age 21 unless child graduates.
Delaware	Between 4 and 21	Allows services 0 to 21 for deaf/blind and hearing impaired.
District of Columbia	Between 3 and 18; 3-21 by fall 1979	
Florida	5 through 17	Beginning at Kindergarten and for 13 consecutive years. Permitted with State funds from age 3.
Georgia	5 through 18	0 through 4 and 19 through 21, permissive.
Hawaii	6 to 20	3 to 5 permissive.
Idaho	5 through 18	5 through 21 by 9/1/80; 0 through 4 at local discretion.
Illinois	3 through 18	3 through 21; 9/1/80.
Indiana	6 to 18	
Iowa	Birth through 20	
Kansas	5 to 21	Through school year during which reach 21 or until completed an appropriate curriculum, whichever occurs first. 0-5 permissive.
Kentucky	5 through 17	Permitted to 21.
Louisiana	3 through 21	
Maine	5 to 20	
Maryland	3 to 21	Birth to 21 beginning 9/80.
Massachusetts	3 through 21	
Michigan	0 to 26	Who have not graduated from high school.
Minnesota	4 to 21	Or completion of secondary program.
Mississippi	6 through 18	6 through 20 by 9/1/80. No requirement and not usual to provide classes to 3-5.
Missouri	5 through 20	Allows districts to provide programs to 3 through 4.
Montana	6 through 18	3 through 21 by 9/80. Provides for services to 0-2 after 9/1/80 under certain circumstances; 3-5 and 19-21 currently under same circumstances.

Nebraska	0 to 21	From date of diagnosis or notification of district; voluntary as specified by parent — below 5.
Nevada	Between 6 and 18	Between 3 and 21 by 9/1/80. (Under 18) attendance excused when completed 12 grades. 3-5 is permissive.
New Hampshire	Between 3 and 21	
New Jersey	5 to 21	Permissive below 5 and above 20.
New Mexico		
New York	Between 5 and 21	
North Carolina	5 through 17	0 through 4 and 18 through 21 permissive.
North Dakota	6 to 21	0 to 6 permissive.
Ohio	5-21**	Do not actually say 5-21 is mandate.
Oklahoma	4 through 17	Except no set minimum age for visually impaired/hearing impaired. 3 through 17 for severely multi-handicapped, severely handicapped, minimum of 12 years of schooling.
Oregon	6 through 20	3-5 and 21 at local options.
Pennsylvania	6-21**	Permissive below 6. Virtually all districts provide Kindergarten for 5 year olds, therefore, must provide for handicapped at 5.
Rhode Island	3-18**	3-21 by 9/1/80 (until complete high school or reach age 21, whichever comes first).
South Carolina	Between 5 and 21	Hearing impaired 4 to 21.
South Dakota	0 through 21	
Tennessee	4 through 21	Hearing impaired and deaf 3 through 21.
Texas	Between 3 and 21	
Utah	5 through 21	
Vermont	6 to 21	Or completion of high school. 3-5 as funds are available except all districts providing public Kindergarten will serve 5 year olds.
Virginia	Between 2 and 21	
Washington	5 to 21	Pre-school permissive below 5 except if offer pre-school as a part of regular program. Every handicapped of same age shall be provided same services. Eligibility ends when goals of IEP reached, at graduation or at age 21. 3 and above at local discretion. Below 3 if multiple, gross motor, sensory, moderate or severe mental retardation.
West Virginia	Between 5 and 23	3 and 4 permissive.
Wisconsin	3 to 21	
Wyoming	0 through 21	

**NOTE:** This information was taken from Annual Program Plans submitted in accordance with P.L. 94-142. New Mexico has elected not to participate in this grant program during the current school year and, therefore, has submitted no plan.

\* Many States provide for permissive services at ages below 6 and above 17. For some States this may mean that State funds can be used while, for other States, this means that services are not prohibited for these children.

\*\* These States did not provide information in their plans as to whether the age range was to, or through, the upper age figure.

## Head Start Enrollment Policy

Performance standards require that at least ten percent of the children enrolled in Head Start in each State have a professionally diagnosed handicapping condition. Locally programs will follow enrollment targets set by their Regional Office. Program enrollment can include ten percent of over income families; therefore, all the handicapped children enrolled will not have to be within the income guidelines.

Children counted as handicapped must be diagnosed by appropriate professionals who work with these conditions and have certification and/or licensure to make diagnoses. Transmittal Notice 75.11 defines the following handicapping conditions.

The following categories must have been diagnosed by the appropriate professionals who work with children with those 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 exist: (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, 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 malnutrition, 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: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

**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 disadvantage. 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 handicap, one or more handicapping conditions are present.



## Recruitment

### Introduction

How do you find children who are eligible for Head Start? An obvious answer is to tell people about the program. This is only the beginning, particularly when we are focusing on the child with special needs. The following will suggest activities that might be appropriate in your community and will stimulate you to develop other recruitment ideas.

### Recruitment Activities

Head Start programs are currently using many activities to recruit children, most of which can be expanded to include recruitment of handicapped children. Each of the following methods is intended to inform the public of the availability of Head Start programs and services to families. Recruitment activities not only serve to find children eligible for the program, but they also make the general public aware of Head Start. For many of the suggested activities, samples are available which can be adapted to your program. Resource Access Projects for your region have samples of recruitment activities. Additional recruitment materials are included in the Resource section.

A very important source of referrals in home-based programs is home visitors and

parents. They may be aware of younger children in the family who are eligible for the program. Home visitors should be familiar with indicators of handicapping conditions and be aware of other children in the homes who should be referred for screening. Parents are another source of referrals. They may be aware of neighborhood children who are eligible for Head Start and they can distribute information about the program to friends and neighbors.

According to P.L. 94-142, the public schools are responsible for locating all handicapped children in their district between the ages of 0 to 21. Inform the schools of the services available through the Head Start program and request referrals.

When a child is referred, the type of program a child receives (i.e., home-based, center-based or combination) should be determined during a meeting with parents, Handicap Coordinator and specialists involved with the child. The option which best fits the child's needs should be selected.

The following chart describes several types of recruitment activities. Samples of some of these activities (\*) are included in this manual.

Activity	Information To Include	Distribution
*Newspaper Announcement	<ul style="list-style-type: none"> <li>• Identify program (name, address, phone)</li> <li>• List component areas</li> <li>• Who is eligible</li> <li>• Indicate availability to handicapped</li> <li>• Mention program options: home-based, center-based, combination</li> </ul>	Local papers
Poster	<ul style="list-style-type: none"> <li>• "Catchy" phrase</li> <li>• Picture with children</li> <li>• Who is eligible</li> <li>• Availability to handicapped</li> <li>• List services available through program</li> <li>• Tear-off card to be returned to program for more information</li> </ul>	Public Health Department  Local Post Office  Human Service Office
Pamphlet	<ul style="list-style-type: none"> <li>• Pictures</li> <li>• Short paragraph describing Head Start</li> <li>• Who is eligible</li> <li>• Explanation of services to handicapped</li> <li>• Identifying information</li> </ul>	Welcome Wagon  Public Assistance Mailings  Food Stamp Offices  Neighborhood Groceries  Parent Meetings  Doctors' Offices  Laundromats
*Radio Announcement	<ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Brief program description</li> <li>• Telephone number to contact</li> </ul>	As many stations as possible in the area
Public School Newsletter	<ul style="list-style-type: none"> <li>• Who is eligible</li> <li>• Who to contact</li> </ul>	All elementary schools in the district

Activity	Information To Include	Distribution
* Contact Agencies Serving Handicapped Children	<ul style="list-style-type: none"> <li>• <b>Initial Letter:</b> Description of Head Start program services to handicapped</li>   <li>Program Options: Center-based Home-based Combination</li>   <li>• <b>Personal Visit:</b> Discuss coordinating services</li>   <li>Share program and curriculum information</li>   <li>Plan referral procedure</li> </ul>	All in the area
Public School Preschool Screening	<ul style="list-style-type: none"> <li>• <b>Set up information table:</b> Pamphlets Posters and Pictures Applications</li>   <li>• Head Start representative available</li> </ul>	All schools in the district
Television Interview on Local Program	<ul style="list-style-type: none"> <li>• Describe program and services</li> <li>• Invite interested families to visit the program</li> <li>• Show pictures from home visit</li> </ul>	Local station
Television Spot	<ul style="list-style-type: none"> <li>• Pictures</li> <li>• Brief description of program</li> <li>• Telephone number to contact</li> </ul>	Local station
Speak at Local Organizations	<ul style="list-style-type: none"> <li>• Answer questions about program</li> <li>• Show slides or pictures</li> <li>• Distribute pamphlets</li> </ul>	Civic organizations  Parent/Teacher Association  Church groups

## Newspaper Announcement

Parents!! You and your children may be eligible for the \_\_\_\_\_ Head Start Program. This is an opportunity to participate in an educational program that also provides medical-dental-nutritional and social services to the family.

Center-based and home-based programs are offered. Children with special needs or handicaps are eligible to participate.

For more information contact: \_\_\_\_\_ Head Start  
444 South 10th  
Hometown, USA  
Phone (        )

## Letter to Agency Serving Handicapped Children

Dear

Head Start programs serve children between the ages of three to five including handicapped children. The purpose of this letter is to inform your agency of the Head Start program and to request your cooperation in offering the program to children served by your agency.

Children between the ages of three to five from low income families are eligible for Head Start. Ten percent of the slots in the program are available to families above the income guidelines. The program offered to handicapped children complies with the guidelines in Public Law 94-142. An individualized plan in the component areas of education, health, social services and parent involvement is developed and implemented for each child.

Two types of service delivery systems are available: home-based and center-based. In the home-based program, a home visitor makes weekly visits to the home and teaches the parent to do daily activities with the child. Children in the center attend four days a week for half a day. Services in health, social services and parent involvement are the same for both types of programs. The child's needs determine the type of program.

As Handicap Coordinator, I would like to further discuss the Head Start program with you. If there are children served by your agency who could benefit from Head Start, please provide their name, address and telephone number.

I look forward to meeting you and coordinating services between our agencies.

Sincerely,  
Handicap Coordinator

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## Radio Announcement

*Head Start extends its services to handicapped children. Children with special needs are eligible for Head Start. The Head Start approach of individualized care and guidance is well-suited to helping children with special needs. Home-based and center-based programs are available. If your child has special needs or if you know another child who does, remember that Head Start is for the handicapped too! For further information, call*

( ) \_\_\_\_\_, or write \_\_\_\_\_.

## Recruitment Plan

The preceding list of recruitment activities is by no means a complete list of all the possible activities. Each program must look at their community and determine which activities are appropriate and what additional activities are needed. Emphasis should be placed on the person-to-person contact in selecting activities. Although the media approaches do reach many more people, they should never be the only techniques used. A much clearer in-depth picture of all that Head Start has to offer can be provided through discussion with agency staff.

The process of recruitment is ongoing. Establishing a plan for recruitment clarifies which activities take place at what time. The plan should establish the following information:

- When will each recruitment activity take place?
  - Who is responsible?
  - What community agencies will be contacted?
  - When will potentially eligible children be visited?
  - What forms will be completed on the initial home visit?
- One person, generally the Social Service Coordinator, should be responsible for coordinating recruitment activities. In a home-based program, home visitors will share much of the responsibility for initial contact with families. Additional responsibilities of the person coordinating recruitment include:
- Obtain lists of potentially eligible families from home visitors.
  - Develop pamphlets, posters, newspaper articles and distribute.
  - Initiate contact with other agencies including agencies serving handicapped children and local schools.
  - Assign responsibility for contacting families who are potentially eligible (this could be done by home visitors, aides, Handicap Coordinators, Social Service Coordinators, etc.)

# Recruitment Plan

Activity	Who is Responsible	When	Evaluation
1. Request lists of names from home visitor of potentially eligible children	Social Service Coordinator	April - May	Lists received
2. Inform public through: Newspaper Announcement Posters Parent Meetings Elementary School Newsletters	Social Service Coordinator Home Visitor	May - August	Referrals received
3. Attend local kindergarten screenings	Handicap Coordinator Home Visitor Social Service Coordinator	Spring - varies by school district	Referrals received
4. Distribute pamphlets in Public Assistance mailings	Social Service Coordinator	May and August	Referrals received
5. Contact agencies serving handicapped children	Handicap Coordinator Social Service Coordinator	May - August	Referrals received. plan for coordinating services established
6. Divide referrals by geographic area and make initial contact	Home Visitor	May and August	Applications completed, Recruitment Activities Form completed

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## Initial Contact With Family

After referrals have been received, the family should be contacted. The purpose of this visit is to provide more information about the program, determine eligibility and complete application and other forms. The PACT Program in Camp Point, Illinois, developed a Recruitment Activities Form which is very helpful. This form can be used to document contact with the family and record information that might be useful for future recruitment. The PACT Program form is shown in Figure 1.

If the child will be in a home-based program, the potential home visitor is best qualified to make the first visit to the family. The home visitor is familiar with the unique aspects of home-based and can best describe these to the family. Content of the initial visit should include:

- Briefly describe Head Start.
- Explain services provided in each component.
- Discuss individualization to meet the child's special needs.
- Describe parent's role in the program and in the home-based teaching process.
- Inform parents of their rights as provided in P.L. 94-142 and the process of developing the IPP.

## Summary

Head Start programs must enroll children with professionally diagnosed handicapping conditions. Programs need to develop a recruitment plan which includes recruitment of handicapped and non-handicapped children. Generally the Social Service Coordinator will be responsible for recruitment activities, however, these responsibilities could easily be shared among staff members.

Recruitment is an ongoing process. Any recruitment activity should mention availability of services to handicapped and home-based programming. Suggested methods of recruitment include:

- Newspaper announcement
- Poster
- Pamphlet
- Radio announcement
- Public school newsletter
- Contacting agencies serving handicapped children
- Public school preschool screenings

After referrals are received, initial contact will usually be made by the home visitor. The purpose of this visit is to inform the family of services available through Head Start and the process of developing an individual program plan for their child.

HOME VISITOR REPORT FORM  
Recruitment Activities

Figure 1

TIME CONTACTED \_\_\_\_\_ NAME \_\_\_\_\_  
DATE \_\_\_\_\_  
Family Name \_\_\_\_\_ Child's Name \_\_\_\_\_  
Finding Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Referred by \_\_\_\_\_  
\_\_\_\_\_ Length of Visit \_\_\_\_\_

\_\_\_\_\_ Family discussed the program and applied for enrollment  
\_\_\_\_\_ Family discussed the program, but was not willing to apply for enrollment because \_\_\_\_\_  
\_\_\_\_\_ Family was not willing to discuss the program. Reason given \_\_\_\_\_  
\_\_\_\_\_ Family does not have children of eligible age. List the pre-schoolers who are not yet three years of age.

NAMES

BIRTHDATES

NAMES	BIRTHDATES
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Family would like more information about \_\_\_\_\_  
\_\_\_\_\_ Family is not eligible because income is slightly too high  
\_\_\_\_\_ Family is not eligible due to too high of income  
\_\_\_\_\_ Family was not home. Will return \_\_\_\_\_  
\_\_\_\_\_ Family cannot be located

Follow up needed: \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

PACT Program  
Camp Point, Illinois

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## Behavioral Objectives

After completing a behavioral checklist and considering all screening and assessment data, the teacher must select objectives or goals for the child and the parent. These goals are written in the form of behavioral objectives which clearly state the skills the child and/or parent will demonstrate at the end of the teaching period. Behavioral objectives will be used in writing the IPP as well as weekly instructional activities.

Which of the following statements best defines the goal for the child?

1. John will identify colors.
2. John will name red, yellow, blue when requested 4/4 times each.

The first statement is open to many interpretations:

- Will he name colors or point to them?
- How many or which colors?
- How many times will he do this?

The second statement is specific: anyone, teacher, aide, administrator, new teacher, public school personnel, reading this could observe the child and determine if the objective had been met. It is particularly important in working with handicapped children to be specific in writing objectives. For example, a child with a delay in language may make great progress in accomplishing this objective:

Nancy will name 10 familiar objects 3/3 times.

If the objective had been stated in more general terms such as, Nancy will name objects; her accomplishment would be questionable since she only names 10 objects.

A complete behavioral objective contains four parts. The following example shows each part.

Jason	Will match ○ □ △
WHO	WHAT
when shown once	4/4 times
CONDITIONS	HOW WELL

**WHO** — this is the most obvious part of the objective; it refers to the person doing the learning. Usually **who** is the child or the parent.

**WHAT** — the behavior the learner will perform. The **what** must be observable and measurable; you must be able to see the learner doing the behavior and count the number of times it occurs.

**CONDITIONS** — when or under what conditions will the behavior occur. **Conditions** usually refer to the type of aid the child will have to perform the task.

**HOW WELL** — generally this refers to the frequency of the behavior; for example, given five opportunities the child will be successful at least four times (written as 4/5). The learner should be successful at least 75% of the time to achieve the objective; on many objectives 100% success is reasonable to expect. **How well** can also indicate how far, how many or how fast; but the fraction indicating frequency of success must always be included in the objective.

In addition to the four parts, a complete behavioral objective has three characteristics. It is **specific**, **measurable** and **observable**. Words used in objectives must have the same meaning for everyone. Consider the word identify: this word could mean naming or pointing so it would not be appropriate to use in an objective. Some other words which do not meet the criteria of being specific, measurable and observable are the following:

listen	enjoy
know	appreciate
believe	

Read the following objectives and pick out each of the four parts; also determine if they are specific, measurable and observable.

*Mandy will jump 5 feet while holding mom's hand 4/5 times.*

*John will eat 7 spoonfuls by himself 3/3 times.*

*Jane will name three characters in a story heard once when requested once a day.*

*Mom will play a game with Chad for five minutes twice a day 2/2 times.*

*Danny will ask permission to use his brother's toys with one reminder during a fifteen minute play period each day 1/1 times.*

Did you find one objective that had a part missing? Behavioral objectives for parents do not always need conditions; you don't have to give parents aid to do activities with their children. The samples are all complete and meet the requirements of being specific, measurable and observable.

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To summarize, behavioral objectives are statements of what the child or parent will accomplish at the end of the teaching period. Use the following checklist to determine if objectives are complete.

- Does it contain four parts?
- Are words used in the objective specific?
- Can the behavior be observed?
- Can the frequency of the behavior be counted or measured?
- Is the learner required to be successful at least 75% of the time?

## Behavioral Checklists

Planning an appropriate educational program for handicapped children can be greatly enhanced through use of behavioral or developmental checklists. These checklists contain a listing of behaviors which children learn to do. This list is sequenced in the order the behaviors are generally learned. The behaviors are also divided into several developmental areas such as motor, language, etc. Screening and diagnostic instruments outline the child's strengths and weaknesses, behavioral checklists produce a clearer and more comprehensive picture by covering a larger number of developmental skills. This picture can then be used to help develop the IPP, your blueprint for working with the child and family.

Behavioral checklists can be effectively used for all young children. They are particularly good when working with handicapped children, for the following reasons:

- Handicapped children may develop at different rates in one or more areas. The behavioral checklist helps teachers locate the skills the child needs to learn in each developmental area.
- The handicapped child may show gaps in his development. For example, a handicapped child might perform some motor skills at the three-year level, but cannot do some at the two-year level. If we relied only on the screening or diagnostic tools, the child might have passed the three-year item and been automatically given credit for the two-year items. By using behavioral checklists, we can easily discover these gaps in performance and be able to include the missing skills in the instructional program.
- Behavioral checklists help teachers be more specific in their planning for the handicapped child. Screening and diagnostic tests give a smaller sample of skills, and are not as helpful in program planning. Behavioral checklists have many items to choose from and assist the teacher in planning small steps for the child.
- Because behavioral checklists list large samples of skills in sequence, they are very useful in evaluating the young handicapped child's progress. Often the screening and diagnostic tools are not appropriate for evaluation because of the large steps between items. They can hide much of the success handicapped children enjoy in a program. Behavioral checklists allow parents and teachers to see the many small steps the child has learned. Everyone can be reinforced by the child's accomplishments.
- Finally, behavioral checklists can show the parent how the child is functioning in each area and what skills should be worked on next. This can help to educate the parent regarding child development. It also prevents a parent from expecting too much from the child before he is ready to learn certain skills. The parent can also see the child's progress since the beginning of the year. This can be quite reinforcing to the parent, and keep the parent involved in the child's program.

## Key Components of Behavioral Checklists

Many behavioral checklists are available for use with children. They differ in many respects, but generally they contain the following key components. (See Sample Checklist, Figures 1 and 2.)

1. Behavioral checklists contain many skills that are listed in a logical sequence, generally from easy to more difficult items. Often the items will be listed developmentally, according to the approximate age when the skill develops. The skills that a normal two-year-old would learn between 24 and 36 months of age would be shown by age. These ages help to compare the child's development with a normal developmental sequence.
2. Most behavioral checklists have two or more places for the teacher to check whether the child can perform the skill or not. A simple  $\checkmark$  might be noted if the child could perform that response when he/she entered the program. If the child could not perform the response consistently, the item should be left blank. When the child learns a new skill the date the child learned it should be recorded. This gives a running account of the progress the child is making as a result of the teacher's and parent's instruction.
3. The items listed tend to be specific, and pass or non-pass can be easily determined. The items can be scored quickly and easily through observing the child. When selecting a behavioral checklist, you should look for one which is easy to score. Good items are stated in observable and measurable terms.
4. Most checklists have a place for general notes about a child's performance. It helps

if a space is available opposite each item so you can comment about that skill. Perhaps the child could put the blocks in the shape cylinder, but there was a lot of trial-and-error to his performance because he continually looked to the adults for assurance and reinforcement. Or perhaps the child could name all of the objects, but she could not tell what they did. Besides space for notes opposite each item, it also helps to have space on the face sheet of the checklist for general comments. For example, "the child seemed easily distracted", or "Johnny had trouble with any paper and pencil activity." These comments can help in planning your program for the child.

5. All behavioral checklists should have a place to write the child's name, birthdate, date he entered the program, and other pertinent information.

Behavioral checklists should not be used as a substitute for individualized programming. Checklists are only a guide to help in evaluating the child's needs and tracking his performance over time. They should not determine what is right for **this** child at **this** time, under **these** circumstances. Remember, no child will fit any checklist exactly — the items on the checklist serve as a guide, but should not be considered the only necessary or worthwhile teaching objectives.

## How to Complete the Checklist

A checklist will be the basis for planning structured activities when working with handicapped children in a home-based program. The following guidelines for completing the checklist will help make the most appropriate and effective use of the checklist selected by your program.



## Where to Start...

In the age level column, find the age level two years below the actual age of the child. Start here and check to see if the child can perform each item. By beginning 2 years below actual age we will hopefully start with items the child can perform. This assures that the child will begin with successful experiences.

## How to Mark the Items...

Fill out each developmental area of the checklist. After observing the child perform the behavior in question or after parent report, mark each item using one of the codes described below.

Mark a  $\checkmark$  or + if the child can do the item consistently usually in more than one situation, for more than one person.

Mark an X or - if the child cannot do the item.

Mark a ? if you are not sure the child can do it; either you haven't observed it or you are not sure how well the child does it.

Mark X/- and  $\checkmark$ /+ in pen and mark ?'s in pencil. Within your first six home visits, you should observe the child's performance on questioned items in all areas and permanently record either the X/- or  $\checkmark$ /+.

## How Many Items Do I Mark?

Because the items on the curriculum checklists are listed in a developmental sequence, lower numbered items will usually

develop first. These items come before skills for more difficult items to be learned later. You will know that the child has the skills necessary for learning each new item if there are 15 consecutive items that the child can perform. Therefore, your minimum number of consecutive checked or plus items should be no less than 15. This can be considered your baseline. After you get your baseline, continue marking items until you get 15 consecutive X/- or ? items. This is a signal for you to stop. The range of 15 items will help you stay within a reasonable range of the child's present developmental ability and prevent you from choosing as short-term goals skills that likely are long-term goals. This stopping point is called a ceiling.

To review, your checklist should be filled out in the following manner.

- A. Go two years below the child's actual (chronological) age and begin marking items.
- B. Mark items until you have a **baseline of 15 consecutive  $\checkmark$  or + items**. If you do not get 15 consecutive items go backwards until you get this baseline.
- C. Continue marking items above your baseline until you have a **ceiling of 15 consecutive X/- or ? items**.

The following sample pages of checklists are from the *Learning Accomplishment Profile* and the *Portage Guide to Early Education*. Since these are only sample pages from the complete checklist, they do not illustrate a complete baseline and ceiling. (See figures 1 & 2).

Carl Jones

Item	Description	✓	X	?
82	Cuts with scissors	✓		
83	Jumps from height of 8 inches	✓		
84	Kicks large ball when rolled to him	✓		
85	Walks on tiptoe	✓		
86	Runs 10 steps with coordinated, alternating arm movement	✓		
87	Pedals tricycle five feet	✓		
88	Swings on swing when started in motion	✓		
89	Climbs up and slides down 4-6 foot slide	✓		
90	Does somersaults forward	✓		
91	Walks up stairs alternating feet	✓		
92	Marches	✓		
93	Catches ball with two hands	✓		
94	Traces templates	✓		
95	Cuts along 8" straight line with 1/4" of line	✓		
4-5 96	Stands on one foot without aid 4-8 seconds	X		
97	Runs changing direction	X		
98	Walks balance beam	X		
99	Jumps forward 10 times without falling	X		
100	Jumps over string 2 inches off the floor	X		
101	Jumps backward six times	X		
102	Bounces and catches large ball	X		
103	Makes clay shapes put together with 2 to 3 parts	X		
104	Cuts along curved line	X		
105	Screws together threaded object	X		
106	Walks downstairs alternating feet	X		
107	Pedals bicycle, turning corners	X		
108	Hops on one foot 5 successive times	X		

✓ = can do  
 X = cannot do  
 ? = not observed



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- 32 -  
 Cognitive (Cont.)

LAP - Sanford  
 Figure 2

Bibliog. Source	Behavior	Age (M)	Assessment Date	Date of Achievement	Comments (Criteria, materials, problems, etc.)
3	Names 6 of 6 common objects: flag, chair, car, box, key, fork	30-35 mos.	+	9/15/79	
14	Can point to teeth and chin on request	34 mos.	+	9/15/79	
8	Knows sex	36 mos.	+	9/15/79	
13	Matches two or three primary colors	36-48 mos.	+	9/15/79	
6, 8	Names all colors	36-48 mos.	-	9/15/79	
14	Can point to tongue, back, arm, knee, thumb	43-48 mos.	+	9/15/79	
9, 11	Tells action in pictures	36-48 mos.	-	9/15/79	
3	Can name ten pictures of 18 common objects	36-48 mos.	+	9/15/79	
3	Can name one pictured animal from memory	36-48 mos.	-	9/15/79	
11	Can count two blocks	36-48 mos.	+	9/15/79	
11	Puts together seven piece puzzle	36-48 mos.	-	9/15/79	

\*Mark + for positive demonstration of skill  
 Mark - for negative demonstration of skill

Taken from the Learning Accomplishment Profile



## Updating the Checklist

Once you have completed your checklist, you should update the items weekly for an accurate record of what the child has accomplished. When you update the checklist you will do one or all of the following activities:

- \* Check questioned items to see if the child can perform them, thus changing the coding to  $\checkmark$  / - or X/-.
- \* Mark the date each skill or short-term objective was achieved.

- \* Expand the ceiling of X/- items by checking the child's ability to perform it and making comments.
- \* Make observations on targeted short-term goals and note specific learning characteristics and comments on when each was broken down into weekly instructional objectives.

This updating process is necessary in developing ongoing individualized weekly instructional goals. The example below illustrates the changes in Carl Jones' checklist over a three week period. (Figure 3).

Figure 3  
motor

Age Level	Item	Entry Behavior	Date Achieved	Comments
	82	Snips with scissors		
	83	Jumps from height of 8 inches		
	84	Kicks large ball when rolled to him		
	85	Walks on tiptoe	10/15/79	with aid
	86	Runs 10 steps with coordinated, alternating arm movement		
	87	Pedals tricycle five feet		
	88	Swings on swing when started in motion		
	89	Climbs up and slides down 4-6 foot slide	10/1/79	
	90	Somersaults forward		
	91	Walks up stairs, alternating feet		
	92	Marches		
	93	Catches ball with two hands		
	94	Traces templates		
	95	Cuts along 8" straight line within 1/4" of line		within 1/2" of line
4-5	96	Stands on one foot without aid 4-8 seconds		2 seconds
	97	Runs changing direction		
	98	Walks balance beam		
	99	Jumps forward 10 times without falling		
	100	Jumps over string 2 inches off the floor		
	101	Jumps backward six times		
	102	Bounces and catches large ball		
	103	Makes clay shapes out together with 2 to 3 parts		
	104	Cuts along curved line		
	105	Screws together threaded object		
	106	Walks downstairs alternating feet		
	107	Pedals tricycle, turning corners		
	108	Hops on one foot 5 successive times		

## Ten Problems Frequently Encountered When Using Behavioral Checklists\*

Behavioral checklists have become indispensable educational tools. As an outgrowth of behavioral analysis, behavioral checklists have ballooned to cover almost every conceivable behavior from toilet training to flying an airplane. For example, Walls, Werner, Bacon, and Zane (1975) have identified over 200 behavioral checklists developed by prolific listsmiths. In early childhood education, these tools have been used for identification, diagnostic placement, program evaluation, and curriculum planning.

The problems associated with reliability and validity in using behavioral checklists have already been discussed by various authors (Bijou, Peterson, and Ault, 1968; Cronback and Meehl, 1955; Hull, 1971; Johnson and Balstad, 1973). The purpose of this paper is to examine the problems teachers (particularly in preschool programs) have encountered in using behavioral checklists as a basis for curriculum planning. The specific areas of concern are:

1. Completing the behavioral checklist incorrectly.
2. Teaching to suggested materials and activities.
3. Following the behavioral checklist too rigidly.

4. Targeting only in identified skill deficit areas.
5. Avoiding identified skill deficit areas.
6. Limiting targeted behaviors to skills the teacher is comfortable teaching.
7. Using a checklist that is inappropriate for a specific child.
8. Assessing and sequencing skills correctly but teaching splinter skills.
9. Putting undue emphasis on skills commonly classified as "kindergarten readiness."
10. Failing to plan for generalization and maintenance.

### Completing the Checklist Incorrectly

A teacher, by correctly completing a checklist, can obtain an excellent picture of a child's skills. However, in completing a checklist, mistakes often occur. Frequently the teacher doesn't observe the child exhibiting the skill but assumes that he has acquired it. The teacher might say, "I can't think of a specific time when I saw Tom working alone

\* This article was taken from the Wisconsin Department of Public Instruction *Memorandum* Summer, 1980. It was written by Neal Schortinghuis and Elizabeth May.

at one thing for 20-30 minutes, but I'm sure he could if he tried," and then checks an item as an entry behavior on the checklist. This results in an inflated assessment of the child's skills and leads to faulty curriculum planning.

A related problem occurs when two or more people are completing a checklist and the criteria for determining mastery of a skill are not jointly determined. If a teacher and parent are completing a behavioral checklist together, the teacher might ask the parent: "Can Mike take off and button his coat without help?" The parent might answer "yes," thinking that this skill does not include buttoning, while the teacher assumes it does include buttoning and marks that skill as accomplished. This problem can be alleviated by direct observation. Also, it is not as likely to occur if the items on the checklist are written in behavioral terms. Unfortunately, this is not the case with many checklists, thus leaving the criteria for mastery of the items open to many interpretations. Still another misuse of a behavioral checklist can occur if the teacher and/or parent view the checklist as a "test" rather than as a baseline on the child's present skill levels. They want the child to "look good" and therefore give the child the benefit of the doubt if an item on the checklist is in question. If there is any question about a particular item, just the opposite should occur. The parent and teacher should carefully observe the child to see if the skill has been mastered.

These mistakes can be avoided if the teacher views the checklist as a tool to be used in planning curriculum, uses a consistent definition of the expected behavior, and relies on direct observation of the child.

## Teaching to Suggested Materials and Activities

Many behavioral checklists also include suggested teaching materials and activities. It may seem most efficient to use those materials and activities when in actuality, they may or may not be appropriate. Once a skill is targeted for the child to learn, the teacher should assess that child in terms of his learning style, meaningful reinforcement, and interest in various materials. Only then should the teacher choose the most appropriate teaching activity and materials for the child.

Often the suggested materials may be appropriate for some children, but completely inappropriate for others. For example, one behavioral checklist has the item "carries breakable objects" and the materials suggested to teach the skill are "small breakable ashtrays" and "pop bottles." For some children and families, these materials would be accessible and appropriate but many parents would not want to encourage their preschool children to carry these objects around.

Other ways in which materials might be misused are: a teacher may choose a colorful, commercially available toy and then consult a checklist to see what she can teach the child when the process should be the other way around; or, a teacher may utilize a suggested way of teaching shapes that works with one of her children and then automatically go ahead to use the same with the rest of the children. In both examples, the teacher has failed to take into account the individual child.

Of course, sometimes the activities and materials on the checklists are very appropriate. However, the teacher's knowledge, creativity, and considerations for individual children should go into planning every activity.

## Following the Behavioral Checklist Too Rigidly

Once the child's initial curriculum assessment is completed with use of a checklist, the teacher is ready to select skills to teach the child. Those skills selected need not be the first items on the checklist that the child was unable to do. There is a range of behaviors that is developmentally appropriate for the child; there are practical reasons that govern the choice of behaviors within that range. For example, in the autumn a child's entry behavior shows that he is ready to: pull off his socks, take off pants when unfastened, and put a hat on his head. The teacher might choose the skill "puts hat on head" to teach first. This behavior would be both developmentally and functionally appropriate for the child because he is ready to learn the skill and could incorporate it into his daily activities throughout the winter.

Using behavioral checklists for planning is not like following a recipe. Each child is unique and learns at his own rate. Thus, items on a checklist may need to be broken down into smaller teachable steps using task analysis. Failure to do this can result in frustration for the child and teacher.

The authors analyzed data from a replication of the Portage Project in Wessex, England which used the *Portage Guide to Early Education* as the sole basis for curriculum planning for mentally handicapped children. They found that 60 percent of the weekly goals for the children were directly from the checklist whereas 40 percent were checklist items that needed to be broken down into smaller steps. Of course, there was variance among individual children, ranging from one child who needed to have tasks broken down into simpler components only 17 percent of the time to another child who required smaller steps 79 percent of the time.

The concept of flexibility in using a checklist was probably best stated by Bluma, Shearer, Frohman, and Hilliard (1976) when describing the way to use a checklist. "The behaviors listed on the checklist are based on normal growth and development patterns; yet no child, normal or handicapped, is likely to follow these sequences exactly. Children may skip some behaviors completely, may learn behaviors out of sequence, or may need additional subgoals in order to achieve a behavior on the checklist. Each instructor's ingenuity, creativity, and flexibility plus a knowledge of the child and his past developmental pattern, will be needed to help plan appropriate goals so that he will learn new skills."

## Targeting Only in Identified Skill Deficit Areas

Most authors of behavioral checklists used in curriculum planning group behaviors into classes or domains, usually called developmental areas. For example, a common grouping in early childhood is socialization, language (often subdivided into expressive and receptive), self-help, cognitive, and motor (subdivided into fine and gross).

Many children in educational programs have been placed in those programs because of identified skill deficits in one or more of these areas. One goal of intervention is then to eliminate the developmental deficit and rightly so, but it is possible to spend an inordinate amount of time targeting in those deficit areas and to forget that an educational program should stimulate growth across all developmental areas. A child with a skill deficit area(s) still has needs that should be met in other areas. In many cases, a teacher can plan a multipurpose activity that incorporates more than one developmental area. For example, if a child has a deficit in the language area, activities such as doing a fingerplay or following directions through an obstacle course would not only address the



expressive and receptive language area, but would also help the child's fine and gross motor development. If this is not done, a child may inadvertently develop deficits in other areas simply because they are not addressed.

Continuously focusing on the problem area can also result in frustration for the child. Success does not come as easily and the child is made to feel less competent than if his strengths, as well as his weaknesses, were taken into consideration.

## Avoidance of Skill Deficit Areas

This potential problem is the opposite of focusing only on the deficit area but with different reasons for its occurrence.

When a teacher and a child work together and achieve success, they reinforce each other. Because the success and rapid progress are more likely to occur in nondéficit areas, the teacher may continue to target and teach in those areas because the behavior (targeting and teaching) is reinforced. For example, if a child is moderately delayed in the language or cognitive area, he has most likely experienced failure in those areas. As a result, he may not participate as willingly in those activities, because he hasn't experienced success in the past. On the other hand, if his strengths lie in the motor and self-help areas, activities in these areas will be more reinforcing for the child and the teacher to work on because the child has a higher probability of achieving success and enjoys participating in them more. Thus, the curriculum sometimes swings more and more towards the stronger, reinforcing areas and away from the more difficult areas.

We cannot overemphasize that a teacher must provide instruction for the whole child in all developmental areas, taking that child's unique abilities and needs into account. It is all too easy to end up unintentionally and unconsciously teaching in areas where one receives the most reinforcement.

## Limiting Targeted Behaviors to Skills the Teacher is Comfortable Teaching

Preschool teachers' training and experience provide them with teaching skills that vary somewhat across developmental areas. There may be many skills listed in the checklist that a teacher either has not had the opportunity to teach or has not had much success with in the past. For example, if the teacher's only attempt at toilet training was with a child who continued to have accidents, even after an intensive program, it is not likely that that teacher would readily implement a toileting program with another "difficult" child.

This also occurs when a teacher who has training in a specific area, such as speech and language, unintentionally puts undue emphasis on speech and language activities and, at the same time, shies away from teaching self-help skills such as self-feeding and dressing, especially if that teacher has never taught them before.

This problem can be avoided by cooperative planning with input from various specialists. These "staffings" help to assure that the child's needs in all areas of development are considered. Also, a careful assessment of teacher needs can be undertaken and then inservices can be planned in areas where the teacher has weaknesses.

## Using a Checklist That is Inappropriate For a Specific Child

Because children progress at different rates and have different problems, some checklists may be more appropriate for some children than others. For example, a checklist based on normal development may not be nearly detailed enough for those working with severely and profoundly handicapped children. The checklist loses its value as a curriculum guide if a teacher ends up working on one specific item for weeks or months on end. Teaching becomes frustrating for the teacher, parent, and child. Instead, the teachers might make their own checklist with the items broken down into smaller steps or find another behavioral checklist that is more helpful in curriculum planning for the individual with whom they're working.

## Assessing and Sequencing Skills Correctly But Teaching Splinter Skills

If the teacher does not refer back to the behavioral checklist following the acquisition of a targeted objective, the teacher may allow the curriculum plan to spin off on a tangent and thus end up teaching splinter skills.

This can happen in two ways — horizontally or vertically. A horizontal splinter skill occurs when a teacher appropriately targets an objective for the child but elaborates on that skill beyond the point where the skill is functional. For example, a teacher may target

“names three colors on request” and successfully teach that skill to criterion, but then may proceed to go beyond the basic colors to teach violet, mauve, tangerine, chartreuse, magenta, etc. This can prove to be very reinforcing to the teacher and/or parent because the child can answer correctly a large number of questions in a very specific area and appear “smart.” Teaching these behaviors wastes valuable teaching time and does very little to enhance the child's overall development.

A vertical splinter skill is probably a more common error. It occurs when a teacher initially targets a developmentally appropriate behavior, but then takes that behavior to higher and higher levels of functioning. For example, a teacher may teach a child to “count to three in imitation” from the *Portage Guide to Early Education: Cognitive Card #51*, age 3 to 4 (Bluma et al 1976) and then go on to teach “counts to ten objects in imitation” which is at the 4 to 5 age level. The next goal might be “counts by rote one to 20” at the 4 to 5 age level, and finally “counts up to 20 items and tells how many” at the 5 to 6 age level. If the child in this example had been 3 years of age, the teacher would have been teaching skills far above the child's developmental level even though the sequencing of these skills was correct. This results not only in an expenditure of time and energy that could be utilized more effectively but also necessitates breaking the targeted tasks into smaller and smaller steps (creating, in reality, another behavioral checklist or a task analysis). Additionally, because of the increasing complexity of the tasks beyond the child's developmental level, the probability of a successful learning experience for the child is diminished.

## Putting Unjustified Emphasis on Skills Commonly Classified as "Kindergarten Readiness"

Pressure to teach kindergarten readiness skills is a perpetual problem for the preschool teacher. The perception that these skills constitute "schooling" or "education" is pervasive. For example, when parents are asked what they would like to work on with their child, many immediately choose skills such as having the child write his name, count, or say the alphabet, even though developmentally the child is no where near ready to master these skills. The problem may be further compounded by some schools that send around their "lists" of skills that the child is expected to have learned before entering kindergarten. In extreme cases, the pressure may take the form of the kindergarten teacher saying things such as "I wonder what the preschool teachers are doing? Many of their children can't even write their name when they come to school".

The concern addressed above does not mean, however, that emphasis on these skills would be inappropriate for all children. For example, many 4 year olds are in programs specifically because of skill deficits in these areas. Emphasis placed on these skills would be appropriate.

The authors reviewed 809 individual lesson plans from a preschool program and found that 30 percent of the stated behavioral objectives were: drawing shapes (+, 1, —, o, □, Δ, M); naming shapes (o, □, Δ); naming, matching, and pointing to colors; and naming numerals, matching numerals to objects, and rote counting. While these objectives are appropriate for some children, one must ask if the teachers looked at all areas of development so that the most appropriate programming could be developed for each child.

## Failing to Plan for Generalization and Maintenance

No behavioral checklist in existence encompasses all the skills preschool children need to learn — at best a checklist is a sequential developmental listing. These behavioral checklists often include behaviors that appear extremely restricted but which, in fact, represent only a single example of a whole class of behaviors. For example, "puts four rings on peg" is one behavior on a checklist which is meant to represent a group of behaviors that requires a similar degree of eye-hand coordination and problem solving ability. The behavior on the checklist was made specific for observational reliability and ease in establishing criteria. If a teacher only targets and teaches "puts four rings on peg" and does not plan for generalization and maintenance of the behavior, the child will: (1) only be able to put four rings on a peg, which does not do anybody much good, or (2) forget how to put four rings on a peg, which is even worse. As Harbin states (1977), "Children go through two stages in developing skills: acquisition and generalization. Criterion-referenced devices tend to measure only acquisition".

Thus, it is fallacious to assume that a child will automatically generalize and be able to maintain a specific skill. Preschool children, particularly those who have special needs, need to be taught generalization by practicing a skill in more than one situation. A child who learns to name a block as "blue" then needs to practice using "blue" as a descriptor of many other objects and in many other situations. That same skill will most likely be maintained if it is reinforced in the child's daily routine, e.g., by having the child name blue objects in a grocery store or choose blue clothing to wear. Thus, the child learns that "blue" is an integral part of his environment and not just the color of a block that his teacher showed him.

## Summary

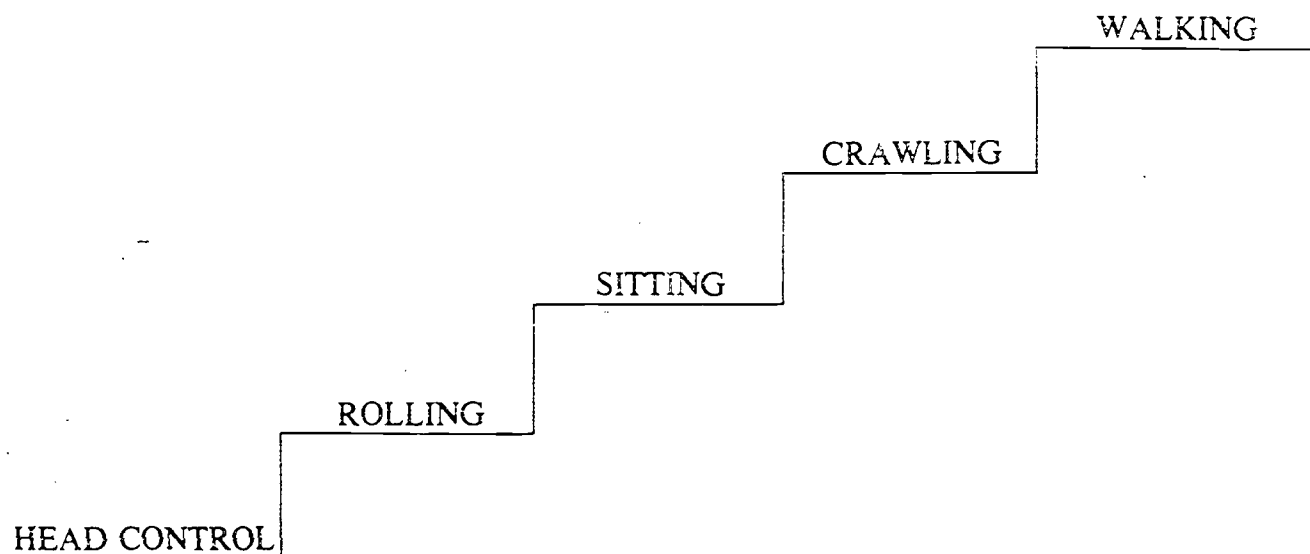
Although the above problems do occur, checklists are still indispensable tools for teachers. Valuable curriculum planning information can be obtained from them as well as ideas for implementation. Yet, problems do arise no matter how conscientiously the tools are employed. Ongoing assessment of the curriculum plan and individual adaptations that meet the unique needs of children provide the means by which many of these problems can be circumvented.

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## Task Analysis

Task analysis is the process of breaking long-term or annual goals into a sequence of teaching steps. A staircase provides a picture of task analysis; the long-term goal is the top stair and each step is an objective that provides the child with skills necessary to reach the top.



For example, if walking is the long-term goal for a child, some of the skills necessary to reach this goal are head control, rolling over, sitting and crawling. Each of these skills are short-term objectives. Home visitors will also use task analysis to plan a sequence of steps to move the child from one short-term objective to the next.

By using this method of teaching, parents, children and home visitors can see progress over a short period of time. It would be very frustrating for all involved to work all year on the objective of walking. A much

more rewarding method would be to set weekly objectives which follow a sequence toward the long-term goal of walking. It is especially important when working with parents to provide them with successful experiences in teaching their child. This can be done by planning objectives which will be accomplished within one week.

Task analysis is also an important tool to use in teaching handicapped children. Children with special needs generally acquire skills in the same sequence as non-handicapped children but the rate at which they

learn differs. For example, children learn to feed themselves first by holding their bottle, eating from a spoon held by parent, finger feeding, drinking from a cup held by parent and finally self-feeding. The handicapped child may require a series of small steps to learn any of the above skills. Drinking from a cup may be taught by using special cups and maximum guidance from parent, then gradually reducing aid and changing to a regular cup.

Prior to writing a task analysis, the home visitor must set an objective for the child. There are three levels of objectives:

1. **Annual goals** which will be accomplished at the end of the program year.
2. **Short-term objectives** which lead to accomplishment of the annual goals.
3. **Instructional Objectives** which lead to accomplishment of short-term objectives.

Most frequently the home visitor will use task analysis in developing a sequence of instructional objectives to be accomplished weekly. The following diagram shows each type of objective and a sample task analysis.

**Annual Goal:** Brian will increase gross motor skills to the 4-5 year level including: skip-ping, walking up and down stairs alternating feet, bouncing and catching a ball.

**Short-Term Objectives:**

1. Brian will hop forward on one foot 5 feet upon request 4/5 times.
2. Brian will skip forward 10 feet upon request 4/5 times.
3. Brian will catch a ball thrown from 5 feet upon request 4/5 times.
4. Brian will bounce and catch large ball upon request 4/5 times.
5. Brian will walk up stairs alternating feet upon request 4/5 times.
6. Brian will walk up and down stairs alternating feet upon request 4/5 times.

**Instructional Objectives:** (Task analysis for #1 above)

- a. jump forward 5 feet upon request 4/5 times
- b. stand on 1 foot 3 seconds with model 4/5 times
- c. hop forward 5 feet with parent guiding at waist 4/5 times
- d. hop forward 5 feet holding parent's hand 4/5 times
- e. hop forward 3 feet along wall 4/5 times
- f. hop forward 3 feet with model 4/5 times
- g. hop forward 5 feet upon request 4/5 times.



Each of the short-term objectives in the sample could be broken down into instructional objectives. The number of steps in the task analysis is dependent upon the child. If a child has difficulty learning a task, the home

visitor can plan smaller steps. Read the following task analysis and think about how a step could be simplified if the child cannot accomplish it.

**Short-Term Objective:** Sally will draw a □ upon request 4/5 times.

1. Sally will copy a circle upon request 4/5 times.
2. Sally will draw a square using a template 4/5 times.
3. Sally will trace a square upon request 4/5 times.
4. Sally will draw a square by connecting dots 4/5 times.
5. Sally will draw a square with verbal directions 4/5 times.
6. Sally will draw a □ upon request 4/5 times.

Some children may be able to accomplish each of these steps with no problem, whereas other children will need additional

steps. The following task analysis demonstrates how the same objective can be further subdivided.

**Short-Term Objective:** Jenny will draw a □ upon request 4/5 times.

1. Jenny will copy a circle upon request 4/5 times.
2. Jenny will draw a □ using a template as parent guides hand 4/5 times.
3. Jenny will draw a □ using a template 4/5 times.
4. Jenny will trace a square as parent guides hand 4/5 times.
5. Jenny will trace a square upon request 4/5 times.
6. Jenny will draw a square by connecting dashes 4/5 times.
7. Jenny will draw a square by connecting dots ( ∴ ∴ ) 4/5 times.
8. Jenny will draw a square by connecting dots ( ∴ ) 4/5 times.
9. Jenny will draw a square with a model and verbal directions 4/5 times.
10. Jenny will draw a square with verbal directions 4/5 times.
11. Jenny will draw a □ upon request 4/5 times.

The above example shows that task analysis can be a very detailed process. As the home visitor becomes more proficient at doing task analysis, there will not be a need to write it out step by step. The goal is for task analysis to become a thinking process. Based upon what the child can presently do, the home visitor plans an objective that will move the child one step closer to the goal. The home visitor's knowledge of the child enables him or her to plan appropriate objectives. Some things to consider are:

- Materials which are most effective
- Type of aid child needs
- How much progress child makes in a planned period of time (rate at which child learns).

Task analysis can be used for teaching skills in all developmental areas. Consider the following example of a language skill.

**Short-Term Objective:** Lori will name the position of objects as in-on-under upon request 4/4 times.

1. Lori will place herself in-on-under in imitation 4/4 times.
2. Lori will place herself in-on-under upon request 4/4 times.
3. Lori will place objects in-on-under in imitation 4/4 times.
4. Lori will place objects in-on-under when shown once 4/4 times.
5. Lori will place objects in-on-under upon request 4/4 times.
6. Lori will name position of objects in imitation 4/4 times.
7. Lori will name position of objects when told once 4/4 times.
8. Lori will name the position of objects as in-on-under upon request 4/4 times.

## Changing Aid

Now that you have read several examples of task analysis, let's consider some of the specific techniques used. You will recall that one of the four parts of a behavioral objective is conditions or type of aid given the child. Reread each of the examples and pick out the aid in each objective; changing the aid is one method of doing a task analysis. There is a definite pattern to the aid used in teaching a child. The most amount of help you can give a child is **physical aid**. Some examples of this type of aid are:

- using template
- guiding hand
- holding wrist
- using table for support

The physical aid given in a particular task can be gradually decreased as in the following example:

### Drinks from cup:

parent holds and directs cup  
parent guides child's hands on cup  
child holds cup, parent directs from wrists  
child holds cup, parent directs from forearms

**Visual aids** are next in the hierarchy. Some examples are:

- tracing
- connecting dots
- modeling the task or showing the child.

As with physical aid, the visual aid can be gradually decreased.

### Completes 6 piece puzzle:

model placing each piece  
point to correct hole  
model completion of puzzle

The third type of aid is **verbal aid** such as modeling or telling the child the correct answer; giving directions such as across, down, across, up when teaching drawing a □; giving initial sound of a word such as bl. . . blue. The following is a sequence of verbal aids which would be used in teaching naming skills.

### Names 3 colors:

with a model  
when told once  
with initial sound  
upon request

To summarize, there are three types of aid: physical, visual and verbal. In doing a task analysis, the greatest amount of aid is physical and with most skills you start teaching with some type of physical aid. The exception to this rule is naming skills where physical aid is not appropriate. As the child progresses toward the goal, physical aid will be dropped and visual then verbal aids will be given. The variety and quantity of aid is dependent upon the needs of each child.

## Changing "What"

Another aspect of the behavioral objective which could be changed is the "what". This could involve changing materials such as buttoning large buttons — buttoning on button board — buttoning coat on table — buttoning coat on self. This could also be changing the behavior. For example, naming skills require the prerequisite skills of pointing and matching. The following is a task analysis of naming colors; observe the change in the "what" and the conditions.

Jimmy will **match** red, blue, yellow with a model 5/5 times.

Jimmy will **match** red, blue, yellow when shown once 5/5 times.

Jimmy will **match** red, blue, yellow upon request 5/5 times.

Jimmy will **point** to red, blue, yellow with a model 5/5 times.

Jimmy will **point** to red, blue, yellow when shown once 5/5 times.

Jimmy will **point** to red, blue, yellow upon request 5/5 times.

Jimmy will **name** red, blue, yellow with model 5/5 times.

Jimmy will **name** red, blue, yellow with initial sound 5/5 times.

Jimmy will **name** red, blue, yellow upon request 5/5 times.

## Change "How Well"

A third part of the behavioral objective which can be changed is the "how well" or criteria for success. For example, the distance in hopping, jumping, skipping, etc. could be gradually increased; the time allowed for doing a task, such as stringing beads, could be decreased. The percentage of successful trials should not be reduced. Regardless of the objective, the child should be successful at least

75% of the time to accomplish it. For example, this objective would **not** be appropriate:

Susan will wash her hands with a model 1/4 times.

The following task analysis demonstrates changing **what, conditions** and **how well**. Pick out each part as you read.

Neal will string 2 large beads with mom guiding hands 4/5 times.

Neal will string 4 large beads as mom holds string 4/5 times within 2 minutes.

Neal will string 4 large beads with verbal directions 4/5 times within 2 minutes.

Neal will string 4 large beads upon request 4/5 times within 2 minutes.

Neal will string 2 small beads with mom holding string 4/5 times.

Neal will string 4 small beads with verbal directions within 2 minutes 4/5 times.

Neal will string 4 small beads upon request within 2 minutes 4/5 times.

Neal will string 4 small beads upon request within 1 minute 4/5 times.

## Summary

Task analysis is the process of breaking annual goals into short-term and instructional objectives. This procedure ensures the child and parent success over short periods of time as the child accomplishes each objective.

The procedure can be accomplished by changing a part of the behavioral objective. "Conditions", or type of aid, can be gradually decreased from physical to visual to verbal to on request. The "what" can be changed by using different materials, making

the action simpler or following the learning sequence of matching, pointing and naming. The "how well" part must remain at 75% successful but some aspect may be changed such as distance or time. Task analysis becomes a thinking process for the home visitor. Knowing what the child can do, the home visitor plans an objective which moves the child closer to the goal and provides sufficient aid to ensure success. Each task analysis will meet the needs of the individual child. Although all task analyses follow a sequence, the number of steps and the techniques used are dependent upon the child.

## Appendix I

### MAKING YOUR HOME SAFE

How well protected are you and your children in your home? Is your home safe from BURNS, FALLS, CUTS, ELECTRICAL SHOCK AND POISONING?

For children BURNS are the biggest single accident hazard.

FALLS are the most common... and the deadliest... of all home accidents.

Removal of sharp objects along with teaching the proper use of them is a must for the prevention of CUTS.

Often a moment's carelessness with, or the improper use of, ELECTRICITY can be an instantaneous killer.

POISONING finds its chief victims in children under five. Anything harmful that can be swallowed must be considered a poison. The **most common** cause of all accidental home poisonings is an overdose of **aspirin**. Children think the little pills are candy.

Go through your home room by room. Use the list below to help in:

### MAKING YOUR HOME SAFE

#### KITCHEN

yes      no

- ( ) ( ) Are your knives properly stored — in a wall storage rack or in a drawer (out of reach of small children)?
- ( ) ( ) Are pressurized cans kept away from heat (heat causes them to explode)?
- ( ) ( ) Are empty cans and lids discarded where they cannot cause injury?
- ( ) ( ) Do you have too many appliances plugged into one electrical outlet — A FIRE HAZARD?
- ( ) ( ) Does everyone in your family know they should dry their hands before touching an appliance to avoid getting a SHOCK?
- ( ) ( ) Never reach into a plugged-in toaster with a knife, fork, or metal object to remove a piece of toast — another SHOCK HAZARD!



- ( ) ( ) Do you have any flapping curtains (or towels, wooden racks, cookbooks, or other flammables) near the stove — A FIRE HAZARD?
- ( ) ( ) Do you practice good safety while cooking — use pot holders (instead of a towel), make sure pot handles are turned away from the stove edge, don't wear long, loose sleeves — ANOTHER FIRE HAZARD?
- ( ) ( ) Do you have a fire extinguisher near the stove? Baking soda is a good substitute. Never pour water on a grease fire, use baking soda to smother the fire.
- ( ) ( ) Do you always check to be sure all burners are off before leaving the kitchen? (If you smell gas, don't light a match, or flip a light switch, or use the phone — any spark could start a fire. Call the gas company — from a neighbor's house.)
- ( ) ( ) Do you keep your polishing and waxing cloths in a metal container with a good tight cover? (They are highly INFLAMMABLE!)
- ( ) ( ) Do you store matches out of the children's reach?

### KITCHEN CHECKLIST

yes    no

- ( ) ( ) Have you taught the older children the safe way to handle matches?
- ( ) ( ) Do you have a fire-resistant ironing board cover? And do you disconnect the iron when you leave the board?
- ( ) ( ) Do you store lye, bleach, cleaning compounds (POISONS) completely out of your children's reach?
- ( ) ( ) Do you have all poisonous substances labeled clearly? And stored in their original containers? Never in a "pop" bottle!
- ( ) ( ) Do you keep insecticides and rat poisons away from food shelves, pots, pans, and dishes? And always read the instructions on the labels carefully before using? Remember, moth balls look like candy to a child — but they are POISON.
- ( ) ( ) Did you know that lead-based paint is poisonous when eaten by a child? — furniture, woodwork, windowsills, and toys — should be painted with lead-free paint.
- ( ) ( ) Do you use drycleaning fluids in well-ventilated areas (preferably out of doors) — the fumes are POISONOUS? Clothes cleaned in a coin-operated machine should be well aired before driving home in a closed car. Machine-cleaned sleeping bags should be opened and aired outside for 24 hours before using.
- ( ) ( ) Do you always use your charcoal grill outside? — the fumes from charcoal give off deadly carbon monoxide and are POISONOUS.

## BATHROOM CHECKLIST

yes    no

- Do you store all drugs (laxatives, mouth washes, sleeping pills, and other poisonous substances) in a locked or unreachable place, out of your children's reach?
- Do your older children know that they are not allowed to take anything from the medicine cabinet without your permission?
- Have you discarded all your old or unused medicines?
- Do **you** know that taking medicine in the dark may be **HAZARDOUS TO YOUR HEALTH**? Always read the label first — to be sure of what you're taking.
- Is your tub enclosure or shower enclosure made of plastic or safety glass?
- Do you use only unbreakable glass (shampoo bottles & such) in the bathroom — **TO AVOID CUTS**?
- Do you always put the soap back in the soapdish — **TO AVOID SLIPPING** on it?
- Do you keep electrical appliances out of the bathroom to **AVOID ELECTRICAL SHOCKS** (hair dryers, curlers, heaters, radios?)
- Is the light switch out of reach of the tub or washstand? **ANOTHER SHOCK HAZARD.**
- Do you have a rubber mat or adhesive strips in the tub — to **AVOID FALLING**?
- Is there a bathmat to help keep the floor dry?

## BEDROOM CHECKLIST

yes    no

- Do you have an escape plan for your family **IN CASE OF FIRE**?
- Is there a rule in your home that no one smokes in bed?
- Are there pills in any bedrooms that should be kept out of reach of small children?
- Are the medicines in your handbag in child-proof containers?
- Does your baby sitter know about keeping medicines out of her handbag and out of your children's reach?

## LIVING AREA CHECKLIST

yes    no

- Is your fireplace screen the full length & width of the fireplace opening?
- If you have a heater, is it well away from curtains, newspapers, and other flammable objects and away from traffic?
- Do you have safe ashtrays available for smokers?
- Do you have candles lit only when someone will be in the room to keep an eye on them?
- Are your sliding glass doors, storm doors, or window walls made of safety glass? Do you have them marked with decals or tape so they're visible?
- Are the lower glass sections of the storm doors protected with a grate?
- Are there broken toys with sharp edges or loose parts that should be repaired or thrown away?
- Are there hunting rifles or other weapons in the home?
- Are they unloaded or dismantled and out of children's reach?
- Does your home have any "trip-traps" — toys, shoes, bottles, in the line of traffic — waiting to trip someone?
- Are the floors slippery? From non-skid wax, or grease, or spilled food — even furniture polish (from a spray can) can make the floor slippery and hazardous.
- Are the extension cords **behind** furniture — not underneath rugs?
- Do you make it a habit to close cupboard doors and drawers after use?
- Are your stairways well lit and uncluttered?
- Are there any worn treads on carpeting — or scatter rugs at the foot of the stairs that invite slip-ups?
- Is there a sturdy handrail the full length of the stairs?
- Is there a gate at the top of the stairs to prevent small children from tumbling down the stairs?

## BASEMENT CHECKLIST

yes      no

- ( ) ( ) Is your basement free from clutter? Old papers, clothes are a FIRE HAZARD?
- ( ) ( ) Do you have old paint and varnish stored in the basement? They are a FIRE HAZARD, too, and should be stored outside.
- ( ) ( ) Do you place the furnace or fireplace ashes in metal containers?
- ( ) ( ) Do you clean the electric dryer lint basket regularly? And avoid putting articles containing foam rubber (A FIRE HAZARD) in the dryer?
- ( ) ( ) Are your washer and dryer grounded with 3-prong plugs?
- ( ) ( ) Are all your power tools grounded? Never stand on a wet floor when using any power tools — ANOTHER SHOCK HAZARD.
- ( ) ( ) Are all your tools put away safely? Saws and other sharp tools, nails, should have a place on shelves, wall holders, or in a toolbox.
- ( ) ( ) Do your power tools have safety guards? Shut-off switches should be out of reach of children.
- ( ) ( ) Do you remove all nails from used lumber before storing it?

## OUTSIDE THE HOUSE

yes      no

- ( ) ( ) Are there any rocks, nails, broken glass, tin cans, garden tools, or other things lying around that could cause injury?
- ( ) ( ) Do all family members use their head to save their fingers and toes around a lawn mower?
- ( ) ( ) Are outside steps, porches, patios, rails, and sidewalks, in good repair? Is there a clear uncluttered path for walking?
- ( ) ( ) Is the play equipment sturdy and in good repair?
- ( ) ( ) Is the clothesline well away from the play area and traffic paths and high enough to prevent walking into?

- ( ) ( ) Do you use a stepladder or stepstool when you have to reach high places?
- ( ) ( ) Do you use a trash burner (well away from buildings) when burning trash (NEVER ON A WINDY DAY)?

### GENERAL SAFETY CHECKS

yes no

- ( ) ( ) Do any of your electrical appliances give off sparks, smoke, or a burnt odor? THESE ARE DANGER SIGNALS!!
- ( ) ( ) Have you noticed that your TV picture shrinks or that the lights dim when appliances go on? These are signs of overloaded wiring AND A FIRE HAZARD.
- ( ) ( ) Are all electrical cords in good condition?
- ( ) ( ) Extension cords that are too small for the appliance can overheat and cause a fire — are all of your cords the proper size for the appliance?
- ( ) ( ) Are the outlets in your home the grounded type (with an extra slot for a three-prong plug)?
- ( ) ( ) Are your outlets plugged with safety guards? So the children can not poke objects into the outlets — A SHOCK HAZARD!
- ( ) ( ) Do you unplug the appliance cords from the wall outlet first? This is a good safety rule.

### THESE COMMON SUBSTANCES ARE POISONOUS

Care should be taken in storing them

Cosmetics  
Weed killers  
Fertilizers  
Paints  
Bug sprays

Soaps  
Detergents  
Cleansers  
Bleach  
Drain cleaners

Ammonia  
Waxes  
Shoe polish  
Dry cleaning solvents  
Turpentine

Ant killers  
Aspirin  
Sleeping tablets  
Vitamins  
Prescription pills

## POISONOUS PLANTS — Indoors & Outdoors

Rhododendron (all parts)  
Azalea (all parts)  
Yew (foliage & berries)  
Lily of the valley (leaves & flowers)  
Buttercup (all parts)  
Hyacinth, narcissus, & daffodil (bulbs)  
Dieffenbachia (all parts)  
Poinsettia (leaves)  
Mistletoe (berries)

Rhubarb stalks are a favorite food. . . but one leaf can kill a child.

Be sure all indoor plants are out of a small child's reach.

\* Compiled from 4-H and Family Living Education bulletins, Michigan State University Cooperative Extension Service, by the Grand Traverse County Extension staff.



## Home Eye Test

One out of every twenty children between three and five has an eye problem which if not detected and treated prior to the age of six is potentially blinding. The Home Eye Test was developed by the Sight Conservation Research Center of San Jose, California. This test is a screening instrument which is complete with materials and instructions for administering. The HET is designed to be given in the home by parents; it would also be appropriate for home visitors to do the screening. Specific directions for identifying children who should be referred for a professional vision examination are clearly stated in the text.

Surveys reported in 1973 indicate that five percent of the children taking the HET

fail and of those who fail, three-quarters will be found upon examination to have a vision problem requiring treatment or correction. Developers of the test emphasize that it is a rough screening test which only indicates that a child may have a visual defect; therefore, the screening should not replace more in-depth vision tests.

The Home Eye Test is available free of charge in Spanish and English. For additional information and copies write:

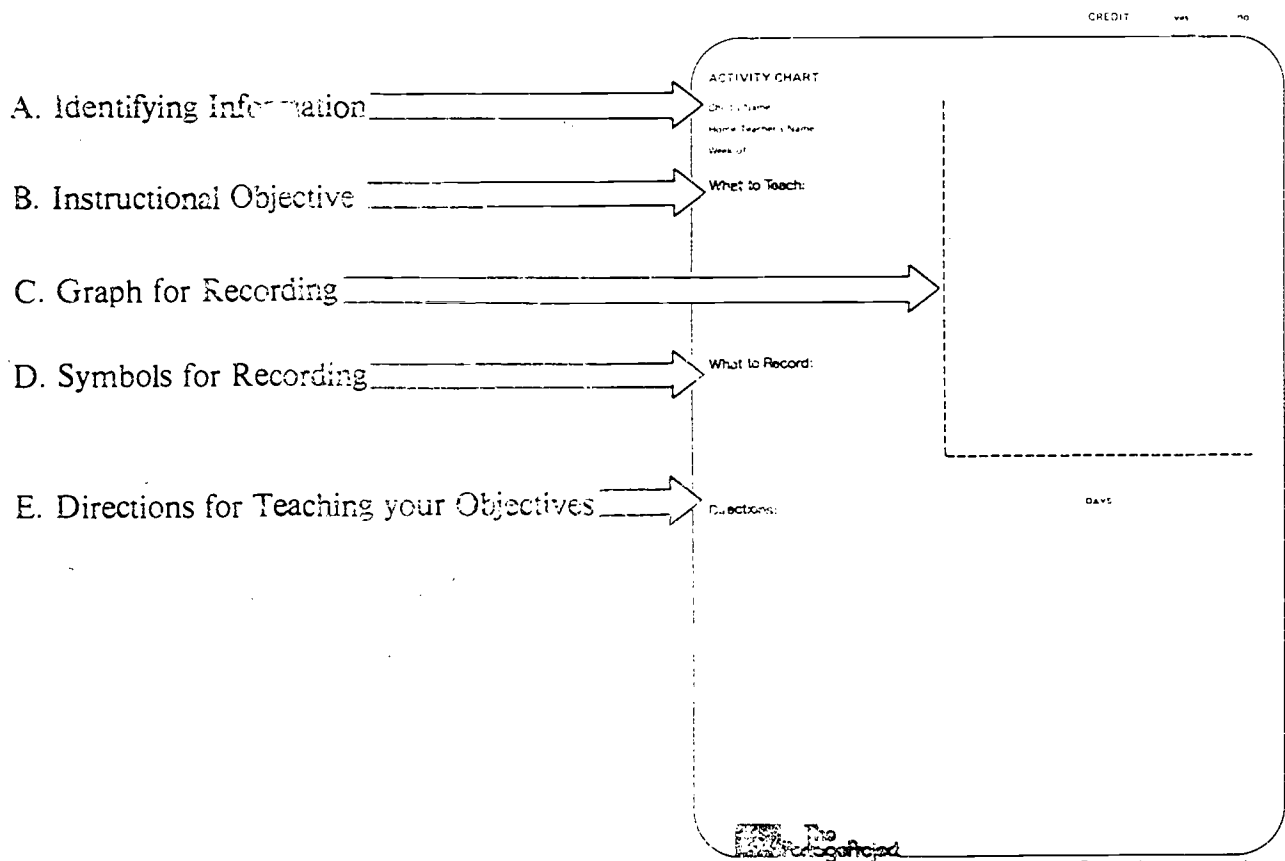
National Society for the Prevention  
of Blindness, Inc.  
79 Madison Avenue  
New York, New York 10016

## Lesson Plans

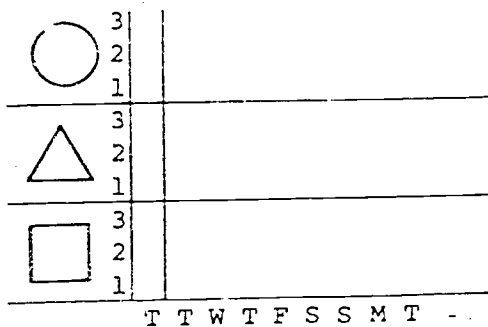
The importance of planning and recording home visits has been stressed throughout this manual. Each home-based program has developed its own method of accomplishing these important tasks. The Home Start Training Centers contributed samples of their lessons plans and/or unit activities which are used in planning and recording the home visit.

### Portage Project HSTC Activity Charts

The activity chart provides the parents directions for implementing daily activities with their child. Therefore, it must be clear and provide all the information the parent needs. The following items provide a complete chart with all the information necessary to teach the child and record his/her progress.



- A. **Identifying Information** — This usually specifies the parent and child's name, the home teacher's name and the date.
- B. **The Instructional Objective** — This will be your chosen objective written as who/what/conditions/how well. Remember to select an objective which the child can accomplish in one week.
- C. **Graph for Recording** — This horizontal area will be labeled beginning on the day of your visit and will run to the day of your next visit. It is helpful to leave room for the parent to practice recording on the first day. The vertical axis will be labeled to correspond with the **what** and **how** parts of your objective. For example, if your objective said: "Lamont will place ○, □, △ in formboard on request 3/3 times daily," you would want to record all three trials daily for the circle, square, and triangle form. Your graph would look like this:



- D. **Symbols for Recording** — It is usually best to choose two symbols that can be used to record these responses:
- can perform behavior as stated in instructional objective
  - needs more help than stated in the instructional objective

Some examples are:

- , ○, √, +
- = can perform as stated in objective.
- +; ○, X, —, ○
- = needs additional help.

As you notice, the child's performance is not viewed in a pass/fail manner, but rather in a positive developmental manner. The child receives help when needed and moves ahead independently when no help is needed. This will help you teach the parent a positive approach to assessing and working on specific weaknesses and needs the child may have.

- E. **Directions for Teaching Your Objective** These directions should answer any questions the parent might have concerning how to teach a specific objective. Therefore, your directions should **always** include the following information.

• **Materials Needed** — Tell the parents what materials they will need, and if they can change the materials during the week. Emphasize the use of materials already present in the home or home-made materials that the parent can make and keep at home. This is important because chances are that skills will be practiced, reinforced and maintained if the materials are present in the child's natural environment. This will also help parents dispel the myth that you need fancy and expensive materials to be a good teacher.

• **Place to Work** (if necessary) — Sometimes it is important to specify a special place to perform an activity. For example, it would be better to stack 1 inch cubes on a hard table surface than on a shag carpet. Or if you know from informal observation that the child is easily distracted, it would be better to work on the livingroom floor than at the kitchen table, below the window overlooking the neighborhood playground.

• **Manner of Presentation** — This explains how to present the activity. It is written as if you were talking to the parent. It describes how you arrange the materials, how you present the activity and the response you expect. Consider the parents style when writing this. You want the manner of presentation to fit their style more than yours, since they will be the primary teachers for the remainder of the week.

• **Reinforcement** — The child needs to know when he or she makes a correct response. The manner in which you and the parent show the child he or she is correct is called reinforcement. When something nice happens after the child responds correctly, he or she is more likely to repeat the correct response. There are several types of reinforcers; the type you and the parent decide to use is dependent upon the child and the activity. We all hope that children will behave appropriately and learn new skills because “they want to”. However, this does not always happen. Often children, like adults, need someone to smile and say what a nice job they did on the task. Or maybe the child needs a pat on the back or a handshake. It is very reinforcing to some children for mom or teacher to play a favorite game or read a book to the child. Stickers or stars are prized by many children. Plan to use only the amount of reinforcement necessary for each task. If the child continues to respond correctly with a smile and handshake, you don’t need tokens. On other activities you may need a stronger reinforcer.

This does not mean that everytime the child does something that you request he or she gets a star. There may be times, like on skills that are especially difficult, that stars or tokens or special activities will be needed to reinforce the

child. Most of the time, praise from family members and you will be what the child needs.

When you write directions for each activity, plan what reinforcement you will use when the child responds correctly. It is helpful to observe the parent/child interaction and choose a reinforcer that the parent already uses. Remember, reinforcement must be something the child likes; that “special” activity you plan isn’t reinforcing at all if it is not special for this particular child.

• **Correction Procedure** — Explain what the parent should do to help the child if an incorrect response is given. This is one of the most important parts of the directions because it helps ensure successful experiences for both the parent and child. Task analysis will help in planning correction. The child needs just enough additional help or information to respond correctly. This is usually one step back in the task analysis. For example if the instructional objective has verbal aid; correction may be to give the child visual aid. Be specific in saying how the child will be given additional aid.

• **How to Record** — Show the parent how to record correct child responses and how to record when additional aid was given.

• **How Often to Practice** — Recommend a certain number of times to practice the activity daily. This would be based on the child’s attention span and the amount of time the parent has to work on activities.

• **Generalization, Additional Practice** — Sometimes you might add that additional practice could be done, or you might recommend that the skill be practiced in other settings or with other materials.

Given all eight parts of information, the parent will have a clear picture of what she needs to do to teach the targeted instructional objective.

The checklist below might be helpful in checking the directions of your written plan:

- \_\_\_\_\_ materials
- \_\_\_\_\_ place to work
- \_\_\_\_\_ manner of presentation
- \_\_\_\_\_ how to record
- \_\_\_\_\_ are directions written in a conversational manner?
- \_\_\_\_\_ is it fun?
- \_\_\_\_\_ reinforcement
- \_\_\_\_\_ correction procedure
- \_\_\_\_\_ additional practice
- \_\_\_\_\_ how often to practice

The information in the directions may seem to be too much, though all is necessary if you want to provide parents with a thorough plan. The plan needs to be short, simple and readable. It will be important to be concise in writing out your directions. The following example shows a complete chart. It is lettered to correspond with the directions for completing an activity chart as just described in this appendix.

The activity chart is a record of specific objectives presented during one part of the home visit. The Home Visit Report is used to record all the activities presented during a home visit. It includes a record of activities in each component and developmental area. This report also serves as an attendance record and provides space for parents to comment on each visit.

✓

A. **ACTIVITY CHART**  
 Mary Jo Taylor  
 Anne Rankin  
 11/24

B. **What to Teach:**  
 Mary Jo will point to long and short objects on request  
 4/4 X

C.

4	(X)	(X)	X	(X)	X	(X)	X	X	X
3	(X)	X	(X)	X	(X)	(X)	X	X	X
2	X	X	(X)	X	(X)	X	(X)	X	X
1	(X)	X	X	X	X	X	X	X	X

D. **What to Record:**  
 X = points upon request  
 (X) = points with a model

E. **Directions:**  
 Use a variety of long and short objects such as string, pencils and pieces of paper. Place a pair of objects (one long and one short) in front of Mary Jo. Ask her to point to the long one. If she is correct, praise her and record an X. If she is not correct, you point to the correct object and say "this is long, point to the long one", record (X). Repeat this procedure with short. Change the position of the objects; use a variety of objects. Practice 4 times a day.

DAYS  
T T W T F S S M T

The Portage Project

**PORTAGE PROJECT HOME START TRAINING CENTER  
HOME VISIT REPORT**

Child: MARY JO TAYLOR Home Visitor: ANNE RANKIN  
 Week # 15 Visit # 13 Length 90 min Scheduled Date 12/2 Time 10:00 Rescheduled Date \_\_\_\_\_  
 Reason for missed or rescheduled visit \_\_\_\_\_  
 Postbaseline on last visit's activities. Please attach activity charts you picked up during your visit

Activity Code	Objective	Baseline	Post-baseline
<u>N-Cog 44</u>	<u>Will point to long and short objects on request 4/4x</u>	<u>1/4</u>	<u>4/4</u>
<u>N-M 99</u>	<u>Will jump forward 10 times w/o help 3/3x</u>	<u>0/3</u>	<u>3/3</u>
<u>C-Lang 40</u>	<u>Will tell 3 facts from story with pictures as a reminder 1/1x</u>	<u>0/1</u>	<u>1/1</u>

Parent Comments: *Mary Jo really enjoyed the activities that were left last week. I enjoy teaching her and feel that I am learning many new skills to teach her.*  
 Parent's Signature: Jane Taylor

Home Visitor Comments: Ms. Taylor will call Jim Franks to make appointment to apply for ADC.



Activity Code	HOME VISIT OBJECTIVES	Baseline	RECORDING PROCEDURE														
			/ when presented M/D fill in date when accomplished														
PRESCRIBED ACTIVITIES	<u>N-53C 55</u>	<u>Will follow roles in group game led by adult, when reminded 4/4x</u>	<u>2/4</u>														
	<u>N-58 56</u>	<u>Will wake up dry 2 out of 7 mornings during week</u>	<u>0/7</u>														
	<u>N-COG 48</u>	<u>Will match objects 1 to 1 without help 3/3x</u>	<u>1/3</u>														
	Theme: <u>Christmas - Winter</u> Last Week's Total: <u>15/18</u> / <u>17/13</u> / <u>9/10</u> / <u>3/10</u> / <u>3/10</u> / <u>5/5</u> / <u>0/5</u> / <u>0/0</u> Accomplished: <u>16/18</u> / <u>17/13</u> / <u>10/10</u> / <u>3/10</u> / <u>3/10</u> / <u>5/5</u> / <u>0/5</u> / <u>0/0</u> Total presented: <u>18/18</u> / <u>17/13</u> / <u>10/10</u> / <u>3/10</u> / <u>3/10</u> / <u>5/5</u> / <u>0/5</u> / <u>0/0</u>																
HOME VISIT ACTIVITIES	<u>RR 100</u>	<u>Review of Prescribed Activities</u>		Informal Activities: <input type="checkbox"/> item presented from curriculum Formal Assessment: <input type="checkbox"/> item presented from curriculum (checklist for evaluation of readiness) Baseline: <input type="checkbox"/> presented M/D record date if accomplished													
	<u>RR 100</u>	<u>Will copy circle w/o help 3/3x</u>	<u>3/3</u>	<u>12/2</u>													
	<u>PC-M 100</u>	<u>Cut circles</u>			X												
	<u>I</u>	<u>Paste and color circles to make snowman picture</u>		X													
<u>I</u>	<u>Make "bambino" snack</u>								X								
<u>I</u>	<u>Fingerprint</u>		X														
PARENT EDUC. ACTIVITIES	<u>W</u>	<u>Write menus for bkfst, lunch, dinner which contain Basic 4</u>															
	<u>I</u>	<u>Go over Home Safety Checklist</u>															
	<u>I</u>	<u>Give mom Jim Frank's number: 555-2692 ADC worker</u>															
	<u>I</u>	<u>Parent meeting - Weds. 8:00 p.m.</u>															
Component and Developmental Areas																	
Last Week's Totals					18	14	12	10	16	3	9	3	0	5	0	5	0
Total Number of Activities Presented Year to Date					21	14	15	10	17	3	11	3	0	6	1	4	0



# Home Start Curriculum Guide

## Millville HSTC

November — 3rd Week

Unit Title: Basic 4 and Thanksgiving

**Justification:** Meals during holidays are more successful if they are planned ahead of time to include the Basic 4 food groups. It is also important to include nutritious snacks to balance all the rich candy and desserts served at this time of year. This is a good time to emphasize family traditions. Take advantage of incidental learning.

### Specific Objectives:

1. To teach parents and children about the Basic 4 food groups.
2. To help parents teach children about eating good food.
3. To help parents realize the security benefits derived for the whole family from holiday traditions, in addition to the fun and anticipation for children.

### Activities:

1. Discussion.
  - A. Basic 4 food groups.
  - B. Letting children help prepare the meal; incidental learning.
  - C. Importance of accepting child's efforts even if they don't meet adult standards. Use positive reinforcement to help build good self-concept.
  - D. Importance of meal planning in regard to nutrition, low cost, ease of preparation and efficient use of left-overs.
2. Make Nutrition Train for a graphic illustration of eating habits: discuss colors, shapes, and number while cutting and pasting parts of the train. (\* p. 126)
3. Story "The Little Chew Chew Train". (\* p. 144)
4. Story and filmstrip "Tommy The Train".

(Story by Thelma Ruth West Illustrated by Marilyn Radtke and Joanne Zivny. Verse by Eleanore Wright. Cleveland Dist. Dairy Council, 2010 E. 102 St., Cleveland 6, Ohio.)

Millville HSTC  
Home Start Curriculum Guide

PARENT GUIDE

November -- 2nd Week

Good dental health means that your general health will be better. Good dental health saves money in dental bills. Good dental habits should start early in life. Good nutrition effects good dental health.

1. Provide positive reinforcement for brushing by praising your children and by using a chart.
2. Use fruits, vegetables and cheese, etc., for snacks instead of candy, gum, cookies, etc., which are bad for your teeth.
3. Take your children to the grocery store and talk about foods that are good for dental health. Let them pick out a "good" snack.
4. Let your children play store or dentist.
5. Set a good example by letting your children see you brushing your teeth or brush with them.
6. Have your children find pictures of people with pretty teeth.
7. Have children find pictures of fruits and vegetables (put in separate groups) to reinforce Dental Health.
8. Flossing is very important to total cleaning of teeth but difficult for small children to do. Parents need to help or do flossing for children.

# Millville HSTC Home Start Lesson Plan

NAME: Mrs. Comeweekly  
WEEK OF: Oct. 14-18, 1975  
UNIT TITLE: Nutrition/Basic 4

ACTIVITIES	MATERIALS	JUSTIFICATION
<p>1. Follow up:</p> <p>a. ask mom about activities done on shapes</p> <p>b. cutting shapes</p> <p>c. review colors</p>	<ul style="list-style-type: none"> <li>- Pre-drawn shapes (C, Δ, □) consisting of colors - red, blue, green, yellow, black, orange (2 sets)</li> <li>- Scissors (2 pair)</li> </ul>	<ul style="list-style-type: none"> <li>- Review &amp; give positive reinforcement to mom for follow through &amp; ideas on last week unit</li> <li>- To review shapes &amp; colors</li> <li>- To continue cutting experience</li> </ul>
<p>2. Discuss Basic 4</p>	<ul style="list-style-type: none"> <li>- "A Guide to Good Eating" pamphlet (Nat'l. Dairy Council)</li> </ul>	<ul style="list-style-type: none"> <li>- Reinforce concepts learned in Basic 4 food groups</li> </ul>
<p>3. Make Nutrition Train (2 sets so mom &amp; child can both make one)</p>	<ul style="list-style-type: none"> <li>- shapes previously cut</li> <li>- large piece paper for mounting</li> <li>- additional constr. paper of specified colors for tickets</li> <li>- scissors, glue, crayons, felt tip markers</li> </ul>	<ul style="list-style-type: none"> <li>- To help mom with simple way of keeping track of how many servings from Basic 4 have been included in daily diet</li> <li>- To continue cutting &amp; gluing experience</li> <li>- To provide positive learning experience for mom &amp; child</li> </ul>
<p>4. Apple Boat snack</p> <p>a. discuss nutritional value</p> <p>b. whole - half - triangle</p> <p>find food groups &amp; put tickets in cars.</p>	<ul style="list-style-type: none"> <li>- Apples, cheese</li> <li>- Toothpicks, knife</li> </ul>	<ul style="list-style-type: none"> <li>- Apple/cheese nutritional snack</li> <li>- Review shapes</li> <li>- Experience in food placement into groups</li> <li>- To provide positive learning experience for mom &amp; child</li> </ul>
<p>5. Cutting food from magazine &amp; matching to food groups.</p>	<ul style="list-style-type: none"> <li>- Magazine, scissors</li> </ul>	<ul style="list-style-type: none"> <li>- Extra activity if child finishes or loses interest</li> <li>- Matching, classification</li> <li>- Positive reinforcement</li> </ul>
<p>6. Discuss handouts &amp; more ways mom can reinforce Basic 4 through week.</p> <p>a. how to incorporate Basic 4 in diet</p> <p>b. make menu</p> <p>c. look for foods in magazines</p> <p>d. have child cut out &amp; paste food pictures.</p>	<ul style="list-style-type: none"> <li>- Menus</li> <li>- Recipes</li> <li>- Supplemental foods</li> </ul>	<ul style="list-style-type: none"> <li>- Better preparation</li> </ul>
<p>7. Discussion of next week lesson.</p>		<ul style="list-style-type: none"> <li>- Better preparation</li> </ul>

## Millville HSTC

Family \_\_\_\_\_

Week of \_\_\_\_\_

What special activities did you do with your child?

How did it go?

What went well?

What problems did you have?

How did you use family activities (such as meals, bathtime, errands) to teach your child?

What have you learned about yourself and your child?

What did you find your child doing good this week?

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West Central West Virginia Community Action Association HSTC

HOME VISIT PLAN

HOME VISITOR: \_\_\_\_\_

FAMILY: Selfworth (Sue-4 yrs, Sam-3 yrs.)

DATE: \_\_\_\_\_

Monthly Goal: Sue: encourage independence  
Sam: speak in short, complete sentences

Objectives (note component)	People Involved	Activities	Materials	Assessment
PI review song learned this week	Sue, Sam. Mom, Dad	movement/sing	head, shoulders, knees and toes sheet.	Kids had lots of fun with this
Ed Sam: practice sentences Sue: encourage active participation in the group.	Sue, Sam. Mom, Dad	recite and clap to "Humpty- Dumpty" rhyme	(none)	Sam began to use sentences but needs help. Sue OK.
Ed Reinforce the No. 4 for Sam Introduce the OVAL shape to Sue	Sue, Sam. Mom, Dad	make 4 square walls make 4 oval eggs cut/paste/draw/count	red } construction yellow } paper blue } paste/scissors	Both liked. Hard for Sue to say oval. Sam needs help on 4 some.
Health Update H.S. health records	Mom/Dad	compare H.S. records with family immunization records	H.S. health form family records	✓
Soc Services Find volunteers for special olympics...	Mom/Dad	discuss: They need volunteers! Are you interested?	(none)	yes but need babysitting.
PI Clarify parent group plans Clarify treasurer's responsibility	Mom/Dad	Meet at Kline's Restaurant at 11 a.m. — at 1 p.m. we'll leave for movies at the library.	(none) (Dad) Bring parent group checkbook!	✓

Activities left in the home: Dad will have Sam count (4) forks and spoons for evening meals this week. To encourage Sue to be more self-reliant. Mom will read *All By Myself* to both children. (They'll enjoy it!)

Activity planned by parent(s) for next home visit: Make scrambled eggs or go to farm to see chickens & eggs.

DATE: \_\_\_\_\_ PARENT SIGNATURE: B.A. Selfworth TIME VISIT BEGAN: 10:15 A.M. ENDED: 11:45 A.M.

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# LESSON PLAN

## Nebraska Panhandle Home Start Training Program

Parent(s): \_\_\_\_\_

Date: \_\_\_\_\_

Children 1. \_\_\_\_\_ Age \_\_\_\_\_

Family Educator: \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

Date of next visit: \_\_\_\_\_

**1. SAFETY**

**7. LANGUAGE**

**2. HEALTH**

**8. CREATIVE**

**3. NUTRITION**

**9. SELF-CONCEPT (Feelings about self)**

**4. SMALL MUSCLE SKILLS**

**10. INDIVIDUAL STRENGTH (Self help)**

**5. LARGE MUSCLE**

**11. SOCIAL (Getting along with others)**

**6. COGNITIVE (Thinking & reasoning)**

**12. BEHAVIOR GUIDANCE**

**SOCIAL SERVICE**

**PARENT INVOLVEMENT**



**GOAL:** To introduce animals typically found in a zoo so children may learn to identify animals through recognition of shape, size and sounds.

## Background Information

1. There are many animals found in zoos. Your child may know several of them already. You may need to add new animals to the ones mentioned in the lesson plan.

Kangaroos have long hind legs and move by hopping. They carry their babies in a special pouch or pocket in their stomach.

### VOCABULARY WORDS TO STRESS:

kangaroo

circle

hop

square

### SKILLS:

gross motor development

following instructions

### CONCEPTS:

movement by hopping

circle

square

start-stop

## Learning Activities & Experiences

### 1. HOPPING GAME

Show the child a picture of a kangaroo if you can. You may want to compare the kangaroo with a rabbit who also hops. Notice the strong back legs.

This is an action game. Go over the actions before beginning.

#### Hopping Game

Mrs. Kangaroo goes hop, hop, hop!

(hop on both feet)

She looks around.

(turn head left to right)

But does not stop.

(continue hopping)

She hops in a circle.

(hop in a small circle)

She hops in a square.

(hop in a small square)

She hops back home

(hop back to starting place)

And stops right there.

(stop hopping)

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## Background Information

2. All animals have a home. Some animals live in a special place such as a cave, nest, or hole in the ground. Children will learn that all animals, including man, have to have shelter or homes in order to live. Homes keep us warm or cool, dry and safe from some dangers.

### VOCABULARY WORDS TO STRESS:

cave	bear	door-opening
toss	home	into

### SKILLS:

gross motor	language development
eye-hand coordination	taking turns

### CONCEPTS:

home	preposition into
creative imagery	

3. Has your child ever watched a cat stretch? This activity will teach your child how to use his muscles in different ways by watching animals.

This will strengthen back and leg muscles.

### VOCABULARY WORDS TO STRESS:

leg	stretches	back
stretch		neck

### SKILLS:

gross motor development

### CONCEPTS:

animal movement	physical health habits	body parts
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## Learning Activities & Experiences

### 2. BEAR IN THE CAVE

Make a cave out of a piece of a large cardboard box. Draw a picture of the cave on the box. Cut out an opening for the cave door. Prop the box cave against a chair. Make a bear by cutting two pieces of fabric to be stitched together. Leave a small opening. Fill with beans, popcorn or coarse sand. Sew up the opening.

Let the child stand several feet from the cave and toss the "bear" into the cave. Adults need to stand further away from the opening.

If you wish, keep score on the number of tosses and times the "bear" goes in the cave.

### 3. TIGER STRETCH

From an "all-fours" position stretch one leg back with the knee straight and at the same time stretch the neck back as far as it will go. Then bring the leg back and stretch out the other leg. Do this ten times. Try to build up to 10 with each leg.

Your child will enjoy exercises if you will join him.

## Background Information

4. Activities like this encourage children to learn by expressing themselves creatively. Children are being allowed to be individuals and to share their ideas with others.

If your child wants to do cutting, pasting, coloring, etc. at a time or place that he shouldn't you often want to not allow him scissors, crayons, etc. Actually your child is needing more experiences. Do set rules as to where and how your child can participate in the activities.

Remember the child needs to make the animal the way he "sees" it. You make some animals also to add to the zoo.

### VOCABULARY WORDS TO STRESS:

body	head	right	fast	high
legs	tail	left	slow	low

### SKILLS:

imagination	fine motor
eye-hand coordination	self-expression

### CONCEPTS:

body parts	animal characteristics
------------	------------------------

## Learning Activities & Experiences

### 4. WILD ANIMAL ART

Any animal can be made with a sheet of 9x12 construction paper. Fold it in half. For legs, cut out a rectangle from the edges opposite the fold. With scraps of paper, fabric, etc. paste on the proper head, tail, and characteristics of a particular animal. Crayons can be used also to add color or spots. Your child can make a whole zoo-full of animals.

### FINGER PLAY FUN:

#### Two Baby Lions

Two baby lions (hold up index finger on each hand)  
 Sleeping in a zoo (lay fingers in lap)  
 One jumped up (lift one finger on left hand)  
 The other did, too (lift finger on right hand)  
 One ran fast (tap left finger quickly on lap)  
 One ran slow (tap right finger slowly on lap)  
 One jumped high (jump left finger high)  
 The other jumped low. (jump right finger low)

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## Background Information

5. Animals clean themselves in order to stay healthy. People must practice personal health practices to stay healthy.

Our skin's surface continually accumulates dust and bacteria from the air. This accumulation needs to be washed away with soap and water daily.

Children need to learn good health habits as early in life as possible.

### VOCABULARY WORDS TO STRESS:

clean	wash	soap
neat	dry	healthy

### SKILLS:

gross motor	dramatization
-------------	---------------

### CONCEPTS:

good health habits

6. Often times in planning meals for our family we serve the same foods over and over again. Try to serve something different once or twice a week. You might find that everyone likes it.

### VOCABULARY WORDS TO STRESS:

mash	mix	spread
ingredients	recipe	chill

### SKILLS:

manipulation	small muscle	good work habits
--------------	--------------	------------------

### CONCEPTS:

science

## Learning Activities & Experiences

5. **SHOW ME**

How do you wash your ears and neck?  
(show me)

How do you wash your legs and back?  
(show me)

Would you rather stand in a shower and scrub?  
Or do your scrubbing sitting in a tub?

How do you dry your face and nose?  
(show me)

How do you dry your fingers and toes?  
(show me)

How do you feel when you're clean and neat?  
From the top of your head to the tip of your feet?  
(show me, show me, show me)

Act out the rhythmic activity together.

### SPECIAL ATTENTION

Please read the information on Rabies so you can protect your family.

6. **Fruit Sandwich-Mix:**

2 peach halves	1/4 cup small curd cottage cheese
2 T peanut butter	

Mash peaches with a spoon in a wooden bowl. Mix with other ingredients thoroughly. Spread lightly on bread or toast. Cut into small pieces. This makes about 8 servings for a tasty and nutritious snack. (Be creative... try other fruit!)

**Background Information**

**Learning Activities & Experiences**

**Lemon Pudding Surprise:**

**Pudding:**

1 package instant pudding

2 cups milk

1 plastic jar with a lid

Shake and shake and shake!

**Lemon Pudding Surprise:**

1 can fruit cocktail, drained

1 package instant lemon pudding

1 cup marshmallows (miniatures)

1 banana (cut into pieces)

Prepare pudding as directed above. Mix all other ingredients with it. Chill. Serves 6.

1. How did you feel about this week's activities?

2. What activity did you do with your child?

3. What didn't you like about this week's activities?

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# RABIES

Rabies is an animal disease. People may catch rabies if they are bitten or licked by an animal which has a disease. When people have been exposed in this way, only a series of shots can keep them from getting rabies.

## WHAT TO LOOK FOR:

1. Wild animals which seem to be friendly or tame.
2. Wild animals like skunks and foxes which you do not usually see in the daytime.
3. Pets which seem to have a hard time walking, eating, or drinking.
4. Signs of excitement or madness in animals.
5. Animals which tear or scratch at an old wound until it bleeds.
6. Cattle which "strain" for long periods.

## FIRST AID FOR BITES:

1. Quickly and thoroughly wash the bite with soap and water for 15 minutes. Rinse well and put alcohol or iodine on it to kill germs.

2. See a doctor right away after washing the bite. He will decide on what you might need to do to avoid rabies.
3. Describe the animal which bit you — the kind, size and color — to the doctor or the health officer. Tell children to get help from a policeman, school guard, or other adult.
4. If possible, have the biting dog or cat watched closely for 10 days. After that, if the animal is still alive and normal, it didn't have rabies when it bit you. This also helps the doctor decide if you need treatment.

## HOW YOUR COMMUNITY CAN CONTROL RABIES:

1. Owners of dogs should be required by law to have their pets registered and licensed.
2. Owners of dogs and cats should be required by law to have rabies shots for their pets every year.
3. The city should provide a dog pound and wardens, and all stray dogs should be kept in the pound until adopted or until destroyed according to the city law.
4. Dogs and cats bitten by a rabid animal should be killed right away.
5. All citizens should support community officials in controlling wildlife.



# PARENT'S GUIDE



## OF ACTIVITIES FOR YOUNG CHILDREN

Vol. VIII, No. 8

December 3 - 7, 1979

### "FEELING GOOD ABOUT ME"

Many of our parent guides during the year stress the importance of a strong self-concept in children. What is "self-concept" and how can it be fostered so that it develops in a positive manner.

Self-concept is usually described as the way we feel about ourself. And everyone of us — children and adults — have these feelings, either positive or negative. Most often we feel good about ourselves and confident about our abilities to succeed in this complex world we live in. Sometimes, however, we may feel as though we are failures and experience a great deal of difficulty in our everyday lives.

Have you ever noticed the way a person feels about himself is usually related to how he believes those individuals close to him (friends, immediate family, etc.) feel about him. For example, parents who express feelings of warmth and love and continually praise their youngsters usually have children who have a good self-concept, and feel good about themselves. On the other hand, parents who criticize their children as being lazy, not worth anything, or good for nothing usually have children who have a poor self-image — they do not feel they are worth very much.

Parents can do many things to help their children develop strong feelings of self-worth. Probably the most important way this can be

done is to praise the child for those things he does well, and every youngster can do something for which he can be praised. In addition to telling the children, a pat on the head, a warm smile, a wink of the eye are other ways to let youngsters know they have done something good. No greater gift than this — helping children feel good about themselves can be given from parents to their children.

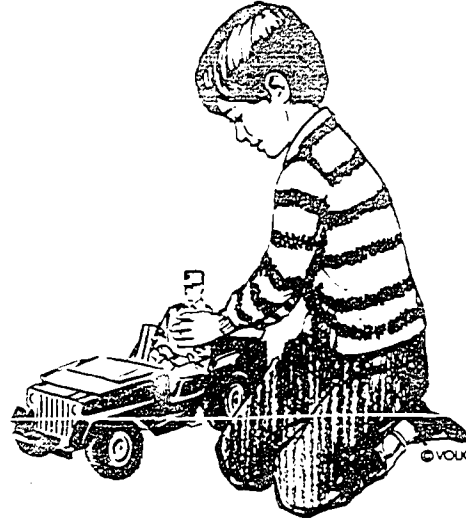


# MONDAY

DECEMBER 3, 1979

HOME SUPPLIES: None

**SUGGESTED ACTIVITIES:** Your child's self concept is related to his ability to achieve success in developing muscle coordination. Children need much practice in developing motor skills. One activity you can do with your child is to ask him to imitate an animal or machine. Say "can you move the way a dog does? A bear? A snake?" Then ask your child to think of an animal and move like it and you try to guess what animal it is. This activity will give your child practice in a variety of motor skills. Watch how many different muscles he uses. (Hints: This can be done indoors or outside. Name animals the child has seen).



# TUESDAY

DECEMBER 4, 1979

HOME SUPPLIES: None

**SUGGESTED ACTIVITIES:** While your child is helping you with some household task, encourage him to talk about what he likes about himself. What does he think he does well? Part of feeling good about yourself is knowing that you can do many things well. You can help your child by making some suggestions if he can't think of any things he does well. (Example: You are good at setting the table, knowing all your colors, etc.).



# WEDNESDAY

DECEMBER 5, 1979

HOME SUPPLIES: None

**SUGGESTED ACTIVITIES:** When your child is getting dressed in the morning, encourage him to put on as many of his clothes by himself as possible. Watch for: Can he button buttons, snap snaps, pull on socks, zip zippers? One method of teaching those skills is to have him practice buttoning, zipping, etc. when the clothes are off. Often it is easier when he doesn't have to look down but instead look directly at the buttons. Knowing how to dress himself greatly increases your child's independence.



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# THURSDAY

DECEMBER 6, 1979

**HOME SUPPLIES:** Construction paper: red, yellow, and blue

**SUGGESTED ACTIVITIES:** Put the red paper on the table or floor. Hide the other colors. Ask your child to bring you something that is the same color as the paper. After he has found about five items, put the blue paper on the table, and ask him to find some things that are the same color as the paper. Repeat for yellow. Learning colors helps the child identify objects in his environment. This helps him gain confidence about his place in the world and relationship to other things.

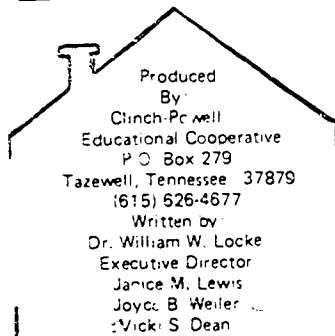


# FRIDAY

DECEMBER 7, 1979

**HOME SUPPLIES:** Tempera paint (or food coloring mixed with water), straw, manilla paper

**SUGGESTED ACTIVITIES:** This is an activity in which all your children can participate. Often older brothers and sisters feel left out because the younger children seem to get more of the parent's time. You can help build a good relationship between your children by providing an activity which they can enjoy together. Give each child some paint on his paper and a straw. Make the paint kind of runny. The child can blow through his straw on the paint to make a design. Encourage the older children to talk to the younger children about the colors, whether they blew hard or softly through the straw, etc. Praise both the older and younger children's efforts.



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Clinch-Powell Educational Cooperative Parent's Guide

CHILD'S NAME \_\_\_\_\_

OBJECTIVE: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

REINFORCEMENT: \_\_\_\_\_

ACTIVITY CHART

RATE

--	--	--	--	--	--	--	--

DAYS

OBJECTIVE: \_\_\_\_\_

MATERIALS: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

REINFORCEMENT: \_\_\_\_\_

ACTIVITY CHART

RATE

--	--	--	--	--	--	--	--

DAYS

DECEMBER 3 - 7, 1979

Vol. VI

Activities For Use With Young Children

No. 8

THEME — Parent Self Concept

### THOUGHT FOR THE WEEK

This week we want to stress the importance of parents having a good self concept. Parents need to have positive feelings about themselves in order to be able to share positive feelings with their children. It is important, too, for parents to help their children develop a good self concept.

### OBJECTIVES

1. Parents will become aware that possessing a good self image is necessary in order to help their child develop a good self image.
2. Parents will develop a list of ways they can help their children feel good about themselves.

### SUGGESTED HOME VISIT ACTIVITIES (Do this - November 20 - 30, 1979)

1. Go over the "Thought For The Week" with the parents.
2. Discuss, with the parents, the supplies they need for the coming week.
3. Ask parents and child to share with you any activities they have done together in the past week.
4. Stress, with the parents, the importance of helping their child be successful in different motor skills. (Monday, December 3)
5. Discuss, with parents, the need for their child to feel good about the things he does and his ability to discuss these feelings with others. (Tuesday, December 4)
6. Emphasizing independence in their child is an important task for parents to accomplish. Relate this concept to the self-help activity for this week. (Wednesday, December 5)
7. Point out to the parent that a child does not need to know his colors, but only needs to be able to match colors in order to complete this activity. (Thursday, December 6)
8. Many times parents tend to discourage rather than encourage sibling interaction. Make sure the parents understand why this activity needs to be done with children of all ages. (Friday, December 7)
9. Spend some time outside with the parent and child. This time of year would be ideal for a nature hike. Take a short walk and model for the parent some ideas which you would like for her to use another time on a longer hike. For example:
  - A. Let the child decide where to go.
  - B. Ask questions to encourage the child to look and listen.
10. Let the parent and child cut pictures of people from magazines or look at moods and emotions pictures. Encourage the parent to talk about feelings such as happy, sad, angry, etc.

(Over)

**SUGGESTED ACTIVITIES FOR TEACHERS AND AIDES**

(Do this - December 3 - 7, 1979)

1. Put out familiar materials for the children to work with. Sometimes it is good to challenge children, but they also need familiar objects to play with. Arrange these materials so that the children can get them out and put them away by themselves. This will encourage independence in children.
2. Have the children work in small groups on a "confetti" collage. Have containers of cut paper in different colors available. Let the children decide what picture they would like to make and provide a large piece of poster board and paste. Encourage group cooperation (i.e. one child makes the sky, one the grass, one the trees and flowers, one the people, etc.). Remember the process is important not the finished product.
3. Set up an area for 3 or 4 children to make instant pudding. Explain that the children will each get to take a turn in adding an ingredient or mixing or pouring. Make sure that this moves quickly so that no child has to wait too long to have his turn. When they finish, use this as a snack for the group.
4. Make sure your dress up corner has many interesting additions this year. Encourage children to play in this area as this encourages children to develop positive self-images.
5. Read the story, "The Ugly Duckling," or another similar story. Ask the children questions concerning their feelings about the story. Ask them if they have ever felt unloved or out of place.
6. Have a block area set up where the children's task is to do some cooperative group building. You may have to give them some ideas or suggestions such as: "maybe we could build a highway - you build the street, I'll build the street signs and another person can build the bridges. Then we'll all drive our cars on this highway."

**BOOKS**

What Do You Say, Dear? - Joslin  
 The Birthday Party - Newman  
 What is a Birthday Child? - Jaynes  
 The Apple Book - Martin

**SONGS**

Good Morning To You - Silver Burdett  
 Walk To School - Silver Burdett  
 Mary Wore A Red Dress - Silver Burdett  
 Open, Shut Them - Silver Burdett  
 Let's Go Walking - Silver Burdett  
 Do, Oh, Do, Oh - Follett  
 Blue, Blue - Follett  
 What Shall We Do - Follett



# Resources

## Activity Books

Badger, Earladeen. *Mother's Guide To Early Learning*. 1973. Available from: PACE (Parent and Child Education), Box 392, Carmi, Illinois 62821, (618) 382-4179.

This book is aimed at mothers and paraprofessionals, and presents a series of learning activities for infants and young children. It is divided into 20 different "developmental levels," each of which has a number of suggested activities, ranging from the first rattle used with a baby to early number concepts. The book is a guide to learning activities presented in the Infant and Toddler Learning Program, and stresses the fact that parents should be flexible and enjoy themselves in presenting activities to their young children.

Baratta-Lorton, Mary. *Workjobs...for Parents*. 1975. Available from: Addison Wesley Publishing Co., Sand Hill Road, Menlo Park, California 94025.

The author has created 43 "workjobs" or learning activities for parents to share with their 3- to 6-year-olds. For each workjob the author delineates the materials needed, skills gained from the activity, ways to get play started, and follow-up questions. Black-and-white photographs show the reader how each workjob is made. Examples of activities from which children can learn as they have fun include manipulating nuts and screws, counting and putting pennies into jars, and filling up jars with rice.

Braga, Joseph and Laurie Braga. *Children and Adults*. 1976. Available from: Prentice-Hall, Inc., Englewood Cliffs, New Jersey 07632, (201) 592-2000.

This book contains activities which adult caregivers may find useful and stimulating in helping children, and themselves, grow into happy, productive adults. The activities are designed for children from birth to six years, but many are appropriate for children and adults of all ages. Included in the activities are "Fun in the Bathtub," "A Space of My Own," "Launder and Learn," "You Be Me and I'll Be You," "Working Together," "I Can Write," and "Let's Pretend."

Cole, Ann, Carolyn Haas, Elizabeth Heller, and Betty Weinberger. *A Pumpkin in a Pear Tree. Creative Ideas for 12 Months of Holiday Fun*. 1976. Available from: Little, Brown and Company, Boston, Massachusetts.

*A Pumpkin in a Pear Tree* is an activities book with numerous craft ideas, recipes, "make-believe" play themes, games, and science experiments for adding zip to holiday celebrations. The activities range from traditional pastimes such as taffy pulls, May Day festivities, and egg rolling contests to less common activities such as staging paper plate discus throws (Labor Day), making a compass (Columbus Day), and devising moon games and experiments (Moon Day). The materials used are easily obtainable household items. Some of the activities are suitable for use with preschoolers while others are more appropriate for elementary school children; however, many of the activities for older children can be modified for use with preschoolers.

Cole, Ann, Carolyn Haas, Faith Bushnell, and Betty Weinberger. *I Saw A Purple Cow and Other Recipes for Learning*. 1972. Available from: Little, Brown and Company, Boston, Massachusetts

*I Saw A Purple Cow* is an imaginative activities book which provides entertaining, simple learning experiences for preschoolers through 6-year-olds and their parents, babysitters, or child care center teachers. The activities, tested in parent and staff workshops in early childhood centers, provide opportunities for creating numerous enjoyable learning experiences. The activities include initiating and making props for pretend play; involving children in simple craft, music, and rhythm activities; and making basic recipes such as paste and play dough. Simple science experiences and party and learning games round out the collection of activities

*Count Me In*. Available from: Parent Advocacy Coalition for Educational Rights, Inc. 4701 Chicago Avenue South, Minneapolis, Minnesota 55407.

*Count Me In* is a project of PACER Center, Inc. to train teachers to provide educational entertainment about handicapped individuals to preschool, elementary-aged children. Through free puppet shows, which will help dispel fears and myths about disabilities, young children will have the chance to:

- learn about handicaps.
- view equipment such as a hearing aid, wheel chair, and braille watch.
- discover what many handicapped people would like to say: "I'm very much like you. Count me in!"

Gordon, Ira, Barry Guinagh, Emile R. Jester, et. al. *Child Learning Through Child Play*. 1972. Available from: St. Martin's Press, 175 5th Avenue, New York, New York 10010. (212) 674-5151.

This book presents a wide variety of games and creative activities developed in order to provide concrete learning opportunities for 2- and 3-year-old children. The activities may be used by parents, day care workers, and other adults in early childhood education programs. Throughout the book, the importance of recognizing both the intellectual and emotional development of the child is emphasized. The book is divided into sections, each of which features one main type of game; however, the games are designed to contribute to all aspects of the child's development, through his working with an involved adult.

Kurnes, Merle B. *Helping Young Children Develop Language Skills: A Book of Activities*. 1968. Available from: Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091. (703) 620-3660.

A variety of games, stories, dialogues, and other activities which have been designed by teachers to improve the language skills of culturally disadvantaged children are presented. The activities reflect a language model comprised of the processes of decoding, association, integration, encoding, and memory. They can be adapted for use in developing language skills in large groups of children from less deprived backgrounds, or small groups of older children who are mentally retarded or have severe learning disabilities.

Melcher, John, Jenny Lange, Jim McCoy, and Al Kammen. *Out of the Nest: Instructional Strategies to Prepare Young, Exceptional Children for the Mainstream*. Prepared by the Wisconsin State EC/SEN Project. 1979. Available from: Wisconsin State Department of Public Instruction, Madison, Wisconsin.

This list of skills and strategies is the result of two workshops held in Wisconsin in the summer of 1979 which focused on issues and concerns related to mainstreaming young handicapped children. The survival skills compiled here are not concept-oriented ("can name five farm animals") or perceptually-oriented ("knows under, over and behind") or reading-oriented ("recognizes three lower-case letters"). While concepts, perceptual skills and reading readiness are important, they are not sufficient for kindergarten success. It is not so much what a child is taught but how the child perceives him/herself as a learner that can make the difference.

Raynor, Sherry and Richard Drouillard. *Get A Wiggle On!* Available from: AAHPER Publication-Sales, 1201 16th Street, N.W., Washington, D.C. 20036.

A seventy-seven-page booklet designed for parents of visually impaired infants with suggestions and illustrations for assisting the infant in his development from birth to walking stage. Also appropriate for teachers. Also available on cassette tapes from Reading for the Blind, Inc., 29451 Greenfield Road, Suite 116, Southfield, Michigan 48076. Also available. *Move It!!* (Sequel to *Get A Wiggle On!*).

*Recipes for Fun, Recetas para Divertirse, Workshop Procedures: A Training Manual for Workshop Leaders, More Recipes for Fun, Still More Recipes for Fun, Recipes for Holiday Fun.* 1970, 1972, 1976. Available from: Parents as Resources, 464 Central, Northfield, Illinois 60093, (312) 447-5617.

Parents as Resources has published several booklets for parents and others who work with young children. *Recipes for Fun*, and the Spanish version, *Recetas para Divertirse*, are illustrated activity booklets, which, along with the later booklet, *More Recipes for Fun*, provide illustrated, clearly written instructions for a variety of learning games and crafts in which children and parents can participate together. *Workshop Procedures*, which is a companion guide to *Recipes for Fun*, offers guidelines and specific methods for training parents, students, or other nonprofessionals in presenting these games and crafts to children. *Still More Recipes for Fun* is a continuation of *More Recipes for Fun*, and *Recipes for Holiday Fun* contains activities and games for holidays throughout the year.

*Recipes for Reading: A Guide for Parents.* 1975. (Developed under a grant from Right to Read, U.S. Office of Education. Available in Spanish and English). Available from: Publications Department, National Urban Coalition, 1201 Connecticut Avenue, N.W., Washington, D.C. 20036, (202) 331-2400.

*Recipes for Reading* describes enjoyable activities for developing reading readiness skills in young children. The activities assist parents in capitalizing on the home environment to help children explore their senses and use words to describe these experiences. The publication shows how common household objects can give children experience in noting and verbalizing differences and similarities in sounds, smells, tastes, textures, colors, and sizes. Additionally, activities such as buttoning and scribbling which help develop small muscle control are included.

Rich, Dorothy and Beverly Mann. *101 Activities for Building More Effective School-Community Involvement.* 1976. Available from: The Home and School Institute, Trinity College, Washington, D.C. 20017.

The authors offer activities to stimulate communication among the home, school, and community. The activities are categorized under the following headings: communicating ideas from the school to the home, utilizing volunteers in the classroom, fund-raising, and using community resources. Under each of these headings, activities which give practical ideas for extending interactions among the school, community, and family are systematically outlined. Examples of these activities include sending home a "We Miss You" card to a child absent three or more days, conducting a session in which both teachers and parents share their expectations for students, and having a book swap day. In general, the activities can be used by teachers of preschoolers through sixth graders for improving school, home, and community relationships. The activities were designed for use with a minimum amount of time, effort, and money.

*The Kids on the Block*. 1978. Available from: Barbara Aiello, Suite 510, Washington Building, Washington, D.C. 20005.

An ingenious approach to preparing both able-bodied and disabled children for mainstreaming. *The Kids on the Block* is not a learning "system" or device. It is a carefully researched, thoughtfully planned method which eases the integration of handicapped and non-handicapped children in regular classrooms. The kit includes: six handcrafted puppets, a teacher's guide, five teaching cassettes, props, chatabout cards, and braille cards and book.

*Toys: Fun in the Making/Es Divertido Construir*. Available from: (See JCYF Publications Note at end of Resource Section).

Offers some ideas for making children's toys and games that are simple and fun to make. The use of this booklet encourages and helps children learn and practice specific skills such as recognizing colors, shapes and sizes of objects, coordinating their hand and eye movements, counting, and learning to use words to express themselves. These toys and games can be made by children and grownups alike; and they are all made from "throwaway" materials found in the home. (Also in Spanish.) DHEW #: (OHDS) 30031 (English), GPO #: 017-090-00052-6 (English), DHEW #: (OHDS) 30049 (Spanish), GPO #: None (Spanish)

## Children's Books About Handicaps

Baskin, Barbara H. and Karen H. Harris. *Notes from a Different Drummer: A Guide to Juvenile Fiction Portraying the Handicapped*. 1977. Available from: R.R. Bowker Co., Order Dept., P.O. Box 1807, Ann Arbor, Michigan 48106.

This groundbreaking volume is the first to summarize, analyze, and evaluate over 400 children's and young adult fiction titles dealing with the physically and mentally handicapped. It provides all the information necessary for making sensitive, informed choices of books on a wide range of impairments, including intellectual, emotional and neurological, speech, visual, auditory, orthopedic and learning disabilities, and general health problems.

Brightman, Alan. *Like Me*. Little, Brown and Co., 1976.

Through photographs and easy to read text, *Like Me* explores the world of the retarded child, his desire to succeed and his need to have friends.

Fanshawe, Elizabeth. *Rachel*. Bradbury Press, Inc.

Rachel is a handicapped child who is successfully mainstreamed into a regular classroom.

Fassler, Joan. *Howie Helps Himself*. Albert Whitman and Co., 1975.

Howie, confined to a wheel chair, makes his wish come true. A story for the young, that deals with the frustration and triumph of living with a handicap.

Fassler, Joan. *One Little Girl*. Human Sciences Press, 1969.

Describes the experiences and feelings of a slow learner.

Gold, Phyllis. *Please Don't Say Hello*. Human Sciences Press, 1975.

Deals with the family and peer relationships of an autistic child.

Grealish, Mary Jane Van Braunsberg; Charles A. Grealish. *Amy Maura*. Human Policy Press, New York, 1975.

*Amy Maura* is far more than the simple, gentle story of a child with cerebral palsy and the day she is a hero. It is a consciousness-raising look at how a child with a handicap views herself and how she interacts with her family.

Guggenheim, Hars. *The World of Wonderful Difference*. Friendly House Publisher, New York, 1969.

Here is an imaginative blend of light verse and charming illustrations on the wonder and worth of differences among people.

Heide, Florence. *Sound of Sun: the Sound of Rain*. Parents Magazine Press, New York, 1970.

With feeling and sensitivity we are led into the world of a child who happens to be blind.

Kraus, Robert. *Leo the Late Bloomer*. Windmill Books, Inc. New York, 1970.

Leo is a Tiger cub who grows and learns at his own pace.

Levine, Edna S. *Lisa & Her Soundless World*. Human Sciences Press, 1974.

To help the young hearing child understand what life without sound is like, this story describes some of the ways in which the non-hearing can adapt (hearing aids, lip-reading, sign language, and finger-spelling).

Naylor, Phyllis. *Jennifer Jean the Cross-Eyed Queen*. Lerner Publishing Co., Minneapolis, MN, 1967.

A little girl's concerns over being different.

Stein, Sara Bonnet. *About Handicaps: An Open Family Book for Parents and Children Together*. Walker and Company, 1974.

A unique book, with separate texts for adults and children. Vivid photographs and a simple, honest story explore the relationship between two young children.

## List of Publishers

Albert Whitman and Company, 560 West Lake Street, Chicago, IL 60606.  
Bradbury Press, Inc., 2 Overhill Road, Scardale, NY 10583.  
Carcouet, Brace, Jovanovich, Inc., 757 3rd Avenue, New York, NY 10017.  
Human Policy Press, P.O. Box 127, University Station, Syracuse, NY 13210.  
Human Sciences Press, 72 Fifth Avenue, New York, NY 10011.  
J.B. Lippincott, 521 5th Avenue, New York, NY 10017.  
Little, Brown & Company, 34 Beacon Street, Boston, MA 02106.  
Parent's Magazine Press, 80 New Bridge Road, Bergenfield, NJ 07621.  
Walker and Company, 720 5th Avenue, New York, NY 10019.  
Windmill Books, Inc., 201 Park Avenue South, New York, NY 10003.

## Home-Based Materials

Bell, T. H. *Your Child's Intellect: A Guide to Home-Based Preschool Education*. 1973. Available from: Olympus Publishing Co., 1607 East 1300 South, Salt Lake City, Utah 84105. (801) 583-3666.

Dr. Terrel Bell, Commissioner of the United States Office of Education from June 1974 to August 1976, wrote the text for this parents' manual for home-based early childhood education. It was prepared to be used in the home by parents who wish to help develop their children's skills and to provide a good learning environment for their children, whatever their own level of formal training might be. It is written in simple, straightforward language, accompanied by photographs. Each chapter is followed by a section of Practical Applications, written by Arden R. Thorum, for the ideas discussed in that chapter. Chapters one through four deal with general discussion, instructions, and the use of teaching aids. Chapters five through 13 are specifically concerned with areas of learning for children in the age categories of the first 10 months of life, 10 to 18 months, two to three years, three to four years, and four to five years. Chapter 14 outlines procedures which will help prepare a child for school.

*Captain Kangaroo Materials*. Available from: Clinch-Powell Educational Cooperative, Box 279, Tazewell, Tennessee 37879, (615) 869-3605.

This series of materials was developed by the Clinch-Powell, Tennessee Home Start program in cooperation with the *Captain Kangaroo*, television show and the Columbia Broadcasting System. Each week, a "Parent's Guide" and a "Teacher, Aide, and Home Visitor's Guide" are provided. These contain activities, stories, and songs for children, using as a starting point a portion of the daily *Captain Kangaroo* show. The "Parent's Guide" suggests a variety of practical activities which can be carried out with supplies readily available in the home. The "Teacher, Aide, and Home Visitor's Guide" provides activities for the home visitor to use with both the parents and the children, as well as an overall guide for the week's procedures.

Forrester, Betty J., et al. *Home Visiting with Mothers and Infants*. 1971. Available from: Information Office, DARCEE, Peabody College, Box 151, Nashville, Tennessee 37203. (615) 327-8236.

This illustrated procedural manual describes an approach to working with mothers and infants in their homes. It emphasizes the role of parents as educational settings. The roles of both the mother and the home visitor are discussed in detail in the context of home-based early childhood development and education. Specifics of the process of home visiting in the program described are presented, including recruitment and selection of families involved, guidelines and activities for six sessions. There is also a sampling of suggestions, observations, and evaluations from the field-setting.

Foster, Martha, Jan Scanlan, and Ann Hughes D'Antonio. *Training for Home Intervention*. 1974. Available from: DARCEE, John F. Kennedy Center for Research in Education and Human Development, George Peabody College for Teachers, Nashville, Tennessee 37203.

This manual is part of a pre-service training program for home intervention at the Demonstration and Research Center for Early Childhood Education (DARCEE) at George Peabody College. Units of information on materials and activities for home visiting, practicing skills for home visiting, the rationale for home visiting, and other topics crucial to the training of home visitors are included. For each topic covered, objectives, materials to use, and procedures to follow are outlined for the trainer. A reading list for home visitors and suggestions for resource materials for the trainer are also provided.



*Home-Oriented Preschool Education Program (HOPE)*, 1972. 7 manuals. Available from: ERIC Document Reproduction Service, Box 190, Arlington, Virginia 22210, (703) 841-1212.

This approach to home-delivered preschool education was developed by the Appalachia Educational Laboratory and consists of seven detailed process manuals: *Program Overview and Requirements* (ED No. 082843), *Field Director's Manual* (ED No. 082844), *Handbook for Mobile Classroom Teachers and Aides* (ED No. 082845), *Home Visitor's Handbook* (ED No. 082846), *Personnel Training Guide* (ED No. 082847), *Curriculum Planning Guide* (ED No. 082848), and *Materials Preparation Guide* (ED No. 082849). The program, which is aimed at 3-, 4-, and 5-year-old children, utilizes daily televised lessons, parent instruction in the home under the guidance of trained paraprofessionals, and weekly neighborhood group activities with a teacher. Each of the seven manuals presents a specific outline of the procedures and techniques involved in that particular area of home-oriented early childhood education. The manuals are not available through a publisher and are used mainly as resource material by researchers.

*Home Visitor's Guide*, 1977. Available from: HICOMP (Higher Competencies for Children, Parents and Teachers), S-24 Human Development Building, Pennsylvania State University, University Park, Pennsylvania 16802, (814) 863-0267.

The *Home Visitor's Guide* offers suggestions on being an effective home visitor and stresses the importance of active parental involvement with children. It also discusses ways to establish rapport, ways to deal with difficult or uncooperative parents, incentives for parent participation, ways for parents to record children's progress, and enabling parents to become better teachers and child managers. The emphasis is on moving the parent from total dependence on the home visitor to independence in generating activities for children and generalizing newly acquired skills to novel settings. (The *HICOMP Publication List* is also available from the same address as above, free of charge.)

Massoglia, Elinor Tripato. *Early Childhood Education in the Home*. (With accompanying Instructor's Guide). 1977. Available from: Delmar Publishers, A Division of Litton Educational Publishing, Inc., 10 Wolf Road, Albany, New York 12205, (518) 459-1150.

This textbook, which draws heavily on the Home Start demonstration program funded in March 1972 by the Office of Child Development (now the Administration for Children, Youth and Families), provides a step-by-step approach on how to implement a home-based program. Using her experience as teacher, educator, and the mother of six children, the author discusses subjects ranging from the initial phase of establishing goals and objectives through the final phase of record-keeping and evaluation. This book can be used as a resource for both inexperienced and more seasoned home visiting staff. The style and language are simple and direct; examples, illustrations, and suggestions are abundant. The appendix lists over 100 textbook references and the names and addresses of agencies and organizations concerned with the education of young children. For those who will assist others in using this manual, the author has also provided an Instructor's Guide containing supplementary comments and resource information.

Roggman, Lynn, Carol DeBolt, Jo Davis, Joyce Wagner, Pauline Glance, and Joyce Stokes. *Home Start Curriculum Guide* available from: Millville Home Start Training Center, 67 South Main Street, Millville, Utah 84326, (801) 753-0951.

This curriculum guide represents the collective efforts of the home visiting staff of the Millville, Utah Home Start Training Center, formerly one of the 16 national Home Start demonstration programs funded by the Office of Child Development (now Administration for Children, Youth and Families). These home visitors, or family educators, have pooled knowledge and experience gained during a 5-year period to present numerous activities for implementing yearly goals relative to the four Head Start components — education, health, social services, and parent involvement — and in staff training. This manual contains a week-by-week plan on how to achieve these goals and objectives by suggesting numerous activities for weekly home visits. The appendix lists additional activities such as things to do and make, art ideas, recipes, fingerplays, stories, songs, etc.

The *National Clearinghouse for Home-Based Services to Children* of the Institute of Child Behavior and Development can provide a variety of resources for use in home-based programs. This clearinghouse is located at the University of Iowa, Oakdale, Iowa 52319.

*The Role of Parents as Teachers*. 1975. (Revision of *Parent Power: Primary Activity for the Home*, by Joan Carson). Available from: The Recruitment Leadership and Training Institute, Administrative Services Building, Temple University, Philadelphia, Pennsylvania 19122.

*The Role of Parents as Teachers* contains a variety of home-based learning activities for preschool children. Most of the activities require few, if any, resources other than those found in the house or the community. Activities for developing language and math skills as well as creative abilities are discussed simply. Also included are sections describing the physical, socio-emotional, and intellectual development of 3- to 5-year-olds and suggesting how to choose an appropriate day care or school setting.

*While You're At It*. 1973. Living Room Schools. Available from: Reston Publishing Co., 11480 Sunset Hills Road, Reston, Virginia 22090, (703) 437-8900.

This series of curriculum cards is designed to provide mothers with a variety of suggestions for activities and learning games which can be used with the child while the mother goes about her daily routine. The cards are divided into six categories: (1) Helper Cards, (2) While you Work, (3) Waiting Games, (4) Outdoors, (5) Making Things, and (6) Special Times. There is also a utilization guide, which helps the parent in choosing an appropriate card for each type of activity.

## Early Childhood Education

Hainstock, Elizabeth. *Teaching Montessori in the Home: The Preschool Years*. 1968. Available from: Random House, Inc., Order Dept., Westminster, Maryland 21157, (301) 848-1900.

Parents who are interested in using the methods developed by Dr. Maria Montessori to teach their preschool children at home will find this book of interest. Using her work in California as a basis, the author provides approximately 50 exercises, with illustrations, which will aid a parent in developing language, arithmetic, and perceptual skills, as well as practical skills used in everyday situations. There is an introduction to Dr. Montessori's work, advice on preparing the home-school, and instructions for making equipment needed. An appendix includes a list of terms used in teaching the Montessori method, a list of educational toys, and a bibliography of background and reference information.

Marzollo, Jean and Janice Lloyd. *Learning Through Play*. 1972. Available from: Harper and Row, Inc., 10 E. 53rd Street, New York, New York 10022, (212) 593-7000.

The authors of this book have written a great deal of educational material, including the *Parent/Teacher Guide to Sesame Street*. In this book, written for parents and teachers of preschoolers, they emphasize the use of play in the child's home. They have translated the findings of professionals into a language of play activities that parents can use to help develop the important skills of their children. With a minimum of preparation and cost, the parent is shown how ordinary activities can be valuable tools to enrich the emotional and intellectual development of the child.

McKelvey, L. D. and B. Rintaul and S. Carter. *Early Childhood Developmental Disabilities: A Self-Paced Course for Training Staff to Identify and Integrate Children with Handicapping Conditions into Pre-School Programs* (Vo. I and II). 1978. Available from: Region VII Resource Access Project, 39th and Rainbow Blvd., Kansas City, Kansas.

*Early Childhood Developmental Disabilities* was developed by the Kansas Project to Develop Services for Head Start Children with Handicapping Conditions. With contributions from 22 specialists in various disciplines, it was designed to give interdisciplinary preparation to Head Start personnel, primarily teachers and teacher aides, for integrating handicapped children into their regular preschool classes. It would be appropriate for any preschool or day care program with similar goals. The course emphasizes techniques which focus on the behaviors and attitudes of adults toward young children in preschool settings.

The course presents basic information about normal child development and describes common handicapping conditions. The reader then learns about assessment and individual program planning. Skills taught in this course will help the teacher implement programs for individual handicapped children.

The course contains six units:

- normal child development
- a survey of handicapping conditions
- classroom assessment
- individual programming
- behavior management and measurement
- reporting progress

*Portage Guide to Early Education*. 1976. Available from: Cooperative Educational Service Agency 12, Box 564, Portage, Wisconsin 53901, (608) 742-5342.

*The Portage Guide to Early Education* is the complete developmental curriculum used by the Portage Project in working with handicapped and/or normal children of mental age up to six years. The curriculum is presented in three parts: (1) a Checklist of Behaviors, which includes 580 developmentally sequenced behaviors divided into six areas (infant stimulation, socialization, self-help, language, cognition, and motor). Each area is color-coded to match cards, and includes an information log for listing additional child information; (2) a Card File containing 580 cards which are color-coded to match the checklist and divided into the same six developmental areas, and suggestions for teaching the behaviors (cards come in a vinyl carrying case); and (3) A Manual of Instructions, describing the use of the Portage Guide and ways to develop and implement curriculum goals. Each guide contains 15 checklists. Additional checklists can be ordered in packets of 15.

Spanish language edition of foregoing: *Guía Portage de Educación Preescolar*.

Pushaw, David R. *Teach Your Child To Talk: A Parent Guide*. 1976. Available from: CEBCO Standard Publishing Co., 9 Kulick Road, Fairfield, New Jersey 07006, (212) 242-3885.

This illustrated, clearly written book contains both general and specific advice and guidance on nurturing children's development in communication, language, and speech. Also included are chapters on parenting in general, children with special needs, and typical speech and language development, as well as chapters geared to the development of children in specific age ranges (up to age five). A detailed index is also provided.

Rich, Dorothy and Cynthia Jones. *A Family Affair: Education*. 1977. Available from: The Home and School Institute, Trinity College, Washington, D.C. 20017, (202) 269-2371.

*A Family Affair: Education* outlines objectives, activities, and systematic home learning systems (e.g., home report cards, discipline that works, self-reliance training) for involving parents in the education of their children. Numerous outreach strategies for bridging the gap between school and home as well as research and programs pertaining to home-based early education are explored. The practical strategies and activities delineated in *A Family Affair: Education* provide easy-to-follow plans for parent involvement in the education of preschoolers to fourth graders.

Sanford, Anne R. *Learning Accomplishment Profile (LAP)*. Available from: Kaplan School Supply, 600 Jonestown Road, Winston-Salem, North Carolina 27103.

This ninety-four-page assessment device is designed to generate developmentally appropriate learning objectives for individual children (birth to six years). It enables the teacher to assess the child in the classroom within the framework of daily activities.

*Success for Children! Teaching Ideas From the Home and School Institute*. 1972. Available from: The Home and School Institute, Trinity College, Washington, D.C. 20017, (202) 269-2371.

This publication presents ideas for parents who are interested in working creatively with their preschoolers at home. It includes beginning reading activities, writing exercises, and homemade games that are both educational and inexpensive. Also provided are excerpts from the *Washington Post* newspaper columns written by Dorothy Rich, the Director of the Home and School Institute.

*Teaching Early Childhood: Exceptional Educational Needs: Ten Resource Modules*. 1979. Available from: Wisconsin Department of Public Instruction, Madison, Wisconsin.

These modules are designed to aid in the professional development of Early Childhood: Exceptional Educational Needs (EC:EEN) teachers. The intent is to present a range of theoretical and practical ideas that will provide some commonality of knowledge and skill in EC:EEN education. These modules were developed by EC:EEN teachers, directors of special education, university instructors, and representatives from the Department of Public Instruction. The modules are a reflection of the state of the art and will be revised as new knowledge and research becomes available. Each module contains a purpose statement, goals, objectives, activities, and a list of resources. The table of goals and objectives at the beginning of each of the ten modules can serve as the table of contents. Each teacher is responsible for planning and programming for the changing needs of exceptional educational needs children and their families. This requires continual upgrading of professional knowledge and skills. These modules are designed as one tool for becoming an even more effective teacher of young EEN children.

*You Are Your Child's Best Teacher, You Are Still Your Child's Best Teacher*. 1975. Available from: AAUW-Buffalo Branch, P.O. Box 2624, Buffalo, New York 14226. (Available in both English and Spanish versions).

These booklets are designed to provide guidance for young mothers and to help them teach their young children about their world. Book one, *You Are Your Child's Best Teacher*, is for parents of children from birth to 18 months of age. *You Are Still Your Child's Best Teacher* is directed at parents of children from 18 months to three years.

## Parent Education/Involvement

Auerbach, Aline  
1968. Available from:  
867-9800

*Learn Through Discussion: Principles and Practices of Parent Group Education.*  
John Wiley and Sons, Inc., 605 3rd Avenue, New York, New York 10016. (212)

The author's wealth of information on the philosophy, goals, and techniques of parent group education shares in-depth data on organizing and operating discussion groups for parents, including those for working with special groups such as parents of physically or emotionally handicapped children, adoptive parents, and unwed mothers. Discussion groups with people of diverse backgrounds are described to show how a variety of people can benefit from parent group education geared to their particular needs.

Becker, Wesley C. *Parents as Teachers.* 1971. Available from: Department of Special Education, College of Education, University of Oregon, Eugene, Oregon.

This book is designed to help parents learn to be more effective teachers of their children. The program is based on the latest knowledge of teaching methods growing out of the science of behavior. The program shows parents how to systematically use consequences to become effective people.

Bluma, S. and M. Shearer. A. Frohman, J. Hilliard. *A Parent's Guide To Early Education.* 1976. Available from: Cooperative Educational Service Agency 12, 412 East Slifer Street, Portage, Wisconsin 53901.

The *Parent's Guide to Early Education* is a special edition of the *Portage Guide to Early Education*, designed especially for use by parents in teaching their own children. Parents have always been the primary educators of their children and this curriculum is designed to assist them in their efforts by providing an outline of skills acquired by children during the preschool years and suggestions for teaching these skills. Detailed instructions tell parents how to complete the checklist, choose a behavior, teach the skill, and maintain the child's interest.

Boyd, Richard, Kathleen Stauber, and Susan Bluma. *Portage Parent Program.* 1977. Available from: Cooperative Educational Service Agency 12, 412 E. Slifer Street, Portage, Wisconsin 53901.

The *Portage Parent Program* was designed to help parents of preschool and primary-grade children acquire effective child management and teaching techniques. Topics such as setting objectives for the child, reinforcing behaviors, recording information, and encouraging family involvement are included in the comprehensive parent readings. An instructor's manual delineating topics such as how to present the parent program, various strategies for initiating and maintaining parental discussions, and ways to assure maintenance of the parental program provides information for the teacher working with parents and children in the program.

D'Audney, Weslee, ed. *Giving A Head Start to Parents of the Handicapped.* (1976). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Nebraska 68105.

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children.

Dinkmeyer, Don and Gary McKay. *Systematic Training for Effective Parenting (STEP)*. 1976. Available from: American Guidance Service, Inc., Circle Pines, Minnesota 55014.

*Systematic Training for Effective Parenting (STEP)* is a nine-session parent study group program that presents a thoughtful, realistic approach to the rearing of children in modern society. In step-by-step fashion, the program teaches principles of parent-child relationships that promote responsibility, self-reliance, cooperation, mutual respect, and self-esteem. Each STEP session is organized around prerecorded cassette presentations of typical family problem situations, followed by participants' comments and a narrator's analysis of the challenges presented. The principles illustrated in the recordings are clarified and extended through readings and exercises in a *Parent's Handbook*; through messages on colorful posters; and through procedures outlined in a concise *Leader's Manual*. These materials work together to present new ideas and practical approaches to the challenges of raising and enjoying children.

Elliot, Charles B., et al. *Happiness Is Helping Parents To Help Themselves*. Available from: Florida Department of Health and Rehabilitative Services. 1978.

This curriculum is intended to be used as a discussion guide or script for conducting sixteen one-to-two-hour classes for parents of high-risk children under three years of age. The information which is to be presented in these classes is general rather than specific in nature. That is, it is not specific to an individual child, but rather applies to all children. Tailoring the principles of training and child development, which are presented during the classes, to meet each individual child's need takes place during home training sessions.

This curriculum is not a complete parent training course. It is intended for use with a home training component whereby material presented in class can be demonstrated by the trainer, and parents can have the opportunity to practice training techniques and demonstrate their ability as teachers of their child.

*Exploring Parenting*. Available from each regional ACYF office.

*Exploring Parenting* is a parent education curriculum developed for Head Start and adapted from the Exploring Childhood program. It provides parents opportunities to share their experiences with others and look at parenting in new ways. Its structured format — 20 three-hour sessions with detailed plans for each — provides a secure situation in which group support develops readily.

*Families First: A Program and Staff Development System*. Available from: Individual & Families Development Services, Inc., York Center for Human Development, 1201 S. Queen Street, York, Pennsylvania 17403.

Designed to help set up Family Centered Services and develop ongoing competency based individualized staff development activities for teachers, social service or home visiting staff.

The *Families First* package has been used in a variety of program applications:

- to develop job descriptions
- to develop staff evaluation procedures
- for planning training
- for developing new courses
- to individualize staff/career development plans
- as a primary approach for developing new service delivery models
- as a portable resource library for staff
- to develop family plans



Gordon, Thomas. *Parent Effectiveness Training*. 1970. Available from: David McKay Co., 750 Third Avenue, New York, New York 10017, (212) 949-1500. Also available from: New American Library, 1301 Avenue of the Americas, New York, New York 10019, (212) 956-3800.

Parents who are having trouble communicating with their children, or who find themselves involved in a power struggle with them, will discover methods for dealing with these problems in Dr. Gordon's book. The book describes the Parent Effectiveness Training course developed by Dr. Gordon, in which he teaches parents techniques for dealing with their children so that solutions can be found to problems that will be acceptable to both. The skills are taught in a workshop or seminar course, which stresses the uniqueness of each individual, his/her relationships and needs, and the importance of a preventive approach to handling potential problems. Parent Effectiveness Training offers parents new methods for establishing mutually satisfying relationships with their children.

Patterson, Gerald R. and M. Elizabeth Gullion. *Living With Children*. Available from: Research Press, 2612 North Mattis Avenue, Champaign, Illinois 61820.

All children misbehave — even in the best of families. But problem behavior can make life miserable for both parent and child. This book was written by two behavioral scientists to give every parent and teacher a practical technique to deal with children's misbehavior. It is written in down-to-earth language and was use-tested with many families before publication.

Pickarts, Evelyn and Gene Fargo. *Parent Education: Toward Parental Competence*. 1971. Available from: Prentice-Hall, Inc., Englewood Cliffs, New Jersey 07632, (201) 592-2000.

Beginning with the premise that parents are the prime teachers of their children, the authors of this text provide the "direction and skills for parents whereby they will be enabled to define what they want the child to learn from his experience and relate this to the way in which children do learn." The authors explore societal influences, as well as family and parent roles and needs, and then consider the effectiveness of different parent education programs. Each chapter includes a summary and a list of references, and a detailed bibliography is found at the end of the book.

*The Exceptional Parent Magazine*. Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Massachusetts 02116.

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "what to do," "how to do it," and "where to get help." For a subscription, write to: *The Exceptional Parent*, P.O. Box 4944, Manchester, N.H. 03108.

## Exceptional Children

*A Handicapped Child In Your Home/Un Niño Desventajado En Su Casa*. Available from: (See ACYF Publications Note at end of Resource Section).

This booklet is for parents who have a severely handicapped child at home, and describes problems, hardships, and rewards that they will find in caring for their child. Millions of parents have faced this task, and in spite of the difficulties and burdens involved, they have done a courageous and constructive job. (Also in Spanish.) DHEW #30029 (English), GPO #: 1791-00189-9 (English), DHEW #: 30048 (Spanish), GPO #: 017-091-00195-2.

Brutten, Milton, Sylvia Richardson, and Charles Mangle. *Something's Wrong With My Child: A Parents' Book About Children With Learning Disabilities*. 1973. Available from: Harcourt Brace Jovanovich, Inc., 757 Third Avenue, New York, New York 10017, (212) 754-3100.

In this book, the little understood group of learning disabilities which have their origin in physical (not psychological) impairment is discussed in great detail. Stress is placed on the fact that, although the estimated eight million children with these disabilities are often judged to be low in intellectual ability, retarded, or emotionally disturbed, they are in fact often of average or above-average intelligence; and with proper diagnosis, treatment, and educational techniques, they can learn and function to their potential. There are chapters dealing with learning to recognize the learning-disabled child; types of professional help which are needed and available; and the learning-disabled child's special problems on entering adolescence. Appendices include lists of sources of help, a description of the Association for Children with Learning Disabilities, lists of national organizations in related fields, and other sources of information.

Finney, Nancie R. *Handling the Young Cerebral Palsied Child at Home*. 1975. Available from: E.P. Dutton Company, Inc., New York, New York.

This is a book for the parents of children with cerebral palsy. It is also recommended, however, for all those caring for such children, including doctors, therapists, teachers and nurses.

It emphasizes the vital role of parents in the day to day handling of their child and the need for them to be taught this skill. This is additional to treatment from therapists. Parents, as the most important members of the team caring for the handicapped child, must be deeply involved from the start. This start should be as early as possible, preferably while the child is still a baby, so that physiotherapy can have its maximum influence.

Subjects dealt with include, among others:

- Toilet Training
- Bathing
- Dressing
- Feeding
- Speech
- Aids to Mobility

*Home Stimulation for the Young Developmentally Disabled Child*. 1973. Available from: Commonwealth Mental Health Foundation, 4 Marlboro Road, Lexington, Massachusetts 02173, (617) 891-7178.

*Home Stimulation for the Young Developmentally Disabled Child* discusses the ways children learn and grow and provides suggestions for promoting growth. The second half, *Language Stimulation*, discusses how language, both receptive and expressive, develops in children and offers suggestions for stimulating its development.

*Mainstreaming Preschoolers Series*. The Administration for Children, Youth and Families has recently developed a series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms. These manuals are distributed free of charge to local Head Start programs, and individual copies are available to Head Start parents with a handicapped child. Copies to local Head Start agencies or parents are available through the local Resource Access Project.

Other agencies desiring copies of the manuals to help them mainstream preschool handicapped children should order the manuals directly from the Government Printing Office. Requests should be addressed to:

Superintendent of Documents  
U.S. Government Printing Office  
Washington, D.C. 20402

Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. There is a 25 percent discount on orders of 100 or more copies of any one publication sent to one address.

**Titles:**

*Mainstreaming Preschoolers: Children with Mental Retardation* (GPO Stock No. 017-092-3029-4) \$3.25.

*Mainstreaming Preschoolers: Children with Visual Handicaps* (GPO Stock No. 017-092-3030-8) \$3.25.

*Mainstreaming Preschoolers: Children with Health Impairments* (GPO Stock No. 017-092-3031-6) \$3.25.

*Mainstreaming Preschoolers: Children with Hearing Impairments* (GPO Stock No. 017-092-3032-4) \$3.25.

*Mainstreaming Preschoolers: Children with Speech and Language Impairments* (GPO Stock No. 017-092-3033-2) \$3.75.

*Mainstreaming Preschoolers: Children with Orthopedic Handicaps* (GPO Stock No. 017-092-3034-1) \$3.50.

*Mainstreaming Preschoolers: Children with Learning Disabilities* (GPO Stock No. 017-092-3035-9) \$3.25.

*Mainstreaming Preschoolers: Children with Emotional Disturbances* (GPO Stock No. 017-092-3036-7) \$3.50.

Recruitment. Chapel-Hill Training-Outreach Project. Lincoln Center, Merritt Mill Road, Chapel Hill, North Carolina 27514.

A current listing of materials available through the outreach project can be obtained from the above address. Materials available include slide tapes relating to Public Law 94-142 and handicapped children in Head Start. Recruitment materials such as buttons, radio announcements and posters are also available.

*Responding to Individual Needs in Head Start (Working with the Individual Child)*. Available from: (See ACYF Publications Note at end of Resource Section).

This manual is a first step in an effort to develop a needs assessment kit to provide Head Start staff, parents and others with simple easy-to-use techniques to identify a child's unique needs and capabilities and to respond in ways that enhance the child's development. This particular manual focuses on the *handicapped child*, defined as the child who may require special education, although it should be useful in helping staff and parents work with all children, handicapped or not. DHEW #: (OHDS) 31075, GPO #: 017-092-00016-2.

Riley, Mary Tom, *Project Laton*. Available from: Special Projects Division, P.O. Box 4170, Texas Tech University, Lubbock, Texas 79409. (806) 742-3296.

*Project Laton* was conceived as a training plan for parents who are involved in providing rich growth and development environments for handicapped children. Its purpose is to educate all interested parents within a community in ways to better understand and help their fellow parents with handicapped children who, not surprisingly, often feel as alienated as their children do!

The program consists of three bilingual (Spanish and English) training manuals written by Dr. Mary Tom Riley. The books are printed in English on one side of the page and in Spanish on the other side so parents who speak either language can read them. Each book presents one film and four modules that can be used by Parent-Leaders during parent involvement sessions.

Southwest Educational Development Laboratory (SEDL). *Working With Parents of Handicapped Children*. 1976. Available from: Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091. Available in English or Spanish.

This booklet contains practical suggestions for teachers and caregivers who interact with parents of handicapped children. The importance of understanding how parents might feel about their child's disability is emphasized, as is the need for teachers to examine their own feelings about talking and working with parents. A resource section includes a list of organizations and information sources, a bibliography, and parent interview recommendations and forms.

Tracy, Mrs. Spencer, & Thielman, V.B. *John Tracy Clinic correspondence course for parents of pre-school deaf children*. Los Angeles: John Tracy Clinic. 1968. (\$9.00)

A series of 12 lessons planned for parents to use at home with hearing-impaired children under age five. Each lesson has three sections — **Information, Activities, Bibliography**. Contains much good information, simply written and attractively illustrated.

## Health, Nutrition and Safety

Dean, Vicki S. and Janice M. Lewis. *Clinch Powell Family Nutrition Series*. 1977. Available from: Clinch Powell Educational Cooperative, P.O. Box 279, Tazewell, Tennessee 37879

A three part series which includes Parent Guide to Family Nutrition, Home Visitor Guide and Guide for Assessing Family Nutrition.

*Food... Early Choices — A Nutrition Learning System for Early Childhood*. 1979. Available from: The National Dairy Council, Rosemont, Illinois 60018

*Food... Early Choices* is a nutrition learning system designed for use with 3 and 4 year olds and their parents. The major goal of the program is to provide experiences that encourage wise food choices by children and the adults with whom the children interact.

Chief Combo Nation, a hand puppet and leading character in the *Food... Early Choices* program, is an imaginative fellow who can make learning about foods a real treat for young children. Other important components of the program include:

- Teacher guide
- 22 Nutrition Learning Activity Cards
- Resource Materials — photographs of 100 foods, playing cards showing pictures of foods, puzzles, and a poster, floormat game, food origin booklet, and record
- Chief Combo Communications — take-home materials for parents.

*Head Start and EPSDT Recipes for Success*. DHEW Publication No. (OHD) 76-31097. 1976. Available from: Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013.

This manual was developed to help Head Start personnel use the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and to share knowledge gained from operating 200 EPSDT-Head Start demonstration projects. The first section of the manual describes the history of government health care programs for children and provides an overview of EPSDT. The second section shares information about implementing outreach aspects of Head Start-EPSDT programs, referral, follow-up, and other components of this joint health care delivery system.

The *National Safety Council* provides a variety of pamphlets, brochures and kits relating to all aspects of environmental safety. Topics include such subjects as fire hazards, safety of toys and playthings, poison perils, etc. The National Safety Council, 444 N. Michigan Avenue, Chicago, Illinois 60611.

*Teachers' Training Manual on Dental Health*. Available from: Division of Dental Health Services, Tennessee Department of Public Health, R.S. Gass Building, Ben Allen Road, Nashville, Tennessee 37216, (615) 741-7256.

This booklet shows the many effects dental disease can have upon individuals, especially children. It provides important information on preventive dental care, proper nutrition, and the dentist's role in maintaining healthy teeth.

The *U.S. Consumer Product Safety Commission* in Washington, D.C. also publishes a variety of materials relating to home and playground equipment safety.

## Child Development

Abraham, Willard. *Living With Preschoolers, From the Terrible Twos to the Fascinating Fives*. 1976. Available from: O'Sullivan Woodside & Co., 2218 E. Magnolia, Phoenix, Arizona 85034, (602) 244-0304.

In this book, Dr. Abraham offers parents some help and guidance in child development. He discusses everyday problems and questions on subjects such as discipline, eating, creativity, learning disabilities, safety, independence, and the watching of television, along with many more.

Caplan, Frank (gen. ed.). *The Parenting Advisor*. Princeton Center for Infancy. August 1977. Available from: Anchor Press Publicity, Doubleday and Company, Inc., 245 Park Avenue, New York, New York 10017, (212) 953-4491.

This illustrated volume is an encyclopedic digest of the latest studies in child rearing. It utilizes data on infancy (collected by the Princeton Center for Infancy) to present a compendium of the experiences of parents and children in the early years of the child's life. Each chapter features an introduction by a specialist in the field. Beginning with birth, the book takes the child through feeding schedules, toilet training, illness, language acquisition, personality formation, intellectual development, and play and enrichment. Varying points of view are presented where controversy exists on specific subjects. The book provides parents with comprehensive information on the physical, social, emotional, psychological, and cognitive development of children.

*Child Development in the Home/El Desarrollo Del Niño En El Hogar*. Available from: (See ACYF Publications Note at the end of Resource Section).

Most specialists in early childhood development agree that the first five years are the most formative in a child's life. A good relationship between parent and child in which the adult acts as guide and teacher as well as a provider will beneficially influence the child for the rest of his life. While situations differ from family to family, there are certain guidelines to help parents develop happy, self-confident and self-disciplined children. The purpose of this booklet is to describe some of those guidelines. (Also in Spanish) 20 pages. DHEW #: 30042 (English), GPO #: 017-091-00193-6, DHEW #: 30049 (Spanish), GPO #: None

Dodson, Fitzhugh. *How to Father*. 1974. Available from: Signet Books, 1301 Avenue of the Americas, New York, New York 10019, (212) 956-3800.

The author of *How to Parent* has also written a practical guide for fathers. This book provides fathers of children from birth to 21 years of age with ideas and advice on dealing with such things as sibling rivalry, discipline, drug use, and sex. A special section for fathers who are raising children alone is also included.

Dodson, Fitzhugh. *How to Parent*. 1971. Available from: Signet Books, 1301 Avenue of the Americas, New York, New York 10019, (212) 956-3800.

This book discusses rearing children from birth to five years old. Subjects include enriching the environment, stimulating the child's mind and senses, child-proofing a home, choosing toys and books, a timetable of child development, actions versus feelings, discipline, and dealing with hostility. The appendices offer a great deal of material which may be of particular interest to Home Start and home-based programs. Appendix titles include: "Toy and Play Equipment for Children of Different Ages and Stages", "Free and Inexpensive Children's Toys from A to Z", "A Parent's Guide to Children's Books for the Preschool Years", "A Parent's Guide to Children's Records", and "A Survival Kit for Parents: A Basic Book List for Parents to Aid Them in the Raising and Education of Their Children".

Forrester, Betty J., et al. *Materials For Infant Development*. 1971. Available from: Information Office, DARCEE, Peabody College, Box 151, Nashville, Tennessee 37203, (615) 327-8236.

This illustrated manual outlines areas of early development and provides detailed lists of materials that were prepared, developed, and selected through field-testing in homes (including household items, multipurpose purchases, and books appropriate for infants, toddlers, and older siblings). A chapter presenting the use of certain of these materials in a home visiting program is included.

Grotberg, Edith H. (ed.). *Two Hundred Years of Children*. 1977. DHEW Publication No. (OHD) 77-30103. Available from: Division of Research and Evaluation, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013.

*Two Hundred Years of Children* documents major trends, events, and patterns that have effected children and families in the United States. Some of the topics discussed include: the history of child health care, the Children's Bureau, recreation, education, children's literature, and child development over the past 200 years. The book describes some of the ideas and forces which have prompted changes in institutions and life styles in this country, and examines the major aspects of the lives of children.

White, Burton L. *The First Three Years of Life*. 1976. Available from: Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 07632, (201) 592-2000.

In this book, Dr. White, Director of Harvard University's Preschool Project, consolidates his research on the first three years of life into an extensive guide to the intellectual and emotional development of the very young child. The book is divided into three sections: Details of Development, Topics Related to Child Rearing During the First Three Years of Life, and Concluding Remarks, plus a recommended reading list. The developmental section delineates seven phases: birth to six weeks, six weeks to three-and-one-half months, three-and-one-half months to five months, five months to eight months, eight months to fourteen months, fourteen months to twenty-four months, and twenty-four months to thirty-six months. Dr. White provides comprehensive data on physical, emotional, and mental developments with very specific recommendations on child rearing, parent strategies, and toys for each stage.

*Your Child From 1 to 6*. Available from: (See ACYF Publications Note at end of Resource Section).

Describes the growth of children from 1 to 6 years of age. Emphasizes the child's emotional needs and his relationship to other members of the family. It is a practical, basic manual for rearing children 1 to 6 years old. DHEW #: (OHD) 76-30026, GPO #: 017-091-0069-7.

## Organizations

- **Resource Access Projects (RAPs)** are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children.

ACYF Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160

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- |   |   |  |
|---|---|--|
| 2 | New York<br>New Jersey<br>Puerto Rico<br>Virgin Islands   | New York University<br>School of Continuing Education<br>3 Washington Square Village, Suite 1M<br>New York, New York 10012   |
| 3 | Pennsylvania<br>West Virginia<br>Virginia<br>Delaware<br>Maryland<br>District of Columbia                         | Resource Access Project<br>Georgetown University Child<br>Development Center<br>3800 Reservoir Road, N.W.<br>Washington, D.C. 20007  |
| 4 | North Carolina<br>South Carolina<br>Georgia<br>Florida<br><br>Kentucky<br>Tennessee<br>Alabama<br><br>Mississippi | Chapel Hill Training Outreach Project<br>Lincoln School<br>Merritt Mill Road<br>Chapel Hill, North Carolina 27514<br><br>Nashville Resource Access Project<br>The Urban Observatory<br>1101 17th Avenue, South<br>Nashville, Tennessee 37212<br><br>Friends of Children Head Start<br>119 Mayes Street<br>Jackson, Mississippi 20203 |
| 5 | Illinois<br>Indiana<br>Ohio<br><br>Minnesota<br>Wisconsin<br>Michigan   | University of Illinois<br>Colonel Wolfe Preschool<br>403 East Healey<br>Champaign, Illinois 61820<br><br>Portage Project<br>Resource Access Project<br>412 East Slifer Street<br>P.O. Box 564<br>Portage, Wisconsin 53901  |
| 6 | Texas<br>Louisiana<br>Oklahoma<br>Arkansas<br>New Mexico  | Texas Tech University Resource Access Project.<br>Special Projects Division<br>P.O. Box 4170<br>Lubbock, Texas 79409   |
| 7 | Missouri<br>Kansas<br>Iowa<br>Nebraska  | Children's Rehabilitation Unit<br>University of Kansas<br>Medical Center<br>39th & Rainbow Blvd.<br>Kansas City, Kansas 66103  |
| 8 | Colorado<br>North Dakota<br>South Dakota<br>Montana<br>Utah<br>Wyoming  | Denver Research Institute<br>SSRE<br>University of Denver<br>Denver, Colorado 80202  |

9	California Arizona Hawaii Nevada Pacific Trust Territories	Resource Access Project IX 672 South Lafayette Park Place Suite 31 Los Angeles, California 90357
10	Washington Oregon Idaho  Alaska	Portland State University 1633 Southwest Park Avenue Portland, Oregon 97201  Easter Seal Society for Alaska Crippled Children and Adults 700 H Street Suite 3 and 9 Anchorage, Alaska 99501

- **Home Start Training Centers (HSTCs)** are designed to provide training in home-based programming to local Head Start agencies. Currently, seven HSTC programs are funded to provide this training within their respective geographical area.

The following list provides complete mailing address and phone number for each of the HSTCs.

<b>ACYF Region</b>	<b>HSTC</b>	<b>ACYR Region</b>	<b>HSTC</b>
1-2-3	Karen Johnson West Central West Virginia Community Action Association, Inc. 804 Ann Street, P.O. Box 227 Parkersburg, West Virginia 26101 (304) 485-4455	7	Joan Cromer Nebraska P-handle Community Action Agency 1840 Seventh Street, P.O. Box 340 Gering, Nebraska 69341 (308) 436-5076
4	Desmon Tartar Clinch-Powell Educational Cooperative P.O. Box 279 Tazewell, Tennessee 37379 (615) 626-4677	8-10	Sheri Noble Bear River Community Action Agency 495 East 5th South Logan, Utah 84321 (801) 753-0951
5	Deborah Cochran Craig Loftin Portage Project P.O. Box 564 Portage, Wisconsin 53901 (608) 742-5342	9	Mary Claire Heffron Oakland Head Start Home-Based Resource Center 647-55th Street Oakland, California 94609 (415) 652-2644
6	JoAnn Braddy ARVAC, Inc. P.O. Box 2110 Russellville, Arkansas 72801 (501) 968-6493		

- **Head Start's Demonstration and Training Programs**

Building on knowledge gained through years of working with preschool children of low-income families and their parents, Head Start has launched a number of demonstration and training programs in selected sites across the country. The demonstration projects have shown new ways to serve children and families and have been models for Head Start and other local early childhood programs. The training projects have provided technical assistance to Head Start centers and have helped to develop a new corps of professional child care workers. Head Start's demonstration and training activities have included such innovative programs as:

- *Parent and Child Centers* provide health, nutrition and other services to low-income families with children under age three and serve as a source of information on the needs of young children who may enter Head Start later.
- *The Child and Family Resource Program* enrolls families with children up to age eight, identifies their needs, and helps find the community agencies that can help them.
- *The Child and Family Mental Health Project* provides preventive mental health services to Head Start children to foster their social development and prevent emotional problems from arising at an early age.
- *The Basic Educational Skills Project* develops curricula to help preschool children acquire the educational skills and positive learning attitudes that will help improve their performance and foster greater achievement in elementary school.
- *Project Developmental Continuity* encourages Head Start programs and school administrators to work together to insure continuity in curricula, health care and parent involvement as children move from preschool to elementary school.
- *The Child Development Associate Program* trains child care workers in Head Start and other programs to help them achieve professional status in the child care field and receive CDA credentials that are based on their ability to work with young children.

- The **Technical Assistance Development System (TADS)** was created to help HCEEP grantees in the Eastern states achieve their goals by providing assistance in areas beyond the skills or fiscal resources available at the projects.

Technical Assistance Development System  
500 NCNB Plaza  
Chapel Hill, North Carolina 27514

- **WESTAR** is a consortium of the University of Washington, Teaching Research Division of the Oregon State System of Higher Education, and the National Association of State Directors of Special Education. Its mission is to provide technical assistance to demonstration projects and state implementation grant recipients of the Handicapped Children's Early Education Program in the Western states, funded by the Bureau of Education for the Handicapped, U.S. Office of Education.

Western States Technical Assistance Resource  
University District Building, Suite 215  
1107 N.E. 45th St.  
Seattle, Washington 98105

### • Closer Look

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list.

This organization has regional branches. For more information write to:

Closer Look  
Box 1492  
Washington, D.C. 20013

### • Sports for the Handicapped

Opportunities in sports for the handicapped are unlimited. Handicap sports range from wheelchair basketball and tennis to "beep ball," which is baseball for the blind — so named because the ball has a buzzer in it.

There are now about 100 national organizations devoted to various sports for the handicapped. "Name a handicapping condition and a sport," says Dr. Julian Stein of the American Alliance for Health, Physical Education and Recreation, "and there is certain to be an organization devoted to them."

To find out what programs are available in your area, write to:

*The National Handicap Sports and Recreation Association, Capitol Hill Station, P.O. Box 18604, Denver, Colo. 80218.*

## Bibliographies

*A Bibliography of Bilingual-Bicultural Preschool Material for the Spanish-Speaking Child.* 1977. DHEW Publication No. (OHD) 77-31062. Available from: Head Start Bureau, Administration for Children, Youth and Families, Office of Human Development Services, Department of Health, Education, and Welfare, P.O. Box 1182, Washington, D.C. 20013

This bibliography has been prepared to aid teachers and paraprofessionals in meeting the needs of Spanish-speaking children. The title, the address from which material may be obtained, the price, the age range for which material is appropriate, the language used, and descriptions of the materials are included for each item. Types of materials include books, audio-visual aids, and tests.

*An Annotated Bibliography for Child and Family Development Programs*. 1977. DHEW Publication No. (OHDS) 78-31118. Available from: Government Printing Office, Washington, D.C. 20402. Stock Number 017-060-00131-3.

This publication has as its base the *Bibliography: Home-Based Child Development Program Resources* of March 1973 (with addenda in 1974 and 1976). While it still contains many items of particular interest to home-based programs, it has been expanded to reflect the broader aspects of family development programs.

The resources are listed in four general categories: Audio-Visual Materials, Organizations and Projects, Journals and Newsletters, and Written Materials (By Subject Matter). In the category of Written Materials, each item has been placed in the area where it is most applicable. However, many of the resources fall into two or more subject matter categories (for example, Home-based, Child Development, and Early Childhood Education), so it is suggested that the user keep this in mind when using the Table of Contents. Training materials and materials especially concerned with infants and toddlers are also included within the thirteen subject matter categories. In addition, there are two indices: one by authors and institutions which developed materials, and a second by subject matter.

Cox, J., Platten, M., Trohanis, P. *Product Listing: An Annotated Bibliography of Materials Developed by Eastern HCEEP Programs*. 1978. Available from: TADS, Suite 500, NCNB Plaza, Chapel Hill, North Carolina 27514.

This document contains an annotated compilation of products available from and distributed by eastern HCEEP projects involved in demonstration, outreach, and state implementation grant activities. The materials include print products, such as books, instruments, manuals, and handbooks, as well as audio-visual resources, which encompass filmstrips, slidetapes, motion films, videotapes, and kits. Two types of materials were not incorporated into this collection. These are promotional materials (i.e., project brochures, pamphlets, protocols) and field test or developmental materials which are not available in numbers sufficient for sharing.

Jackson, J.F., and M.J. May. *What's Where? A Catalog of Products Developed by HCEEP Projects*. 1980. Seattle, Washington: Western States Technical Assistance Resource (WESTAR/University of Washington). Available from: WESTAR, 215 University District Building, 1107 N.E. 45th, Seattle, Washington 98105.

This bibliography describes print and non print resources available from HCEEP programs in WESTAR's catchment area and assists readers in determining their own product development activities.

*Mother-Child Home Learning Programs: An Abstract Bibliography*. 1972. Ed. No. 06092. Available from: ERIC Document Reproduction Service, Box 190, Arlington, Virginia 22210, (703) 841-1212. (Note: Always use ED No. to order.)

The publications cited in this bibliography describe home-based programs designed to help parents discover ways of interacting with their children which will contribute to positive growth in the children's overall development. Also included are some publications which provide background information on early childhood education and parent involvement, and some which present learning activities for parents to use in the home with their children.

*Parenting in 1976: A Listing from PMIC.* 1976. Available from: Parenting Materials Information Center, Southwest Educational Development Laboratory, 211 E. 7th Street, Austin, Texas 78701, (512) 476-6861.

This publication contains over 3,000 entries pertaining to parenting, parent education, and parent involvement for parents and those who work with parents. Some of the categories of materials listed include early childhood activities, language and intellectual development, large-scale programs, and exceptional children. The title of the material, author, copyright date, number of pages, and price and ordering information are contained in each entry. Entries are not annotated. Major types of materials listed include books, audio-visual and multimedia materials, and periodicals.

*Publications of the Administration for Children, Youth and Families.* 1978. Available from: Publications Distribution Unit, Switzer Building, 330 C Street, S.W., Office of Human Development Services, Department of Health, Education, and Welfare, Washington, D.C. 20201.

This brochure contains descriptions and information for ordering materials developed by the Administration for Children, Youth and Families. The materials are available from the Administration for Children, Youth and Families and the Government Printing Office.

*Resource Materials.* ERIC Clearinghouse on Early Childhood Education, 805 W. Pennsylvania Avenue, Urbana, Illinois 61801, (217) 333-1386.

The following is a list of useful resource materials available from the ERIC Clearinghouse on Early Childhood Education at the above address:

*ERIC/ECE Publications List.* June 1977.

*Early Childhood Resources #3.* (This is a list of publications recommended by ERIC).

*Candidates For Your Bookshelf.*

*A Resource List on Parenting — For Parents and Teachers.*

*Bilingual Education for Children.* Spring, 1977. (An ERIC mini-bibliography.)

*Resources For and About Afro-Americans.* (For parents, teachers, and children.)

Woiery, M. *Parents as Teachers of Their Handicapped Children: An Annotated Bibliography.* Ed. M. May, 1977. Available from: WESTAR, 345 North Monmouth Avenue, Monmouth, Oregon 97361, (503) 838-1220.

*Parents as Teachers of Their Handicapped Children* is an annotated bibliography of references and resources with three primary purposes: (1) to give parents a collection of resources for teaching specific skills to their young handicapped children; (2) to provide parent trainers with resources from which to select materials for parents' use; and (3) to give professionals an idea of the kinds and amount of research that has been conducted with parents as trainers of their young handicapped children.



**How To Obtain ACYF Publications:**

As long as supplies permit, single copies of the publications listed above as available through this source are free (except when indicated). All publications are available from: LSIDS, Dept. 76, Washington, D.C. 20401

Multiple copies of many items may be ordered *for the sale price* from: U.S. Government Printing Office, Superintendent of Documents, Washington, D.C. 20402

**PLEASE NOTE:** Kindly list both publication numbers — the "DHEW #" and the "GPO #" — along with the **FULL** title in your order.

**ALSO NOTE:** You may want to write to the Government Printing Office at the second address listed above (zip 20402) for: "SUBJECT BIBLIOGRAPHY ON CHILDREN AND YOUTH, SB-035" which lists publications from many other Federal sources in addition to ACYF, and gives price information.