DOCUMENT RESUME

ED 206 121 EC 133 507

TITLE Guidelines for Preschool Programs for Handicapped Children in the State of Washington. Early Childhood Education.

INSTITUTION Washington Office of the State Superintendent of Public Instruction, Olympia. Div. of Special Services.

PUB DATE [80]

NOTE 25p.

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Community Resources; *Disabilities; Facilities; Guidelines; Handicap Identification; Health; Parent Participation; *Preschool Education; Program Administration; *Program Development; Staff Development; State Standards

IDENTIFIERS *Washington

ABSTRACT

The manual was designed to help local education agencies in the state of Washington plan education programs for young handicapped children. Addressed in terms of goal, rationale, critical subcomponents, and evaluation procedures are eight components: administration, child find, educational programs, parent/family involvement, community coordination, staff development, school building and classroom facilities, and health considerations. Each component has an accompanying evaluation checklist. (CL)

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GUIDELINES FOR PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

Introduction

This manual was developed to assist local education agencies to plan and implement effective education programs for young handicapped children. Although the exact procedures will vary from district to district, a program that desires to offer comprehensive services should include all eight of the major components referred to in this manual.

For any school program to be comprehensive, the following eight components should be present: administrative planning and support, child find activities, educational programs, parent/family activities, staff development plans, community coordination, building facilities, and health considerations. These essential program components are discussed in the Guidelines. Each section follows the same format: goal statement, brief rationale, critical sub-components, evaluation strategies, and finally, a checklist for self-evaluation.

Local directors can use this material in three basic ways. First, the material should provide structure for the preplanning stages of new programs for young handicapped children. Second, the materials should be valuable in evaluating current programs. Finally, the materials should be used as an internal needs assessment for determining priority areas for technical assistance.

The state of Washington has long been a leader in developing and providing preschool programs for the handicapped. As a result, there are many fine local programs that can be used as resources for specific technical assistance. The Division of Special Services, which coordinates the State Implementation Grant in Early Childhood, is another resource for technical assistance. Coordinating services with agencies other than the public schools is also essential when programming for young handicapped children. Please refer to the childfind manual for a list of such agencies.

Component I: Administration

Goal

To provide effective overall management to the program.

Rationale

Clear administrative procedures provide a framework in which to establish new programs and to sustain all projects. This section points out some basic administrative issues that should be addressed in any project.

Critical Sub-components

Program philosophy. Each project should have a brief, but complete written statement concerning the basic program philosophy. This can often be included in the overall program description. The entire staff should be aware of the philosophy statement and be in general agreement with it.

Goals and objectives. All projects should have specific goals with measurable objectives. The goals and objectives are the cornerstone for all project activities and form the basis for project evaluation. For this reason, timelines and procedures for evaluation should be included with each objective.

Staff roles. There should be an organizational chart depicting lines of authority. A clear role description for each staff person will clarify responsibilities.

Compliance with rules and regulations. The basic procedures of due process and confidentiality during IEP development should be in compliance with state and federal laws.

Evaluation Procedures

Basically, the evaluation of the four components is threefold; first, are the components present (e.g., is there a statement on program philosophy?). Second, are the components accurate (e.g., do the goals and objectives relate to what is actually occurring?). Third, are the components used (E.G., do the staff refer to the role descriptions when determining responsibilities?). There are two basic ways an evaluation of Component I may occur--as an internal project-based activity or as an activity carried out by an outside agency. The most comprehensive approach is to conduct a self-evaluation, contract for an outside one using the same format, then compare the results. Remember that administrative evaluation should be viewed as an opportunity to IMPROVE SERVICES TO CHILDREN!

Checklist for Component I

	Yes	No
1. Is there a written statement of program philosophy?	____	____
If so, does the statement accurately reflect what is occurring?	____	____
Is the staff in agreement with the program philosophy?	____	____
2. Are there stated goals?	____	____
Are there related objectives for each goal?	____	____
Are there evaluation strategies for each objective?	____	____
3. Is there an accurate organizational chart?	____	____
Are there written role descriptions for each staff?	____	____
4. Is the project in compliance with state and federal laws?	____	____

Component II: Child Find

Goal

To locate all handicapped children in the school district.

Rationale

Child find activities are a mutually shared responsibility of federal, state, and local agencies. Although the activity is shared, the final and legal responsibility of locating handicapping children belongs to the local education agency. The purpose of all child find activities is to identify handicapped children as early as possible and to place such children in appropriate intervention programs.

Critical Sub-components

Awareness. LEAs need to increase the level of awareness in the general public and in other agencies about:

1. The availability of existing programs
2. Parent and child rights under federal/state laws.
3. The importance of early intervention.
4. Early warning signs that should result in a referral.
5. Referral procedures for suspected handicapped children to appropriate programs.

These activities may take many forms (print media, open meetings, radio and TV spots, etc.). The critical point to remember is that the school is responsible for ACTIVELY increasing the awareness of the individuals in their catchment area.

The identification of young children is dependent on three factors; 1) a local agency (LEA) to which referrals can be made (especially the name and phone number for referrals); 2) a general community awareness that educational programs are available for preschool handicapped children; and 3) a general belief that these educational programs are effective especially important to increase referrals from the medical community). Therefore, increasing awareness among the public, service agencies, and health care professionals is the first important step toward ensuring that developmentally delayed children are given the educational opportunities they need as soon as possible.

Identification. Before handicapped children can be referred to appropriate services they must be identified. There are at least three ways that identification may occur. First, a parent may directly refer a child. In such cases the parents approach the school and ask for help for their child. Second, referrals may come from another community agency, hence the importance of close, personal contact with all local human resource agencies. Third is referral from the private sector, with physician referrals being the most common.

Screening. Those children whose handicaps are readily identifiable, such as blindness, should be referred to the school by one of the procedures noted under Identification. However, there are many children whose handicaps are less easily spotted. To identify these children, screening procedures are required. Screening can best be defined as a systematic process for determining which individuals from the general populatior are more likely than others to have a specific problem. Screening procedures must therefore be directed to specific types of problems. The procedures should be quick, inexpensive, and should accurately identify those who do and those who do not have the problem. Screening is NOT assessment. No individual is diagnosed or placed in a special program solely on the results of screening. Rather, those children who are identified as "at risk" (likely to have the problem) through screening efforts should be referred for further indepth diagnostic assessment procedures.

Diagnostic services. Complete interdisciplinary diagnostic services must be available. These services can either be provided by the LEA, multidisciplinary assessment team (MDT) or contracted through other community agencies. It is helpful for the LEA to have a medical director from the professional community. In any case, all children referred for assessment should receive a comprehensive diagnostic work up BEFORE referral to a specific program.

Referral. The last stop of Child find is quick and accurate referral to the most appropriate intervention program.

Evaluation Procedures

The purposes of evaluation is to improve certain activities to better meet stated objectives. Evaluation implies decision making--either altering an existing set of activities or allowing them to remain as is. This requires careful planning, developing the means to collect information, collecting the information, analyzing and using the information in making program decisions.

Some of the questions to ask about child find activities include: Is the community aware of our program? Are we aware of how many potential children there are to be served in our community? Is the community aware of how to refer children to our program? Are our screening procedures effective (cheap, quick, identifies target children?). Are adequate diagnostic services available? What is the turn-around time from identification to placement in program.

Evaluation Checklist for Component II

	Yes	No
1. Has the target population been clearly defined?	____	____
2. Are admission criteria (age, type of handicap, etc.) clearly stated?	____	____
3. Are the potential number of target children in the school district area known?	____	____

	Yes	No
4. Are child find data from other agencies used?	____	____
5. Are formal screening procedures being used?	____	____
6. Are publicity materials available that state referral procedures clearly?	____	____
7. Are there referral procedures for identified handicapped children not served by the project?	____	____
8. Is the turn around time from identification to program placement for any given child reasonable?	____	____

Component III: Educational Program

Goal

To provide appropriate educational programming to all young handicapped children in the program.

Rationale

Adequate educational programming for young handicapped children must include systematic procedures in at least the following essential areas: 1) child assessment; 2) individual educational plan development; 3) curriculum development; 4) instructional procedures; and 5) ongoing evaluation. Although the specific procedures and materials may vary according to the type of child service and/or the specific program philosophy, these five program areas must be present.

Critical Sub-components

Assessment. Child assessment means that the teaching staff is using some device to measure child behavior in the classroom over a period of time. This information forms the base for developing the Individual Education Plan (IEP) for each child. The assessment device should be appropriate to the level of disability and type of handicapping condition of the children. It cannot be biased against any minority group. Assessment must provide information on child abilities in at least the following skill areas; gross motor, fine motor, communication (language), social, self help, and cognitive (preacademic). In many cases, more than one device will have to be used to measure all the skills.

Depending on the types of handicapping conditions of the children, occupational therapists, physical therapists, communication disorder specialists and other support personnel will be crucial additions to the assessment team.

The assessment process must be viewed as ongoing rather than static or a one time only event.

Individual Educational Plan (IEP). The IEP, required by P.L. 94-142, must contain the following components: 1) accurate assessment indicating current levels of performance; 2) goals and objectives; 3) needed special services; 4) methods for evaluating the goals and objectives; and 5) indications that a team (including parents) developed the plan. Additionally, good IEPs will also include specific information regarding medical considerations, physical management problems, and instructional programming ideas.

Assessment information must be current (within the last year) and should represent data from more than one testing session. Goals should be based on yearly projections of the child's functioning level at least in gross motor, communication, preacademic, and social/self help areas. Objectives should be developed for each goal that will as "stepping stones" form the current level of functioning to the desired yearly goal. Each goal and objective must be measurable so that the program can be evaluated. The planning team must include the parents. (Note: This does not mean that the parents simply sign the IEP--they MUST be included in the process of developing the plan). Needed special services should be listed for each special need of the child (speech therapy, adaptive equipment, mobility instruction, etc.). Important medical information should be included on the IEP relating to allergies, medication needs, proposed correc-

tive medical procedures, etc. For motorically involved children, a special note should be included concerning handling procedures and how best to position the child for educational activities. Instructional programming ideas may include such things as proven reinforcers, instructional materials that have been especially effective, and any special management ideas.

Curriculum. A program should use an overall curriculum. This may be a commercial curriculum, a combination of several curricula, or a project-developed curriculum. In any case, the curriculum must: 1) be directly related to the assessment procedures; 2) include items that are "low enough for the lowest skilled child" and "higher" than the highest functioning child; 3) be based on developmental data; and 4) provide the teachers with ideas about how to teach the listed behaviors. It is helpful if the curriculum leads on to other curricula at a higher level, speaks to specific sensory problems (vision and hearing), has basic adaptations for physically involved children, and is amenable to easy data collection in order to evaluate child progress.

Instructional procedures. Each child should have an individual instructional plan. The plan should be based on the child's assessment data, should relate to the child's IEP, and should reflect periodic updating. Although the format of the plans will undoubtedly vary from program to program, the information included in each plan should be standard. This information includes: 1) the specific desired child behavior (objective); 2) exactly what the teacher does in the instructional setting, including materials used, directions given, prompts, cues, models; 3) exactly what is to occur for correct child responses, incorrect child responses, disruptive child behaviors, and no responses; and 4) how the child performance will be measured and the criteria used to determine success or modifications.

Ongoing evaluation. To be truly effective, all educational programming must include procedures that allow teachers to make frequent checks on child progress. This includes specific information about instructional plan should include provisions for collecting child performance data at frequent intervals to answer these questions: Has the instructional objective been reached? Is the child learning? Is the instructional procedure effective? All children should be evaluated on the entire curriculum at set intervals (two through four times a year). This activity basically answers the question: are the children progressing satisfactorily through the curriculum?

Evaluation Procedures

There are four questions which should be addressed about education programs. First, are the basic procedures in evidence? Second, are they appropriate for the children being served? Third, are they efficient procedures, or can they be streamlined? Fourth, and most important, do the children progress measurably in desired skills?

Evaluation Checklist for Component III

		Yes	No
1.	Are there interdisciplinary assessment procedures?	____	____
	Are there interdisciplinary data available on the children?	____	____
2.	Are there instructional assessment devices appropriate for the children?	____	____
	Are there data from several devices for each child?	____	____
3.	Do the IEPs conform to state and federal standards?	____	____
	Is there an IEP for each child?	____	____
4.	Is there an overall program curriculum?	____	____
	Is this curriculum appropriate for each child?	____	____
5.	Is there an individual instructional plan for each child?	____	____
	Are these plans comprehensive?	____	____
6.	Are there procedures for evaluating individual child performance per instructional plan?	____	____
	Are there procedures for periodic child evaluation in the entire curriculum?	____	____
7.	Are the children receiving all services specified in their IEPs?	____	____

Component IV: Parent/Family Involvement

Goal

To provide for individual needs of the parents and family of each child in the program.

Rationale

All recent research has indicated that parent/family involvement is absolutely crucial in early intervention programs. If child gains are to be maintained, parents must be involved. This involvement is most effective when it meets the specific needs of the parents/family. A cornerstone of family involvement should be individualization. The parents and other family members can have as wide a range of possible needs as the handicapped children. Therefore, the program should identify individual parent/family needs and devise individualized programs to meet these needs. The two major areas of parent need are: 1) knowledge needs about (normal child development, effects of handicapping conditions, available community resources, how their child is progressing, the purpose of specific educational programs, etc.), and 2) skill needs (how to teach their child, how to use behavior management, how to use community resources, etc.).

Critical Sub-components

Assessing parent/family needs. Establish procedures to determine individual parent needs. These procedures may include, but should not be limited to: questionnaires, structured interviews, and parent reports. The assessment procedures should cover such topics as: 1) extent of knowledge of child development, handicapping conditions, and community resources; 2) existing skills in child management, teaching specific skills, and obtaining community resources; and 3) what opportunities the family has had to visit the educational program, talk to staff and interact with other parents.

The assessment process should also include procedures for determining involvement priorities for each parent. Individual Family Programs (IFPs) may be developed. After the IFPs are developed, families are grouped together for activities that relate to their individual objectives. To repeat, family needs must be handled on an individual basis.

Direct school involvement. There are three activities where parents are directly involved in the school process: IEP development, exchange of information on child progress, and advisory boards.

IEP development is by definition a joint affair between school and parents. P.L. 94-142 states that the parents will be involved in the DEVELOPMENT of the IEP. Simply signing the IEP is not indication of involvement in development. Meaningful involvement in the development of the IEP provides the school with an excellent opportunity to set the tone for additional parental involvement.

Information exchange between school and parents is critical. Most often this occurs as the teacher informs the parents of child progress throughout the school year. Effective information exchanges can be either written formats (notes home, examples of work, report cards, etc.), or person-to-person conferences.

Advisory Boards which include parents are often a part of early childhood programs. These boards can serve useful functions if they are given leadership, a purpose, and a sanction for carrying out their duties.

Knowledge exchange. Parents and other family members often need specific information to help them cope with the handicapped child. The needs vary from family to family; however, some of the most frequent knowledge needs include: normal child development, effects of handicapping conditions on development, parent legal rights and responsibilities, and available community resources. Many parents, especially only-child parents, are not familiar with normal child development. This would be a particularly important knowledge need area. Most parents are interested in knowing the short- and long-term effects of the handicapping condition on their child. The school program should attempt to meet this need, either by providing the information or making an appropriate referral to another agency.

Many parents are unaware of their rights and responsibilities under the law. The school should accept the responsibility of informing parents of their rights under P.L. 94-142 as well as Section 504 of the Vocational Rehabilitation Act, SSI regulations, and other federal and state laws. Finally, many parents are unaware of the availability of community resources. Respite care, medical clinics, recreational opportunities, in-home therapy, supplementary food, and counseling resources are only a few community resources that are available to most parents in our state. The school should assume responsibility for informing the parents of those resources. NOTE: The school does not have to meet all parent needs--it can serve as a broker and put parents in touch with other resources that can meet their needs.

Skill needs. Many parents want to learn new skills to help their handicapped children. Depending on the parental needs, the school can arrange opportunities for these learning opportunities or refer parents to other resources (such as assertiveness training classes or Parent Effectiveness classes). Whether the school provides training or puts parents in touch with other agencies, the school should take ultimate responsibility for ensuring parents get the training they need.

Special note. The method in which parent needs can be met varies. These methods might include: (1) formal parent groups sponsored by the project; (2) parent classes through adult education or extension programs; (3) guided observations in the classroom; (4) volunteering in the classroom; (5) specific workshops; (6) individual parent/teacher training conferences; (7) home visits; (8) individually prepared materials; (9) films; and (10) parent-to-parent activities. The method of meeting the parent needs should depend on the specific need, available options, and parent choice.

Evaluation Procedures

Some evaluation questions to ask about parent programs are: First, have the parent needs been assessed? (If not, one must question the validity of the parent involvement activities, regardless of what is occurring). Second, is there evidence of individualizing the activities to meet parent needs? Third, how many parents are involved? Fourth, are there procedures to measure parent satisfaction for each activity? Fifth, are there procedures for evaluating the activities (what have the parents learned as a result of the activities)? Sixth, are there procedures to alter activities to respond to changing parent needs?

Evaluation Checklist for Component IV

	Yes	No
1. Is there a procedure to assess individual family/parent needs?	_____	_____
2. Do individual family/parent plans exist?	_____	_____
3. Are there a wide range of activities from which the parents will gain:		
New knowledge?	_____	_____
New skills?	_____	_____
4. Are there procedures to evaluate:		
Parent satisfaction?	_____	_____
Parent skill gain?	_____	_____

Component V: Community Coordination

Goal

To develop and maintain working relationships with all agencies that serve handicapped children and their families.

Rationale

Although there are many agencies that deal directly with handicapped children and their families, there is rarely a systematic overall plan that assures coordination of these services. Therefore, some agency must assume the responsibility for being a broker, though this task may not seem to be part of the regular school program. There are four critical components involved in coordinating community resources: (1) formal relationship with the SEA; (2) careful planning for transitions of children and families among agencies; (3) systematic referral procedures; and (4) extensive knowledge of other related agencies, both public and private, that serve the handicapped and their families.

Critical Sub-components

Relationship with SEA. The Coordinator of Early Childhood Programs in the Division of Special Services has developed a number of services to LEAs. The State Implementation Grant and preschool incentive monies provide specific assistance to programs, ranging from a statewide child tracking system to the Regional Technical Assistance Centers network. (See Appendix A) LEAs should maintain close contact with the SEA to insure that they are able to take advantage of all available state services, that the state child count for their area is accurate, and that all known handicapped children are entered in the tracking system.

Transition plans. Handicapped children tend to move through a wide variety of public and private services. As the children transfer from program to program and from special to regular education, the school must plan carefully to insure that the appropriate information follows the child, and that the receiving program is informed about how best to handle the child's special needs.

Referral sources. Prior to referring children and their families to other appropriate agencies, the LEA or school program representative should have a thorough and personal knowledge of the key people to talk to in: (1) federal programs such as HUD, SSI, HEW; (2) state programs such as Crippled Children's Services, Medicaid, Developmental Disabilities; and (3) local programs such as United Cerebral Palsy, Mental Health Clinics, Family and Child Services, and private physicians. The school needs to know what services these various agencies offer, who is eligible, what the cost is, and who to contact. Appendix B contains a resource guide of agencies with which you may want to coordinate services.

Similarly, the school needs to inform the appropriate agencies of the services the public school offers to young handicapped children and their families. This information should include who to contact, eligibility criteria, and services offered.

Evaluation Procedures

The Coordination with other community agencies can be evaluated on several dimensions. First, is the LEA aware of other agencies and the services they provide (is there a list of such agencies)? Second, are the other agencies aware of the LEA programs (how many referrals came from the other agencies)? Third, when the school refers a family, do the other agencies provide the needed services (e.g., if you refer a family to the Developmental Disability case worker for respite care services, does the family get a respite care provider)?

Evaluation Checklist for Component V

	Yes	No
1. Are all the preschool handicapped children currently being served included in the SEA child count?	____	____
2. Are there transition plans for:		
Preschool handicapped program to preschool nonhandicapped program?	____	____
Preschool handicapped program to school age handicapped program?	____	____
Preschool handicapped program to school age nonhandicapped program?	____	____
3. Does the LEA have an up-to-date list of agencies that serve the handicapped and their families?	____	____
Are these agencies aware of the public school programs?	____	____
Is there evidence of communication between the LEA and other agencies?	____	____

Component VI: Staff Development

Goal

To provide ongoing opportunities for program staff to develop new skills.

Rationale

Although preschool programs for the handicapped and university and college personnel training programs have been in operation for a number of years, still there remains a shortage of trained staff. Additionally, all professionals can profit from information and skills updating. P.L. 94-142 mandates that each LEA have a plan for staff development. Therefore, the following staff training activities should be present in any comprehensive preschool program for the handicapped: (1) a list of specific competencies for each staff role; (2) procedures for assessing staff training needs; (3) procedures for providing training to meet assessed staff needs; and (4) procedures for evaluating the outcome of training activities.

Critical Sub-components

Staff competencies. Universities and colleges, professional organizations such as ASHA, and the Regional Technical Assistance Centers have all developed lists of staff competencies. Each LEA should adapt or develop a list of competencies they expect the professional staff to have. This will facilitate hiring procedures as well as determine inservice training needs.

Procedures for assessing staff needs. There are several procedures that can be used to assess staff training needs. These may range from self-evaluation, to inviting the Regional Technical Assistance Center staff to come on site and evaluate staff training needs. Staff training needs can be determined best by the administrative staff interacting with the classroom staff. Most staff welcome this type of assessment IF it leads to the needed inservice training.

Whatever procedures are used, the end result should be a list of specific training needs stated in terms of teacher behaviors that will result from training activities. The inservice training activities should be individualized to meet specific staff needs.

Procedures for providing inservice training activities. After the individual staff needs are determined, there is a wide range of possible training activities to meet them. A 5-step procedure for selecting inservice activities is recommended. The first choice would be to see if the program staff can teach one another by sharing expertise. Second choice would be to coordinate training with an existing district inservice session. A third option is to participate in free SEA-supported inservice activities. Fourth would be to request assistance from the Regional Technical Assistance Center. Finally, district monies could be used to purchase the needed training. These steps provide the district with maximum services for available dollars, while this entire process is based on clearly stated individual staff training needs.

There are many options that can be used in choosing inservice training activities. All planned workshops should be checked to see if they are related to staff needs. Specific workshops can be scheduled on site. Individual

consultants can be contracted to come on-site and provide inservice training. Another alternative would be to pay for staff to take formal course work at colleges or universities. The training should be individualized to meet specific staff needs.

Evaluation of training activities. All staff inservice training activities should be evaluated to determine the specific skills gained by the staff. When possible, this should be measured in terms of change in staff behavior when working with children and/or families. The easiest way to evaluate training is to build post-training behaviors into every training objective. Measuring any increase in the amount or rate of child progress is another, secondary method of evaluating improved teacher skills.

Evaluation Procedures

The evaluation of this section should be threefold. First, are the procedures established (is there a list of staff competencies, are there procedures for evaluating staff training needs, are there procedures for obtaining training activities, etc.)? Second, are the staff satisfied with these procedures? Is there a method for staff input to the procedures? Finally, are there data indicating the acquisition and USE of new skills by the staff?

Evaluation Checklist for Component VI

		Yes	No
1.	Are there lists of desired staff skills?	_____	_____
2.	Are there data by which to evaluate staff based on desired competencies?	_____	_____
	Are there individual staff objectives for inservice training?	_____	_____
3.	Are there options for acquiring designated skills?	_____	_____
4.	Are there data indicating acquisition and USE of new skills by staff?	_____	_____

Component VII: School Building and Classroom Facilities

Goal

To ensure that the school environment facilities child growth and development.

Rationale

The phrase "least restrictive environment" extends to the physical building. Are there ramps with handrails? Are doors wide enough for wheelchairs? Are tables, chairs, and toilet facilities at the appropriate height for young children? In appropriate facilities can be as restrictive as a poorly designed individual education program. The physical environment in which the young child learns is as important as what he or she is taught; a well-designed and organized classroom can facilitate learning, especially for the handicapped pupil who may need certain prosthetic aids. The school environment should also ensure the safety of all children and adults.

Critical Sub-components

Barrier-free access to all program. New federal regulations (Section 504 of the Vocational Rehabilitation Act) mandate barrier-free access to all programs. Therefore, wheelchair ramps and stairs with handrails, elevators to above ground floors, and doorways to classrooms and bathrooms wide enough to accommodate wheelchairs should be built in to any facility used for handicapped children. In addition, all corridors and classrooms should be well lighted and the building should be situated away from loud noises, excessive odors, and traffic. Facilities should have several clearly marked emergency exits accessible to non-ambulatory and young children. Within the classroom, all walk areas should be wide enough to accommodate wheelchairs. There should be no free-standing columns or pipes blocking access to any part of the room which would decrease mobility of visually impaired children, nor should the class have permanent structures which prevent auditory impaired children from seeing the teacher from all parts of the room.

Safety and sanitation standards. Just as homes with preschool-age children must be "childproof," so too must the classroom for young children provide a safe environment. All of the precautions taken in the home, such as covered electrical outlets, cleaning products stored in locked cabinets, and supervised kitchen activities should be observed in the classroom. Power equipment should be kept in good working order. Tap water should not be hot enough to scald children. Furniture, in addition to being the right height for young children, should be stabilized so that children cannot topple them easily. Toys should be too large to swallow, unbreakable, and with no sharp edges.

Staff should know where and how to exit the building in case of fire or other emergencies. There should be fire alarms and extinguishers near every classroom. The emergency number should be clearly posted on each telephone. Staff should be assigned certain children to guide out of the building in case of an emergency. Fire drills periodically will help children avoid panic when there is a fire, as well as giving staff and pupils practice in exiting the building quickly and safely.

Each classroom should have a first-aid kit and instructions for handling common emergency illnesses and accidents. The telephone number of the school nurse should be posted by the telephone, along with the emergency number for aid cars or ambulances. Any medications administered by the staff on doctor instructions should be kept in a locked cupboard. At least one member of each classroom staff should have training in first aid, cardio-pulmonary resuscitation, and seizure management.

Sanitation is essential in a class of young children, where childhood diseases can spread rapidly. Toileting and hand washing facilities should be accessible to small children. Illnesses in staff or children should mean extra sanitary care to avoid the spread of infection. Component VIII discusses these and other sanitation problems.

Balance of activity areas. The school day for young children is often broken down into a series of learning events that alternate quiet activities, such as looking at picture books or art projects, with noisy ones, such as gross motor play, music, or cooperative block play. The classroom should facilitate all of these activities. Portable screens or furniture can be used to create different environments depending on the planned activities. Some areas of the room should be permanently established for certain projects, such as a book corner or low shelves where toys are kept, to promote child independence and confidence.

Parent observation and understanding. The classroom should have an area where parents and other visitors can sit quietly and watch the class without disturbing the activities in progress. Usually, this is a part of the room away from the children's activities yet within earshot and sight. Posting the daily activities in a prominent place helps visitors to the class follow what is happening.

Evaluation Procedures

All questions to be asked regarding facilities must revolve around the goal of enhancing programs for young handicapped children. Some questions are: can children with all types of disabilities maneuver in the building and classrooms without restrictive barriers? Can all children be seen by at least one teacher at all times? Are appropriate safety and sanitary meaasures an integral part of the class routine? Can teachers and other staff members handle emergencies? Do class activities and different areas of the classroom layout compliment each other?

Evaluation Checklist for Component VII

		Yes	No
1.	Can children with all types of handicaps safely negotiate entering the building and throughout the facility?	____	____
2.	Is the classroom arranged to permit accessibility for all pupils?	____	____
3.	Are classrooms "child-proof?" (e.g., unbreakable furniture and toys, covered outlets, etc.)	____	____

4. Are non-edible substances (cleaning products, paint, medicines) safely out of children's sight and reach? ____ ____

5. Do staff know where and how to exit the building with young children during all emergencies. ____ ____

6. Are emergency numbers kept (by the telephone) in each room? ____ ____

7. Is there a first aid kit within easy reach at all times? ____ ____

8. Are staff trained in first aid, CPR, and seizure care procedures? ____ ____

9. Are child health records up-to-date and easily accessible? ____ ____

10. Is the classroom arranged so that quiet areas are grouped together and noisy or active areas are separate? ____ ____

11. Is there an area where parents and other visitors can view the class without disrupting ongoing activities? ____ ____

12. Are there written policies about visiting in the class? ____ ____

13. Is the physical environment arranged to accommodate children's activities, (i.e., not too cramped, noisy, hot, etc.)? ____ ____

Component VIII: Health Considerations

Goal

To maintain standards of health and to prepare for medical emergencies in the classroom.

Rationale

Often, young children are more susceptible to infections and accidents. When the young child is handicapped, medical and health considerations must take on added meaning in the classroom if pupils are to progress at their best pace. Children's medical records need to be kept current and the staff need to know how to repsond to a wide variety of medical emergencies which may occur in the handicapped young population, such as seizures. Staff need to be aware of certain health restrictions in children, such as food allergies or activity levels in children with heart problems. Positioning and transferring handicapped children must be done with expertise to avoid compounding problems. Each child's particular health and medical needs must be analyzed to discover adjustments to programs and types of supervision required by staff. Even when there is a school nurse, classroom staff must take responsibility for the health of their students.

Critical Sub-components

Medical emergency planning. Staff should keep current medical records for each child, including the name and telephone number of the family's primary health care professional, the emergency numbers of the parents, a neighbor, and any restrictions about medication that the child might have. If there is a school nurse in the building, post her number by the telephone. If not, post the name and number of emergency medical personnel and aid cars. Remember, in an emergency, seconds count. Do not wait for a nurse or aid car if emergency treatment is necessary. Sometimes, inviting the emergency service administrator to visit the school helps build rapport and knowledge about the kinds of potential emergencies that might occur.

At least one member of the teaching staff, preferably the head teacher, should have training in first aid, cardio-pulmonary resuscitation, and seizure management. A well stocked first aid kit and a book on first aid emergency procedures should be in every classroom.

Classroom sanitation. Often, young handicapped children are still being toilet trained. This presents special sanitation problems which the staff must overcome. Each classroom should have a diapering area and facilities for the safe disposal of soiled diapers. Each child should have a complete change of clothing clearly labeled with his or her name, in case of soiling or accident. The diapering area should be sanitized between uses. Staff should encourage children to practice good health habits, such as washing hands after using the toilet and blowing noses. Illness in children or staff should mean extra sanitary care to avoid the spread of infection. Parents of children with heart or respiratory weaknesses should be informed when another person in the classroom has a streptoccus infection.

Dispensing medicines. Each school district should have a policy and procedure for dispensing prescription medicines at school, one which is clearly understood and approved by the staff. Some suggestions regarding medications are: If children need medication at school, the medicine should be sent to school in the original bottle, with the name of the doctor, the child, the exact dosage, and the name of the medication clearly marked on the bottle. This is essential information in case of accidental poisoning. All medications sent to the school should be placed in the custody of the bus driver, who will deliver them to the teacher. In the classroom, all medications should be kept locked up out of the children's reach.

Nutritional considerations. Snack time or lunch is an integral part of the school day. However, some young children may have food allergies or dietary restrictions that will limit what they can eat. The teacher should know which children have specific food requirements. In addition, young children must be fed food which is suitable to their developmental level--that is, their ability to chew and swallow must also determine what kinds of food they are given. For example, a child who does not chew solid food should not be given nuts, and a child who is allergic to citrus should not be given orange juice.

Physical management. Young handicapped children may have special problems in following the classroom activities due to physical limitations. Teachers must know which children require special programming or positioning. For instance, a child with a heart condition should not be involved in strenuous play; a blind child should not be placed with his eyes facing into the sun; a child with cerebral palsy must have special positioning to benefit from some classroom activities. Staff should be trained in the handling and transferring of physically handicapped children from wheelchair to bus seat or other location. OT/PT staff or the nurse or a physician can assist the teacher in learning how to move children with physical handicaps so that pupils and staff are not physically strained.

Evaluation Procedures

Teachers must always keep the health considerations of their pupils in mind when programming for learning. Are staff adequately prepared for medical emergencies? Can parents and physicians be reached? Are children adequately protected in the classroom from infection? Do staff know the special dietary and activity restrictions of certain pupils? How can the class be made into a healthy place for children and adults?

Evaluation Checklist for Component VIII

	Yes	No
1. Is there a routine procedure (including forms) for obtaining information from parents and physicians regarding health needs of children?	____	____
2. Does the child's IEP have a designated area where special health needs may be indicated?	____	____
3. Is there a procedure for quick identification of pupils in health distress?	____	____

4. Are staff trained in first aid, CPR, seizure management and other emergency health care? _____ _____

5. Is there a routine established for emergency care via aid car, ambulance, etc.? _____ _____

6. Are appropriate sanitation procedures in force in the classroom? _____ _____

7. In there a district policy and procedure for the administration of medicines at school? _____ _____

8. Are staff trained in the positioning and transfer of physically handicapped pupils? _____ _____

9. Does the classroom routine take into consideration the dietary and activity level restrictions of certain pupils? _____ _____