

DOCUMENT RESUME

ED 209 800

EC 140 314

AUTHOR Myers, Stephen Paul; And Others
TITLE Teacher's Guide to Family Involvement.
INSTITUTION Kansas Neurological Inst., Topeka.
SPONS AGENCY Office of Special Education and Rehabilitative Services (ED), Washington, D.C.

PUB DATE 81
GRANT G007804911
NOTE 59p.; For related documents, see EC 140 313-315.
Comprehensive Communication Curriculum Program.

AVAILABLE FROM Early Childhood Institute, Document Reprint Service, University of Kansas, Haworth Hall, Lawrence, KS 66045 (no price quoted). Media package available from: Media Services, Bureau of Child Research, 260.1 Gabriel, Parsons, KS 67357 consisting of a Comprehensive Communication Curriculum Videotape in the following format: 1/2 inch reel-to-reel, 3/4 inch cassette, VHS, or BETAMAX (\$50.00; Rental \$25.00 for 2 weeks).

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Family Involvement; *Multiple Disabilities; *Parent Participation; *Parent Teacher Cooperation; *Severe Disabilities; *Teacher Role
IDENTIFIERS *Comprehensive Communication Curriculum

ABSTRACT

The guide is designed to facilitate communication training in the classroom and at home through involvement of parents in the education of their severely multiple handicapped child. Section 1 addresses the advantages of family involvement in the areas of assessment, programing, classroom assistance, and advocacy. The next three sections deal with issues regarding teacher-parent interactions and parental readiness to be involved. Subsections cover special concerns for parents: initial reactions; resources; implementation of a family involvement program (initial contact letter, followup telephone call, initial group meeting, caregiver interview); and continued involvement (which involves such activities as periodic and daily communication, home visits, inservice activities, and workshops). A final section emphasizes to the teacher the importance of involving the handicapped student's entire family in the educational program. Parent group autonomy is discussed with attention given to assertiveness training, additional interaction strategies, and parents assuming responsibility for the group. Appendixes include a suggested outline for the initial contact letter, sample information sheets, and a sample daily parent report form. (SB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED209800

Teacher's Guide to Family Involvement

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ✓ This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Stephen Paul Myers

Pat Welch

M. Diane Klein

Lois J. Waldo

Ann M. Marshall



Comprehensive
Communication
Curriculum

EC 140 314

This document has been reproduced as received from the person or organization originating it.
 Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Self-Concept and Deafness:
 A Review of Research Literature

Paper Series No. 27

Wayne M. Garrison

Stephanie Tesch

"PERMISSION TO REPRODUCE THIS
 MATERIAL HAS BEEN GRANTED BY

NTID

TO THE EDUCATIONAL RESOURCES
 INFORMATION CENTER (ERIC)"

NTID's principal goal in doing research is to influence the education, training and career placement of deaf citizens through systematic examination of issues related to deafness. As one part of NTID's total research effort, the Department of Research and Development conducts descriptive and experimental research. Research findings are used in the development of programs and materials in the areas of learning and instruction, personal and social growth, and career development of deaf students. This document was developed in the course of an agreement with the U.S. Department of Health, Education and Welfare.

EC140619

ACKNOWLEDGEMENTS

The authors are grateful to the following individuals for their special contributions to the development of this manual:

S. Vanost, Wulz, Maura K. Hall, Sue A. Carpenter, and Debra A. Lathan of the CCC Model Program, staff at Kansas Neurological Institute; Doug Guess and the Statewide Inservice Training Project Staff, University of Kansas; Dobby Maxon and the ECC classroom staff, Kansas Neurological Institute; the Sheldon School staff, Topeka, Kansas; Becky Hogue, Shawn Benton and Alice Miner, Washburn University; the classrooms in Kansas using the materials during the 80-81 school year; and our Advisory Council. A very special "THANKS!" go to the parents of the SMH children at Sheldon School, without whose help this manual could not have been written. Finally we wish to thank Leila Becker, Jerry Hufford, Jewell Edwards, and Marie Hogan of the KNI Staff.

Sincere appreciation is expressed to the administration of KNI for their continued support:

CONTENTS

	Page
INTRODUCTION.....	1
ADVANTAGES OF FAMILY INVOLVEMENT.....	3
Assessment.....	3
Programming.....	5
Classroom Assistance.....	6
Advocacy.....	7
PLANNING STRATEGIES FOR TEACHERS.....	8
Special Concerns for Parents.....	9
Initial Reactions.....	10
Resources.....	10
Implementation.....	12
Initial Contact Letter.....	13
Follow-up Telephone Call.....	14
Initial Group Meeting.....	14
Caregiver Interview.....	15
Continued Involvement.....	15
Hierarchy Overview.....	15
Hierarchy Outline.....	16
Hierarchy Utilization.....	27
ADDITIONAL CONCERNS.....	28
Total Family Involvement.....	28
Parent Group Autonomy.....	30
Assertiveness Training.....	30
Additional Interaction Strategies.....	31
Parents Assuming Responsibility for the Group.....	31
REFERENCES.....	
Reference Notes.....	33
References.....	34
APPENDIX A.....	36
APPENDIX B.....	40
APPENDIX C.....	46

FIGURES

	Page
Figure 1 Hierarchy of Services.....	18.
Figure 2 Telephone Contacts.....	19
Figure 3 Sample of a Daily Communication Notebook.....	22
Figure 4 Personal Contacts.....	23

INTRODUCTION

The design and implementation of quality education is the goal of all individuals working with the severely multiply handicapped student. While no educational system can be a panacea for the severely handicapped student, it is, in all probability, the most significant experience in the student's life. Essential to complete and cohesive education are coordinated team efforts and inter-disciplinary sharing of information and resources. By necessity, utilization of all resources, occupational therapy, physical therapy, speech pathology, adaptive physical education, psychology, social work, etc., has become a standard requirement. The purpose of this manual is to guide teachers in utilization of an additional, and very important resource, the student's family.

Education is a full time process. The nonhandicapped student supplements her or his school experience with many educational activities outside the classroom. Direct extensions such as homework and the indirect experiences of working with parents in the kitchen or tinkering in the basement, are examples of the many activities that supplement a student's classroom education. Often these supplemental experiences are as significant as the classroom experience in forming an individual's education.

The importance of an extended school day for the handicapped student, particularly the severely impaired, cannot be overstated. Due to the degree of the handicapping conditions, extension activities are almost always directly related to classroom activities. Indeed, most classroom activities relate directly to home activities, and vice versa (i.e., toileting, dressing and eating skills, O.T., P.T., Adaptive P.E., and communication training): If education is to be at all meaningful to the handicapped student this interplay between home and school must occur. In addition, an appropriate educational system must utilize the school-home interplay strategy throughout the entire calendar year if significant gains are to be maintained. No services can be complete without utilization of all resources, coordinated school-home activities, and a full time program.

The Teacher's Guide to Family Involvement has been developed in conjunction with The Comprehensive Communication Curriculum Guide, and The Parent's Guide: Classroom Involvement, Communication Training and Resources. The CCC Guide has been



designed to facilitate communication training in the classroom, and at home. The Parent's Guide consists of a revised version of this manual, a home based communication program, and a resource guide. The overall goal of the Teacher's Guide is to facilitate parental involvement in as many aspects of the education of the severely multiply handicapped child as possible. Participation by parents in classroom activities and communication training in the home are of central concern. The Teacher's Guide outlines in a "how-to" fashion strategies the teacher can utilize to increase parental awareness of, and involvement in the educational process of the severely handicapped student.

The involvement of parents in the educational process of their children is viewed as being advantageous to teachers, parents, administrators, and above all to the severely impaired student. While advantages to the student are many, they are indirect in terms of the purpose of this manual and will not be discussed. However, as the advantages to others are discussed, benefits to the student should become obvious.

ADVANTAGES OF FAMILY INVOLVEMENT

ASSESSMENT

Looking at the process that precedes the development of an educational program, the teacher of severely multiply handicapped students is at a disadvantage. For example, teachers of eight-year-olds in the regular classroom expect each student to possess a minimum of skills. In contrast, teachers of handicapped students have very few of these expectations and must spend considerable time identifying the needs of individual students. While a great deal of information is provided by an array of evaluations and the Individual Education Program, there is still a void in the teacher's knowledge of each student. Often the most useful information is not transmitted via evaluations. Such information typically deals with specifics such as attentive behavior, eating, toileting, and communication skills. Indeed, inaccurate evaluations may occasionally occur due to misunderstanding, or the lack of information concerning individual patterns of attending and/or communicating. Additionally, the more severe the handicap, the less the teacher can assume about the student.

Perhaps one of the most important roles a parent can play in the education of the severely impaired student is to be involved in the assessment process. This manual takes the position that in many situations no one knows the child as well as the parents, or the primary caregiver. A tremendous amount of time may be saved and very valuable information gained by including the parents in all assessments. It should be noted that an assessment might be required any time a new skill area is identified for potential training, as well as the first time teacher and student come into contact. For example, a student and teacher may have interacted for a number of years, but vocational skills have only recently become a concern for the student. The introduction of a new skill or topic area into the student's education plan should signal teachers to involve the parents in assessing beginning or baseline skills.

The severely multiply handicapped student often displays a sudden increase in skills or behaviors associated with particular areas. When a nonverbal student suddenly engages in increased vocal behavior it is almost certain that the parents will notice the change before the special educator does. This is not to say that the teacher does not adequately



4

attend to the student, but rather, that the teacher should utilize the one-to-one and very close relationship that often exists between the child and his or her parents. The importance of including the parent in the entire process of assessment cannot be overstated. It is the over-riding concern of the IEP process, and continued achievement or gains made by the severely impaired student depend on it.

Other Research Issues

On the basis of evidence obtained in the studies reviewed above, it has been suggested that the development of self-concept among hearing-impaired persons differs in some ways from that of normal hearing persons. Research findings in the direction of, perhaps, inflated self-esteem (e.g., Brunshwig, 1936; Craig, 1965) have been contradicted by findings of both negative self-regard and personality constriction (Levine, 1956; Sussman, 1973). Moreover, differences in self-concept levels have been found to exist within the deaf population, with residential school students showing more inaccurate self-perception than deaf day school pupils (Craig, 1965; Myklebust, 1960), and deaf children of deaf parents showing more positive self-image than deaf children of hearing parents (Meadow, 1968, 1969). However, these findings typically have not addressed the issue of development per se. Rather, they have relied upon comparisons of different referent groups using a static measurement process, perhaps obviating the effects of a developmental lag on the part of deaf individuals.

Other studies focusing on self-concept as a specific and relational construct have appeared in the psychological literature; however, they have been few in number relative to those concerned with self-concept as a global personality trait. Joiner and associates (Joiner, Erikson, Crittenden & Stevenson, 1969) studied the self-perceptions of deaf children's ability as it relates to academic achievement. As such, these investigators found that a measure of Self-Concept of Academic Ability was a better predictor of grade-point average than were IQ measures for both deaf and hearing adolescents. Joiner et al. (1969) concluded that increased attention to students' self-perceptions of ability may facilitate academic achievement.

PROGRAMMING

Recently the programming of educational activities for the severely multiply handicapped student has undergone a significant change. This shift involves targeting behavior or skills that have a built-in functionality (Guess, Horner, Utley, Holvoet, Maxon, Tucker and Warren, 1978; and Brown, Nieupski and Hamre-Nietupski, 1976). Today special educators are concerned with teaching tasks which have some relevance or functionality to the student's present or future training goals. This emphasis extends programming concerns beyond the classroom into the home or residential environment. Because a task cannot be considered functional if it has no relevance in the home, parents should be involved in the initial stages of program planning.

Once program goals have been set and progress is made in the classroom, a logical extension of the program should be generalization and maintenance to the home. Both of these training strategies become impossible without family involvement. Studies regarding generalization of training indicate that early involvement of the family would maximize these effects (Stokes and Baer, 1977).

An additional consideration is that acquisition might be enhanced by the practice parents are able to provide in the home. Frequently students seem to "stall" or "plateau" at a particular level, or learning may be proceeding very slowly. Both of these situations may be improved by involving the parents in home programming. Finally, training skills such as toileting and communication may be unrealistic unless the classroom and home environments are coordinated, in a teaching effort.

CLASSROOM ASSISTANCE

Activities that parents may become involved with fall into two categories; traditional and non-traditional. Traditional parental roles include activities such as serving as room mothers, assisting with outings and special events, or helping with holiday and birthday celebrations. Teachers are encouraged to continue or begin these activities as they represent an opportunity to interact with parents on a personal level.

Non-traditional roles that parents may play in the classroom setting involve a more active participation, one that directly affects the classroom environment. For example, parents may provide some financial support to the classroom for equipment or needed items such as carpeting. An active parent group is often willing to sponsor bake sales, garage sales, or directly solicit funds to purchase needed items for the classroom. Parents may become directly involved in classroom activities by assisting the teacher in a paraprofessional capacity. While only a few parents may be interested or have the time for this type of involvement, these individuals, with instruction, could assist the teacher by conducting training sessions, recording and graphing data, or making reliability checks.

ADVOCACY

While the term "advocacy" has become very controversial over recent years, its purpose here is to bring to the attention of parents, teachers, and administrators that all parties should be advocating for an appropriate education for each handicapped child. Frequently parents are involved in a process of advocating for their child against the school district. An alternative would be to advocate for the child with the school district. For this to happen, parents and school district personnel must work together. For their own interests, school officials should insist that parents be informed of all of the handicapped child's rights regarding education. Parents will have a much more favorable attitude toward the school if it is the school district that provides needed information as opposed to the local Association for Retarded Citizens or other sources. Parents often indicate that they have had to fight for services which should have been provided. Most parents, quite understandably, resent this. In situations where teachers and administrators are unable to provide services, a straight-forward explanation of the problem, and a mutual strategy for solving that problem is recommended. Providing parents with information and assistance will foster trust, respect, and an understanding of both sides of an issue. Parents with this sort of attitude cannot help but be an asset to the classroom and the entire school district.



PLANNING STRATEGIES FOR TEACHERS

This manual has, thus far, presented parents as if they were all enthusiastic about becoming involved in the educational process of their handicapped children. While most parents will demonstrate enthusiasm and readily become involved, a number of parents may be very reluctant, or may demonstrate little interest in the teacher's efforts to involve them in classroom activities. The next three sections of the manual deal with issues regarding teacher - parent interactions and parental readiness to be involved.

SPECIAL CONCERNS FOR PARENTS

It is important that individuals involved in special education realize that parents of the handicapped child must deal with many problems which educators, professionals, and/or parents of "non-handicapped" children do not experience. These problems may be responsible for parents often being described as being unrealistic in their expectations of their child's capabilities, openly hostile to or suspicious of the school system, uninterested in the educational process, or never satisfied with services being provided, etc.. In the past, many professionals have viewed these behaviors as neurotic reactions and have discontinued efforts to work with these parents. Olshansky (1962), on the other hand, refers to these reactions, not as neurotic behaviors, but as manifestations of "chronic sorrow." Chronic sorrow is a pervasive psychological reaction of continuing sorrow, which typically occurs in parents of severely mentally retarded and multiply handicapped children. According to Olshansky, this reaction is, in part, related to the parent's awareness that they will:

"...always be burdened by the child's unrelenting demands, and unabated dependency. The woes, the trials, the moments of despair will continue until either their own deaths, or the child's death." (pp 191-192)

Olshansky points out that parent behaviors which are often labeled as neurotic, are a "...natural and understandable response to a tragic fact," (p. 133), i.e., the tragic fact of severe mental and physical impairment which must be dealt with day after day. Viewing parents in this light, rather than as demanding, unrealistic, and neurotic may help facilitate better understanding between teachers and parents.

Kozloff (1979), in his chapter entitled "The Career of Families of Children with Learning and Behavior Problems," provides a very informative analysis of a number of special problems facing the family of a handicapped child. A brief description of some of these special problems is provided below.

INITIAL REACTIONS

Few parents expect to have a handicapped child, certainly no one plans on it. If the handicapping condition is noticeable at the time of the delivery, nine months of hopes and dreams are abruptly destroyed. If the diagnosis is later, additional time and dreams are lost. Fear, anger, and guilt are only a few of parents' reactions to the realization that their child is handicapped.

The role the physician plays is extremely important, whether at delivery or at some later date. For many parents the grief of this experience is minimized by an informed and understanding physician. In many other instances, advice to institutionalize and forget the child, or continued avoidance of the issue, with comments that the child is just a little slow or will grow out of it, make the experience a nightmare parents may never forget, or forgive.

RESOURCES

Families often need a great deal of support if they are going to care for their handicapped child effectively. This support is often inadequate and not readily available. The process of looking for services is often costly, unsuccessful, and enormously frustrating.

"The result of the parent's (and professional) uncertainty and the absence of a comprehensive system of assessment, referral and remediation in most communities, is that parents begin to make the rounds from family physician, to neurologist, psychiatrist, allergist, psychologist, chiropractor, school and back again." (Kozloff, 1979, pp 16-17).

In many instances resources for the handicapped child



and/or support services for the family are not equally distributed. A comparison of urban to rural communities frequently indicates discrepancies in the distribution of resources. The resources available around a university may outnumber those found in other parts of a state. In some instances communities have resources resulting from their innovativeness which are not available elsewhere. All of these examples represent inequality of resources, and for parents they frequently translate into affordability. The most visible component of affordability is financial cost. Parents may not have the financial resources to afford sending the student to a special school or private residential facility. School districts are often limited by financial resources and may not be able to afford the best possible program. In addition a "cost" is often brought to bear on parents of the handicapped child which may never be recognized. Many families simply cannot afford the emotional cost of separation when the best or only services are hundreds, sometimes thousands, of miles away. Even when this separation may not be imminent the parents may for years be caught up in the inevitability of losing their child.

In addition to the above problems, parents must deal with a heavy work load, which increases proportionately with the severity of the child's handicap. Families may undergo a loss of status. For example, they are no longer the Myers Family, but become "the family with the retarded kid." All of these special problems increase the amount of stress the family must deal with. The effects of stress may be felt in many ways, it may for instance affect the marriage, the siblings, or the extended family (i.e., grandparents). Finally, the longevity of these problems needs consideration.

"It is important to remember that these parents are going to have to deal with the special problems in feelings and in situations all of their lives. The impaired child will not "be cured," i.e., become normal. Parents need healthy support professional people who understand and will listen, friends who love and encourage them, and a culture which esteems and dignifies them."
(Torrie, 1975).

IMPLEMENTATION

The family involvement program may be perceived as consisting of two major phases, each separated by the IEP meeting. The first phase is concerned with initiating strategies for family involvement, and the second deals with continuing and increasing individual degrees of family involvement. Initiating strategies include: the initial contact letter, follow-up telephone calls, the initial parent group meeting, and the parent-teacher assessment meeting.

The family involvement program has been designed for use by teachers in rural as well as urban areas. It has, however, been written with the assumption that the students reside with their families and that these families have easy access to the classroom (i.e., the school is across town or within 20 miles of home). The assumption of easy access and/or proximity is responsible for the emphasis on individual meetings, classroom observations, home visits, and parent group meetings. While these activities are facilitated by proximity, they can be utilized on a limited basis even when families are at great distances from the school.

Families at great distances from the classroom may be involved by extended use of daily and weekly contacts. Various strategies for employing the telephone and for written correspondence are provided on pages 19-21. Teachers are encouraged to involve key personnel at residential facilities, in addition to the family, if the student spends the week away from home.

The following sections of the involvement program have been written as a flexible guide and implementation of the program should meet the varied needs and demands of individual classrooms, teachers, and families. While involving families not in proximity to the classroom may demand extra work and time, it is suggested that these families may be in greater need, due to increased feelings of isolation. It is possible that extended efforts to reach these families will result in their becoming more interested, and consequently more willing, to participate in their child's education.

INITIAL CONTACT LETTER

Two or three weeks prior to the beginning of school the teachers should send each of the families involved in their classrooms a letter of introduction. This is suggested for new teachers as well as teachers who have worked extensively with a particular classroom. The letter has three purposes: to introduce classroom staff, briefly describe the Comprehensive Communication Curriculum Program and other classroom goals, and to invite families to attend the initial group meeting.

The introduction section of the letter might include a description of the teacher and paraprofessional staff. The content areas of this section might include personal information, educational background; and work experience. Regarding personal information, teachers should be aware of their own as well as staff's feelings about passing on personal information (i.e., marital status, number of children, etc.). As a guideline, provide only that information you and your staff are comfortable in sharing with the families of your students.

The second section of the initial contact letter may be utilized to briefly explain teacher goals for the coming academic year. It is strongly suggested that teachers emphasize parental involvement and inform parents that the CCC Program has been incorporated into the classroom curriculum. Describe briefly an increased emphasis on communication goals in the classroom and at home. Also describe any other general or overall classroom goals or concerns that you plan to address during the coming year.

The third section of the letter may be utilized to invite families to attend the first group meeting of the coming year. Topics such as time, date, place, child care services, and the purpose of the meeting should be included. See Appendix A for an outline of the three sections and a sample letter. Finally, state that you will be calling the family to confirm attendance at the group meeting and to check on child care requirements.

FOLLOW-UP TELEPHONE CALL

Two or three days prior to the scheduled meeting, call each family to remind them of the meeting and to see if child care services are needed. Another strategy would involve calling a week before the scheduled meeting to check on attendance plans, and needed sitting services. Follow-up with a call a day before to remind parents of the meeting.

INITIAL GROUP MEETING

During the first week of school a group meeting for parents is recommended. The purpose of the meeting is twofold: First, the meeting should serve a social function that will begin to develop the cohesiveness necessary for future parent group meetings. With this goal in mind, spend some time discussing needs from the standpoint of both classroom and home. Secondly, the meeting should function as the beginning of the involvement of the family in the assessment process. The incorporation of the CCC Guide and Family Involvement Program should be explained in more detail than in the initial contact letter. This is an excellent time to pass out the Parent's Guide: Classroom Involvement, Communication Training and Resources and the Caregiver Interview. Go over the assessment in some detail, and set up appointments with the parents to fill out this and other assessments. In addition, the following suggestions are offered:

Keep the meeting informal; sit around a table if possible.

Encourage parental discussion by allowing interruptions and attending to those questions you can within a short period. Questions requiring more elaborate answers should be accepted, and deferred until later.

Serve refreshments (e.g., coffee and cookies) to help put people at ease.

Regarding the assessments, ask parents to start thinking about their child's skills and their goals for the coming year.

Stress the notion of working together for the child's benefit.

Ask parents to discuss their desire to continue to meet as a group. It is suggested that, at a minimum parents meet on a monthly basis, and every two weeks seems to be optimal.

See page 25 for a further discussion of parent groups.

CAREGIVER INTERVIEW

Following the initial group meeting the teacher and parents should get together to fill out the Caregiver Interview, and address other assessment concerns. This meeting may occur at home or in the school, and the teacher should utilize this time to get as much information from the parents as possible. All of the considerations mentioned in the Advantages Section (pp 3 - 7) requiring parental assistance with assessments should be incorporated. Keep in mind that assessment will continue throughout the year; but this meeting should be designed to give the teacher direction regarding needs and services to be outlined in the upcoming IEP.

CONTINUED INVOLVEMENT

HIERARCHY OVERVIEW

As indicated earlier, the IEP meeting separates the two

stages of the family involvement program. It is often the case that very little involvement of the parents occurs following the IEP. This may be due to many variables. In some instances teachers complain of parents' unwillingness to be involved in their child's educational program. For example, a teacher may offer a behavior management workshop to all parents, but only two actually attend. This leaves the teacher angry and frustrated at the lack of involvement shown by the parents.

In light of the previous discussion of special problems of parents of handicapped children, it may be more appropriate to view this apparent uncooperativeness on the part of parents as a lack of readiness rather than a lack of willingness. Depending upon any given parent's current situation, and upon their past experiences of frustration with various agencies, institutions, and/or professionals, parents may simply be unable to participate to any great extent in their child's educational processes.

Kroth (1979) suggests that parental readiness to participate can be viewed along a continuum of services which may be offered or encouraged by the classroom teacher. Figure 1 illustrates the hierarchy of services, which is an adaptation of Kroth's Mirror Model. As can be seen from this figure, there are certain activities and services which the teacher can expect all parents to be involved in. These services include information on special education, handouts, and announcements. At the next level of involvement are services in which many, but not all, parents are likely to be involved. For example, it is anticipated that most parents will attend the initial group meeting and will be involved in daily communication with the teacher. At the third and fourth levels of involvement are activities in which some and a few parents are likely to participate.

HIERARCHY OUTLINE

A description of most of the services appearing in the hierarchy follows. For easy reference, page numbers indicating the location of each description appear behind each service in the hierarchy. Following the description section are suggestions regarding utilization of the hierarchy as an assessment tool for parental readiness, and as a guide for planning strategies designed to increase parental readiness.

- STATE PARENT GROUP
- ACTIVE COMMUNITY INVOLVEMENT
- LEADERSHIP IN AUTONOMOUS PARENT GROUP
- FEW REFERRALS OUTSIDE SCHOOL DISTRICT
- PARENTS TRAINING OTHER PARENTS
- NONTRADITIONAL VOLUNTEERING IN THE CLASSROOM (6)
- JOINING SUPPORT OR RESOURCE ORGANIZATIONS
- WORKSHOPS (26)
- MOST INSERVICES FOR PARENTS (26)
- ~~TRADITIONAL VOLUNTEERING IN THE CLASSROOM (6)~~
- PARENT GROUP (25)
- SOCIAL ENGAGEMENTS (25)
- MANY RECIPE APPROACH (24)
- CLASSROOM OBSERVATION (23)
- INITIAL HOME VISIT (21)
- DAILY COMMUNICATION (19)
- INITIAL GROUP MEETING (14)
- PERIODIC COMMUNICATION (19)
- ANNOUNCEMENTS (18)
- ALL HANDOUTS ON RESOURCE INFORMATION (18)
- INFORMATION ON SPECIAL EDUCATION SERVICES (18)

Figure 1
Hierarchy of Services

Information on special education services. While most parents of severely multiply handicapped children have been involved in a number of programs prior to entering the local school system, many will not have a complete understanding of services available. Teachers may assist parents by providing information concerning availability of services. In some cases state boards of education may provide a description of the various services provided by school districts to handicapped children. In Kansas this pamphlet is titled: Services to the Deaf/Blind and Severely Multiply Handicapped in Kansas, and may be obtained by writing and requesting a copy or copies from:

Kansas State Department of Education
 Special Education Administration
 120 East 10th Street
 Topeka, Kansas 66612

Any additional information the teacher has concerning the local school district (e.g., classroom policies, transportation procedures and schedules, list of holidays/vacation days, etc.) may also be provided.

Handouts on resource information. An important element of the family involvement program is informing parents, via handouts, of a wide variety of topics. This service to families is very versatile and may be used to pass on information on any topic. Information concerning P.L. 94-142, national hotlines, local school district's chain of command with appropriate addresses and telephone numbers, or available child baby sitting services are just a few examples of the many different topic areas appropriate for this type of dissemination. Additional suggestions are:

- membership forms from local, state and national organizations
- information on the IEP process
- information on due process concerns
- new books or articles

See Appendix B for examples of handouts.

Announcements. Whenever the teacher learns of a workshop, lecture, in-service, or similar activity that parents may benefit from, it is suggested that announcements of the activity be sent home. Additionally, any time there is a significant change in school schedules (i.e., summer

school schedule) a detailed announcement describing changes should be sent to the parents. Teachers can minimize their work load by requesting additional flyers from the administration or announcing agencies. Frequently announcements are sent home with the child, and, if this method is reliable, it is a good alternative to mailing.

Periodic and daily communication. A significant variable in the concept of family involvement is the continual interaction of parent and teacher. Both are encouraged to take every opportunity to share information. Communication is a most vital key to any growing relationship and must be present to develop rapport between school and home. Mutual sharing of information can be done in many ways, and it is probably the most flexible component of the program. The methods described below may be used on a daily or periodic basis.

One avenue that is most often used in individual contact is through telephone calls. Unfortunately, however, teachers generally use this mode for emergencies and to report problems. Hence a certain amount of apprehension is often experienced by the parent when receiving a telephone call from the teacher. Telephone contacts are quick and most appropriate when used to schedule or verify appointments, or remind parents of meetings or other involvement activities. A distinct disadvantage of using the telephone as the main mode of communication is that the activity schedules of the parents and teachers must overlap in order for them to reach one another. When using this procedure, a short record should be made of the purpose of the call and the outcome of each contact. Figure 2 provides an example of a possible format to use for this purpose.

TELEPHONE CONTACTS	
Parent's Name: _____	Telephone Number _____
Student's Name: _____	
Date: _____	PURPOSE/DISCUSSION

Figure 2

A second method of sharing information is through the use of personal contacts. Parents may be involved in transporting their child to school, and short information exchanges could take place in the morning or afternoon. These exchanges should be designed to share bits of information concerning the student's status. See the sections on home visits, parent-teacher conferences, and classroom observation for detailed discussion of major information sharing strategies.

Perhaps the most useful, as well as versatile method of information sharing is written correspondence. Daily correspondence is the most beneficial and can be managed in a number of ways. A notebook can be easily transported daily between the classroom and home. At the end of the day the teacher notes to the parent what activities the student participated in, his/her attitude, seizure activity, or specific information the parents have requested. The system also provides an opportune time for the inclusion of special progress reports or new developments in the student's educational program. In return, the parents write in the notebook each evening or sometime before the student returns to school. Parents may discuss the student's behavior, attitudes, problems, or the results of home programming. Daily written contact can be an avenue for both teachers and parents to become closer to each other and to the individual child. Whereas other formats may conflict with working schedules of the parents, this system can give each member of the family an equal opportunity to interact and participate in their child's school program. Using this procedure, both the teacher and parents are required to expend daily time and energy. Some teachers have found it efficient to read the student's notebook each morning as his/her assistants prepare the students for daily programming. This process allows the teacher to learn, before programming begins, about any changes in the student's schedule, attitude, or health that the parent may have noted for the day.

The most efficient time for the teacher to write in the notebooks may be at the end of the day. Again, while the paraprofessionals prepare the students for transportation home, the teacher can write a few notes to the parents. Doing this writing in the presence of the classroom staff will allow the teacher to obtain their input as well.

Parents are also requested to spend some time using this format. They will need to read the notebook each evening and write each morning. Many find it easier to avoid the morning rush and write after the child retires that evening.

An example of a teacher-parent-teacher exchange, typical of a notebook method, is presented in Figure 3. In addition, two examples of daily correspondence sheets are presented in Appendix C. Generally information sheets can be tailored to individual student concerns and may or may not change from student to student. Parents typically respond by writing on the back of each sheet. A variation of the daily sheet is a weekly summary sheet.

Home visits. Frequently parents are unable or unwilling to get to the school setting. Home visits have been successful for teachers in the regular classroom, but they have increased value when implemented by programs for the severely multiply handicapped student. It is in the home that some parents feel free to interact because they are in familiar territory. A foundation of cooperative teamwork can be laid in such an initial visit. When feasible, other home visits should be made for mutual input and feedback of training procedures. While in the home, the teacher and family can discover and use all the potential resources available for developing a functional instructional program for the student.

A third function of home visitations is for parental education. The behaviors parents are frequently most concerned about changing are those that occur in the home setting. In order to develop an effective intervention program, the teacher and parents need to agree on the occurrence and circumstances of the behavior. An added advantage is that the teacher can work with parents in adjusting any program to fit their family system needs.

Home visits are best scheduled at the parent's convenience. However, it is important to remember that the truest picture of the student's environment can best be seen when all family members are at home and are interacting with one another. Often a good opportunity to see such a family relationship is at an evening meal.

Records should also be made for home visits. Written reports need to be clearly noted as to the purpose of the visit, the staff and family present, and the outcome. It is always advisable to include any follow-up which was suggested or future meetings planned. A sample format is shown in Figure 4.

Figure 3

Sample of a Daily Communication Notebook

7-6 Super day! Heidi did really well on her programs. She even finished her sitting! We'll go on to two minutes now. Lunch was fine, the bananas were great,
thanks

Pat

7-7 I wasn't too surprised if Heidi's crabby today. No one slept well around here last night. Amber was up crying a lot. I'm glad banana went down well, I'm sending appliances today. What time is the meeting tomorrow night?

7-7 Not a bad day considering. She did take a short nap after lunch - about 1/2 an hour. Not much else is new. I'm looking forward to seeing you & Fernie tomorrow - glad you're coming. It's at 7:30 pm. Will you need a sitter? Let me know so we can get a count. See ya then

Pat

PERSONAL CONTACTS	
STUDENT: _____	
	TEACHER: _____
PARENTS: _____	
Date: _____ Place of visit: _____	
Persons Attending:	
Purpose/Discussion:	
Recommendations/Follow-up:	
Next Appointment:	

Figure 4

Classroom observation. Teachers may find it most beneficial for parents to come to the classroom for observational visits. At this time, teachers and parents can discuss problem areas, do informal assessments, and be together for hands-on training and sharing of information. In addition, teachers may use this time to train parents in specific competency areas. Numerous in-class parent training models have been developed (Hayden, 1977; Fredericks, Baldwin and Grove, 1977; Vincent and Broome, 1977). Perske, Note 1, emphasizes the features of each that he feels are important to consider:

"Parents, given detailed instructional plans, can take over a complete segment of a teaching process;

Parents can be assigned to work first with a child other than their own to help them objectively learn training skills;

Parents should be offered several well-structured, pleasant activities and allowed to choose in which they prefer to participate;

Flexibility on the teachers' part is important, remembering that parents too, have individual levels of competencies;

It is possible for a teacher to encounter a parent who will disrupt the classroom. These problems should be dealt with individually, remembering the importance of the total parent participation program."

Perske, Note 1, further explains that:

"In class parent participation has become a serious enterprise where parents are challenged to work responsibly with children, to change and grow in the process, and to demonstrate specific competencies that make them an asset to the class."

Teachers are reminded to keep records similar to home visit records for each classroom observation.

Recipe approach. The recipe approach is not anything new, teachers have been making this type of request for years.

TEACHER: "Mr. Myers, Jessica is doing very well with the putting-shirt-on program and I was wondering if you could do the same thing at home? If you would drop by during or after school, I'll show you what we're doing."

Personal experience will tell you how well this approach works. While this level of family involvement is certainly better than none at all, it is very limited. In the first place the teacher has made the assumption that the parent has the skill to "set the occasion" for the program. In all too many cases teachers of severely impaired students have more control in the classroom than parents do at home. It may be unreasonable to ask parents to assist in what seems like a simple training task when the prerequisites of sitting and attending to the trainer are not present in the home. A second limiting factor is that the instructions given the parent amount to a "recipe." Frequently, recipe-type requests are made from teachers without data collection procedures and/or provisions for feedback between parent and teacher, further limiting their effectiveness.

While these are serious limitations, recipes may be utilized as a follow-up strategy for those parents who drop out of, or do not initially respond to more involved aspects of the family involvement program.

An additional consideration when employing the recipe approach concerns the choice of behavior or skill to be targeted. Being successful at initial teaching attempts should reinforce the parent and increase continued involvement. Consequently behavior or skills that are not difficult to teach and with which the student is generally successful should be used. Programs that require long term commitments (i.e., toilet training) should be avoided in the early stages, but may become more appropriate as the parent's skill and involvement increases.

Social engagements. Teachers are encouraged to involve families in a variety of social gatherings or activities. The purpose of these engagements should be strictly social and may involve the student's family and the families of staff. Picnics for the entire family or dinner for just the parents and staff with spouse or friend are a few examples of social events. The emphasis should be on fun and getting to know each other as opposed to school business.

Parent group. The development of an active parent group is a very important long range goal of the family involvement program. The group may be organized along a number of dimensions including parent support group, resource group for parental information, and resource group for classroom needs. It is suggested that, to be most effective, the parent group be organized along all three of these dimensions.

The support group is important to parents for a number of reasons as Torrie (1975) points out:

"These 'sharing' groups allow parents to share feelings and experiences, and ways they have found to cope. These groups are extremely important because feelings of isolation are reduced when eight to ten people find that their inner thoughts and feelings in response to the impaired child are not very different from the thoughts and feelings of the other people."

Additionally, Kroth (1975) indicates the importance of group support and other considerations as he lists four possible advantages to working with parents in groups:

"Parents can benefit from realizing that other parents have similar problems;

Parents can share emotions with each other. Emotions such as guilt, anxiety, or anger are often difficult to express to education professionals:

Parents can share solutions. Suggestions for problem solving can be given by another parent who has been successful with a procedure:

More people can be reached in a group situation than individually. It is, therefore, a more efficient use of time."

Both the parent support group and the resource group for parental information utilize the group process to the advantage of the parents involved in the program. However, the group process may also be advantageous to the teacher for classroom concerns.

A second method of organizing a parent group is with a format similar to a PTA. This type of group would be concerned with administrative and logistical problems that involve both parents and teachers. Purchasing equipment, bus schedules, and informing the community about handicapped children are among the many activities in which this type of group can engage.

Inservices and workshops. Inservices and workshops should not be planned as a replacement for parent group meetings, but may run concurrently with them. Because there are many aspects of parent education, teachers, possibly with the help of other district personnel, will need to develop and coordinate several types of training programs.

The basic distinction made between inservices and workshops is that the latter is generally longer in duration, and is designed to teach a set of skills. A workshop on behavior management, for example, might be given in 9 - 10 sessions, with each session lasting 1 - 2 hours. The areas covered might include:

- identification of target behavior
- defining behavior
- measuring behavior
- charting behavior
- strengthening behavior
- weakening behavior
- schedules of reinforcement
- generalization
- stimulus control
- shaping behavior
- discrimination

The teacher may decide to ask the school psychologist to conduct or assist with the workshop.

An inservice, on the other hand, is viewed as being considerably less involved, and may be employed to provide a follow-up or refresher course on any of the behavior workshop topic areas. Additionally inservices may be employed to share information that is less complex than material covered by a workshop (for example, an inservice on positioning and handling).

HIERARCHY UTILIZATION

It is suggested that teachers offer services to parents at as many levels of the hierarchy as possible, and to do so as soon as possible. The early introduction of services at different levels will provide the teacher with an objective measure of parental readiness. For example, attendance at the initial parent meeting and response to daily communication efforts may identify those parents ready for more complex involvement. Those parents not attending meetings or responding to daily communication attempts may not be ready for services at that level. Parents, by the degree of their involvement, will choose the level appropriate for their present situation, and teachers can plan introduction and delivery of services accordingly. This utilization of the hierarchy of services can only occur if services are offered on a variety of levels. If, for instance, the teacher offers only those services in the "All" category, parents may not really be involved. It is possible, at this level, for parents to passively receive services, and not utilize them.

Having assessed parental readiness the teacher may use the organization of the hierarchy to determine what services to concentrate on to increase parental involvement. Strategies for increasing involvement may be tailored for parents individually or in groups of varying numbers. To a degree, increased involvement will occur spontaneously as a result of positive interactions and increased information. For example, cues, such as requests for information, or asking if procedures learned via the recipe approach apply to another behavior may indicate changes in readiness. Teachers might stimulate increases in involvement by asking parents to attend an inservice or to begin a second program at home. Exact procedures for assisting parents through transitional stages are not developed. Teachers are cautioned to proceed gradually, keeping in mind strategies of encouragement and reinforcement that accompany any good shaping procedure.

ADDITIONAL CONCERNS

TOTAL FAMILY INVOLVEMENT

The purpose of this section is to emphasize to the teacher the importance of involving the handicapped student's entire family in his or her educational program. The Joint Commission on the Mental Health of Children (1970) clearly indicates this need.

"Any commitment to children is a commitment to the family unit... We must not lose sight of the fact that any service, or lack of service, which affects one member of the family affects all members, brothers and sisters as well as parents."

Unfortunately in our present social system it is frequently the case that family involvement is equated with "mother involvement." Generally it is the mother who bears primary or direct responsibility for child rearing. When extra services are needed for a handicapped child, the mother is usually the one to accept the additional responsibilities. Often mothers have more flexibility in their daily schedules than fathers and are more available to become involved in classroom activities, training, and home programming. Consequently the mother becomes the one person whom teachers most frequently train. She alone becomes the specialist for handling the child at home, and may find it difficult to share the responsibility. For example, she may be unable to instruct other family members, or they may be unwilling to accept her training and suggestions.

While teachers are not in a position to change existing social norms, it might be possible to be influential by emphasizing the importance of total family involvement. The involvement of the entire family will certainly relieve some of the pressure which is typically placed upon the mother of the handicapped child. In a situation where mother and handicapped child are isolated from the rest of the family, a re-distribution of mother's time may have very positive effects on the entire family. For example, this may result in the mother being able to spend more time with other family members. Additionally the involvement of both parents and siblings in home programming should result in increased generalization. For example, generalized use of a communication board at the babysitter's home is more likely to occur if teacher, mother, father, big sister, and little brother are involved in training than if only the teacher and mother are involved.

Teachers may involve the "working" parent by accommodating their work schedules. Evenings or lunch time meetings are generally more suitable to working parents than early morning or late afternoon meetings. Regarding lunch, it is generally acceptable for working parents to occasionally reschedule their lunch breaks so they may attend a school meeting. Some employers are willing to give time off, on an occasional basis, to allow parents to attend meetings. Another option would be to schedule meetings or activities that are especially designed for specific family members (i.e., Fathers Day or an inservice to teach siblings play skills).

PARENT GROUP AUTONOMY

An important and possibly long range goal of the family involvement program is parent autonomy. For the purpose of this discussion autonomy is defined as parents (individually as well as the parent group) becoming independent of teacher support while remaining actively involved in their child's educational program. This does not imply that teachers are to be excluded from parent meetings or other interactional activities. It does however, indicate that parents learn to take the responsibility involved in planning, setting up, and running group meetings. Eventually parents are expected to take the initiative in requesting additional services from teachers and/or the school district, and monitoring their child's educational program.

During the initial stages of the family involvement program it is anticipated that the motivational force behind forming a parent group is likely to be the teacher. As indicated earlier (pages 8 to 15) parents may be isolated from individuals outside the immediate family. The various experiences offered by the family involvement program (workshops, inservices, home programming, access to resources, extended knowledge concerning their child's education, etc.) are seen as decreasing isolation and increasing parental self-confidence. Becoming confident in their ability to act, and acting effectively on behalf of their child are considered to be the first step in achieving autonomy. A number of resources and interaction strategies that may increase parental autonomy are available to the teacher.

ASSERTIVENESS TRAINING

Assertiveness training for parents either individually or in groups is an ideal strategy for increasing autonomy. The purpose of assertiveness training is to assist parents in acquiring those skills necessary to address problem areas in a firm, controlled, and informed manner, while avoiding either being "run over" or becoming hostile and aggressive. These skills are useful to parents in dealing with professionals in and out of the school setting but are especially relevant to the IEP process.

ADDITIONAL INTERACTION STRATEGIES

Additional interactional strategies consist of two separate areas. The first consists of group projects that members of the parent group may be interested in pursuing, and the second involves discussion topics that parents have in common.

Group projects involve any activity that unites the parent group or subgroup. The amount of time required for such an activity may range from a brief activity, such as an afternoon bake sale, to an extended venture, such as planning child care services for handicapped children in the community. The important aspect of group projects is that interest in the outcome is shared by all members of the group, and that they are working together. The structure of this type of group may be organized differently than the parent group. For example, the parent group may be the sole responsibility of the teacher, however, the parents may be responsible for coordinating the activities involved in setting up a community awareness program. Parents often are ideally suited to take the responsibility for projects that require nonacademic skills or knowledge of the community. These activities may serve to provide parents with planning and leadership experience, preparing them for a number of aspects of forming an autonomous parent group.

Discussion topics that facilitate group autonomy may range from past experiences to concerns for the future. Parents of the handicapped share many experiences, both positive and negative, that are unknown to other individuals. These topics might include any of the "Special Concerns for Parents" described earlier, information regarding guardians and conservators, the pros and cons of institutionalization, etc. Sharing these concerns and information may serve to increase parental awareness and bond the group together.

PARENTS ASSUMING RESPONSIBILITY FOR THE GROUP

The final consideration for achieving parental autonomy deals with turning over to parents the responsibilities for the group that formerly belonged to the teacher. Notification of meetings,

forming agendas, arranging child care, securing guest speakers, and assuming group leadership are only a few of the activities that must be assumed by the parents if the group is to become autonomous..

Teachers are encouraged to identify characteristics (i.e., leadership, enthusiasm, experience, etc.) that indicate potential for specific responsibilities. Generally parents will assume responsibilities in accordance with their readiness to be involved, see pages 16 to 17 concerning parental readiness). The transition from teacher-centered group to autonomous group should involve a gradual shaping procedure and need not be an initial concern. As the parent group matures and the teacher notes signs of input being provided by parents, or parents being extremely interested in a project, etc., strategies for facilitating parent group, autonomy should be implemented.

REFERENCES

REFERENCE NOTES

Note 1: Perske, R. Parent-teacher relationships (strategies and competencies that go beyond the ordinary in the education of severely and profoundly handicapped children). Unpublished manuscript, U.S. Government Project (HEW 105-76-5061), Random House, Inc.

REFERENCES

- Brown, L., Nietupski, J., & Hamre-Nietupski, S. The criterion of ultimate functioning and public school services for severely handicapped students. In M. Thomas (Ed.), Hey, don't forget about me: New directions for serving the severely handicapped. Reston, VA.: Council for Exceptional Children, 1976.
- Fredericks, N. D., Baldwin, V. L., & Grove, D. A. A home-centered based training model. In D. L. Lillie and P. L. Trahanis (Eds.) Teaching parents to teach. New York: Walker & Co., 1977, 107-129.
- Guess, D., Horner, R. D., Utley, B., Holvoet, J., Maxon, D., Tucker, D., & Warren, S. A functional curriculum sequencing model for teaching the severely handicapped. AAESPH Review, 1978, December, 202-215.
- Hardge, B., & Gray, S. W. Trainers' and supervisors supplement for helping families learn: A home-based program. Nashville, Tenn.: George Peabody College, undated.
- Hayden, A. A center-based parent-training model. In D. L. Lillie and P. L. Trahanis (Eds.) Teaching parents to teach. New York: Walker & Co., 1977, 89-105.
- Joint Commission on the Mental Health of Children. Crisis in Child Mental Health: Challenge for the 1970's. Report, New York: Harper & Row, 1970.
- Kozloff, M. A. A program for families of children with learning and behavior problems. New York: Wiley and Sons, 1979.
- Kroth, R. L. Parents involved: A guide for active parent involvement in the IEP process. Albuquerque: Parent Involvement Center, 1979.
- Kroth, R. L. Communicating with parents of exceptional children: Improving parent-teacher relationships.
- Olshansky, S. Chronic sorrow: A response to having a mentally defective child. Social Casework, 1962, 43, 190-193.
- Stokes, T. F., & Baer, D. M. An implicit technology of generalization. Journal of Applied Behavior Analysis, 1977, 10, 349-367.

Torrie, C. Ways in which teachers can be helping agents to parents of severely multiply impaired children. Dallas, TX: South Central Regional Center For Services to Deaf-Blind, 1975.

Vincent, E. & Broome, K. A public school service delivery model for handicapped children between birth and five years of age. In E. Sontag, (Ed.) Educational programming for the severely and profoundly handicapped. Reston, VA: Council for Exceptional Children, 1977, 177-185.

**APPENDIX
A**

APPENDIX A

Teachers should keep in mind that the below listed topics are suggestions and any given item may or may not be included in your letter to the parents. It is, however, recommended that section II "Goals" be included. Additionally, the list is not all inclusive and teachers should, generally, feel free to write whatever they wish.

SUGGESTED OUTLINE FOR THE INITIAL CONTACT LETTER

I. INTRODUCTION

A. Personal Information

1. marital status
2. number of children
3. home town

B. Education

1. college and major
2. graduate work
3. specialized training

C. Work Experience

1. previous teaching experience
2. related work experiences

II. GOALS

- A. Emphasize Parental Involvement
- B. Introduce CCC Program
- C. Other Classroom Goals

APPENDIX A (Continued)

III. INITIAL GROUP MEETING

A. Time, Date, and Place

B. Information Concerning Child Care

C. Topics or Purpose of Meeting

1. meet staff
2. meet other parents
3. provide more information on CCC Program
4. provide more information on assessments

APPENDIX A (Continued)

August 17, 1980

Dear Parents,

As you probably know by now, your child has a new teacher. I'm writing this letter to tell you a little about myself and to explain my plans for this coming year regarding the education of your child. My name is Karen Myers and this is my third year teaching. My first year teaching was at Winfield, Kansas, and I taught six children in a SMH classroom. Last year I was teaching eight deaf/blind children at the Kansas Neurological Institute, in Topeka.

I have been married for five years and have a two-year-old named Brad, and the three of us live in Overland Park. I am in the process of completing my master's degree in Special Education for the SMH child at the University of Kansas.

This year, in the classroom, we are introducing the CCC Model Program (Comprehensive Communication Curriculum), which is designed to help us with communication training and to increase the involvement of the student's family in his/her education. Having the parents actively involved in what happens at school is very important, and I'll need your help in getting to know your child. Early in the school year I'd like to get together with you individually and talk about your child's abilities and limitations. Fortunately, two things have not changed this year: my paraprofessionals, Elaine and Cheryl.

I would like to invite you to a parent meeting at the school, Classroom 14, Tuesday evening, August 31, 1980 at 7:00 p.m. Elaine and Cheryl will be on hand for child sitting in Room 12, so please let us know if you need child care services. I want to use the meeting time to explain the CCC Model program and also get a chance to meet you.

Please come, I'm looking forward to seeing you.

Karen

**APPENDIX
B**

APPENDIX B

NATIONAL HOTLINE PROVIDES INFORMATION ON FEDERAL LEGISLATION

"A national toll-free hotline has been installed by Mainstream, Inc. to answer questions and supply information on legislation concerning handicapped individuals. "Mainstream on Call" answers all questions confidentially via material contained in their office and through data obtained from the appropriate federal agency. The hotline is for disabled consumers who have questions about their legal rights, as well as corporations, educators, and service providers who need information on compliance with federal law. It's available Monday through Friday 9:00 a.m. to 5:00 p.m. Eastern time and through a TTY communications unit. The toll-free number is 1-800-424-8089."

Taken from the AAESPH NEWSLETTER, 5,3, MARCH '79.

APPENDIX B (Continued)

school
school district
school district organization
school district organization list
school district organization list and
school district organization list and telephone
school district organization list and telephone numbers

PRESIDENT OF THE SCHOOL BOARD
NAME
HOME PHONE NUMBER

SUPERINTENDENT OF SCHOOLS
NAME
BUSINESS PHONE

DIRECTOR OF SPECIAL SERVICES
NAME
BUSINESS PHONE

HEAD TEACHER
NAME
BUSINESS PHONE

TEACHER
NAME
BUSINESS PHONE

OTHER NUMBERS

APPENDIX B (Continued)

RIGHTS TO EDUCATION

(The following is a summary of the major requirements of the Education for all Handicapped Children Act (PL 94-142):

- Extensive procedures for identification of children with handicaps
- Full service to handicapped children include the following services (if these services are needed by the child):
 - transportation
 - speech pathology
 - audiology
 - psychological services
 - physical therapy
 - occupational therapy
 - recreation
 - early identification
 - assessment of disabilities
 - counseling services
 - medical services for diagnostic or evaluation purposes
 - school health services
 - social work services in school
 - parent counseling and training
 - confidentiality of personal information
 - individual education program
 - procedural safeguards
 - least restrictive environment
 - protection in evaluation procedures
 - due process procedures
 - detailed time lines
 - personnel development
 - a surrogate parent when required

INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

The IEP should be written at a meeting which includes;

- The Child when appropriate
- Both Parents or
 - one parent
 - conference telephone call
 - individual telephone call
 - may be conducted without parents (documentation of efforts to reach parents is required)
- Child's Teacher
- A representative of the local education agency other than the child's teacher. It is recommended by the State Board of Education that this individual is "...a person who is authorized to make administrative decisions relative to the service to be provided."
- Other individuals may be invited by the parents or the school.

Regarding parental participation the school:

- should provide reasonable notification of IEP meeting
- should attempt to schedule meeting conveniently for all concerned
- should provide interpreters when needed.

If parents do not attend it is up to them to request a copy of the IEP.

THE IEP SHOULD CONTAIN:

The IEP should include a summary of the child's educational performance. This may include when applicable levels of:

- academic achievement
- social adaptation
- prevocational skills
- sensory and motor skills
- self-help skills
- speech and language skills

A statement concerned with specific educational and related services

APPENDIX B (Continued)

needed by the child. This statement should not consider what is available, only WHAT THE CHILD NEEDS.

Some attention should be given to the child's participation in environments which are "least restrictive."

When services will start and how long they will last should be indicated:

Goals to be reached by the end of the school year should be listed.

Short term goals (9-12 weeks) should be listed.

Various criteria, evaluations, and data collection methods that are to be used should be listed.

Names and titles of persons responsible for implementing the IEP should be listed.

SHORT TERM GOALS SHOULD BE EVALUATED AT LEAST EVERY 12 WEEKS.

THE IEP MUST BE REVIEWED/REVISED EVERY YEAR.

IEP CONFERENCES MAY BE HELD ANYTIME.

A CURRENT IEP SHOULD ALWAYS BE IN EFFECT.

PARENTS DO NOT HAVE TO SIGN IEP'S FOR APPROVAL.

**APPENDIX
C**

APPENDIX C

DAILY PARENT REPORT FORM

Child's Name _____ Date _____

Meals and Snacks

Lunch	All	More than Half	Less than Half	None

comments: _____

Overall Behavior

Excellent	Good	Average	Inappropriate

comments: _____

Special Activities:

Home Follow-up:

General Comments:

Toileting and Times:

- U+ = Urinates in toilet
- U- = Urinates in pants
- B+ = Bowel movement in toilet
- B- = Bowel movement in pants
- 0 = Put on toilet and nothing

Provided by Karen Leitner
USD #233
Olathe, Kansas

Staff Signature: _____

APPENDIX C (Continued)

DAILY PARENT REPORT FORM

Child's Name: _____ Date: _____

Child's attitude during the day:

Meal Time:

Toileting:

Programs:

Special Comments:

Teacher's Signature

Provided by:
Bonnie Duncan
Flint Hills Coop
Emporia, Kansas