DOCUMENT RESUME

ED 213 226 EC 141 183

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| AUTHOR | Harley, Randall K.; And Others |
| TITLE | Model Vision Project Outreach Phase for Severely Handicapped Children and Youth with Visual Impairment. July 1, 1978 to September 30, 1981. Final Report. |
| INSTITUTION | George Peabody Coll. for Teachers, Nashville, Tenn. |
| SPONS AGENCY | Office of Special Education and Rehabilitative Services (ED), Washington, D.C. |
| PUB DATE | Sep 81 |
| GRANT | 300-78-0177 |
| NOTE | 213p. |
| EDRS PRICE | MF01/PC09 Plus Postage. |
| DESCRIPTORS | *Demonstration Programs; Elementary Education; *Inservice Education; Intervention; *Multiple Disabilities; Parent Education; Program Descriptions; Program Evaluation; Program Implementation; Severe Disabilities; *Visual Impairments; *Workshops |
| IDENTIFIERS | Model Vision Project |

ABSTRACT

The document presents the final report of the Model Vision Project (MVP) Outreach Phase, funded to demonstrate appropriate educational, diagnostic, training, and other services to severely multihandicapped, visually impaired children. Roles of various staff are reviewed, and individuals serving as consultants are listed. Summarized are the goals and objectives of nine project components: dissemination, demonstration, participation, planning, coordination and cooperation, training, implementation, parent involvement, and evaluation. Four replication sites are focused on--Chattanooga, Sevierville, Knoxville, and Louisville. Noted among findings of the program evaluation were that descriptive data written by conference participants were usually very positive, all workshops showed significant knowledge gains, students generally made slow but steady progress, and parent involvement activities were more successful in the Louisville Replication Site and least successful in the Chattanooga Replication Site. Tables with statistical data are provided. Appendixes, which make up more than half the document, include an outline with descriptions of workshop modules, module evaluation forms, a self assessment questionnaire for administrators, a community resources survey form, MVP training topics outline, parent involvement/reaction form, self evaluation questionnaire for trainees, a pre-post test on orientation and mobility, an observational checklist of teacher competencies, sample handouts and evaluation forms for parents, a sample case study journal, an individualized education program rating sheet, and a sample community contact sheet in an illustrative case study. (SB)

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# Model Vision Project-Outreach Phase for Severely Handicapped Children and Youth with Visual Impairment

FINAL REPORT
July 1, 1978 to September 30, 1981

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Dr. S. C. Ashcroft, Project Co-Director
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## IDENTIFYING INFORMATION

Model Vision Project - Outreach Phase
George Peabody College for Teachers of Vanderbilt University
Nashville, Tennessee 37203

| | |
|---|---|
| Project Staff: | Dr. Randall K. Harley<br>Project Co-Director |
| | Dr. S. C. Ashcraft<br>Project Co-Director |
| | Carleen Asbury Dowell<br>Project Manager/Evaluator |
| | Deborah Gilliam<br>Materials Specialist |
| | Elizabeth A. Noble<br>Educational Specialist |
| | Jean Reagan<br>Educational Specialist |
| | Emilie M. Kief<br>Editorial Assistant |
| | Mary Ann Lanzo<br>Editorial Assistant |
| | Edith Ethridge<br>Louisville Liaison |
| | Loretta C. Leach<br>Secretary |
| Project Officer: | Paul Thompson<br>U. S. Department of Education<br>Office of Special Education and Rehabilitation |
| Funded By: | U. S. Department of Education<br>Office of Special Education and Rehabilitation |
| Funding Information: | Grant No. BEH 300-78-0177<br>Authority: Section VI, PL 91-230<br>(20 U.S.C. 1424) |

FINAL REPORT

July 1, 1978 - September 30, 1981

# The Model Vision Center Programs Outreach Phase for Severely Handicapped Children and Youth with a Visual Impairment as One of Their Primary Handicapping Conditions

RFP No. BEH 78(2)

Contract No. 300-78-0177

Submitted by:


Dr. Randall K. Harley
Project Co-Director

Dr. S. C. Ashcroft
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September 30, 1981

## ACKNOWLEDGMENTS

The successful completion of this project was dependent upon the cooperation of service delivery agents in the schools, community agencies, and the parents of the identified multihandicapped, visually impaired students in each of the Replication Sites. To list all of the persons who assisted the efforts of the Model Vision Project-Outreach Phase would be endless. Listed below are the schools and agencies responsible for the successful replication of the Model Vision Project.

Orange Grove Center
Chattanooga, Tennessee

Sevier County Public Schools
Special Learning Center
Sevierville, Tennessee

Knox County Public Schools
Young Educational Center, and
VITAL
Knoxville, Tennessee

Knoxville City Public Schools
Knoxville Adaptive Education Center
Knoxville, Tennessee

Sertoma Learning Center
Knoxville, Tennessee

Kentucky School for the Blind
Louisville, Kentucky

Louisville/Jefferson County Public Schools
Churchill Park School
Cerebral Palsy School
Hazelwood Facility School
Roberta Tully School
Jewell Willoughby School
Louisville, Kentucky

Special thanks are extended to the Advisory Council who assisted the Model Vision Project staff with their previous experience with Original Model Vision Project and Replication Site activities:

Model Vision Project-Outreach Phase
Advisory Board Members
1978-1981

Ms. Kathy Aisen
Preschool Counselor
Tennessee School for the Blind

Ms. Sherry Allison
Orange Grove Center

Mrs. Joyce Bromley
Knoxville City Schools
Instructional Center

Mrs. Wanda Fleming
Assistant to the Superintendent
Orange Grove Center

Ms. Jane Gilliland
Educational Director
Clover Bottom Developmental Center

Ms. Jo Heller
Orange Grove Center

Dr. Everett Hill
Assistant Professor Special Education
Peabody College of Vanderbilt University

Ms. Terry A. Johnson
Harris-Hillman School

Ms. Susan LaForge
Sevier County Department of Education

Ms. Jan Moseley
Jefferson County Public Schools
Division of Special Education

Dr. Michael R. Politzer
Optometrist

Mrs. Delores Price
Educational Specialist
State Department of Education

Ms. Pam Wyatt
Harris-Hillman School

Mr. Bill Ferrell
Director of Services for the Blind
Tennessee State Department of Welfare

Ms. Merrill Galbraith
Parent

Mr. Robert E. Halpin, Jr.
Principal
Harris-Hillman School

Mr. Bill Hiles
Coordinator, Publications and College Relations
George Peabody College

Mr. Kenneth L. Housch
Parent

Mr. Terry Kopansky
Principal
Harris-Hillman School

Mr. Sheffield Nasher (Deceased)
Director of Special Education
Nashville Metropolitan Schools

Mr. Jim Pierson
Executive Director
East Tennessee Children's Rehabilitation Center

Ms. Coreta Pratt
Willoughby School

Ms. Mildred Thompson
Educational Specialist
Tennessee State Department of Education

Ms. Pam Young
Program Supervisor for Staff Development and Research Services for the Blind

Table of Contents

## INTRODUCTION

Severely multiply handicapped children with visual impairments, one of their primary handicapping conditions, have been largely neglected in special education programs until the mid 70s. In response to this situation, the Bureau of Education for the Handicapped (now the Office of Special Education and Rehabilitative Services) attempted to stimulate the development of Model Demonstration service programs for multiple handicapped children and youth with visual impairment. This federal support program was urgently needed and timely in behalf of significant numbers of severely multiply handicapped children. The middle 1970s represent a milestone in the awakening of interest and concern about this group of so longed urgently in need of specialized services.

From 1975 to 1978, George Peabody College for Teachers with support from the Bureau of Education for the Handicapped, was contracted to develop a Model Vision Project. Among the goals of the Model Vision Project was to demonstrate a model program specifically designed to meet the needs of multiply impaired children, with a visual impairment as a primary handicap, utilizing the best information on the State of the Art at that time. The Model Vision Project (MVP) was one of 50 demonstration projects funded to demonstrate appropriate educational, diagnostic, training, and other services to severely multihandicapped, visually impaired children. The Peabody Project developed model services for developmental screening of children with special emphasis on significant visual impairments in the context of overall child growth and development. Comprehensive assessment in the psychological and educational areas was developed to be carried out on those children who were screened as being eligible for Model Vision Project services. A central feature of the Project was prescriptive programming in which suggested goals and objectives were selected and appropriate activities provided in the form of educational services to achieve progress for the severely handicapped children. Educational services were comprehensive and provided through implementation of prescriptive educational programs built on appropriate goals, objectives, and activities for eligible children and their families. Among more specialized services were vision stimulation and training, orientation and mobility training, prevocational training, self-help skills, and other essential programming responsive to bringing about progress in these long neglected children.

The Model Vision Project also emphasized the education of parents through their involvement in the program, through home visitations, and through various training and counseling programs.

Teachers and other service providers were provided inservice training to develop their knowledge, skills, and competencies to cope with multihandicapped visually impaired children.

A prominant feature of the Model Vision Program has always been to obtain and develop cooperation among community agencies through workshops, staff training, individual consultation, and the development of community awareness.

Basic Model Vision Project service delivery approaches were developed as a demonstration project based in Nashville, Tennessee from 1975 to 1978. During this time, the model field service delivery system evolved, a public day school component was operated, a guide to developing a classroom curriculum for these children was developed, and ways of involving parents and working with parents of such children in the classroom setting were also developed.

As a model project in a metropolitan center with rich and varied resources, the MVP had access to the facilities of the John F. Kennedy Center for Research on Education and Human Development, the Experimental School of the Kennedy Center, the Special Education services and facilities of Metropolitan Nashville and Davidson County, especially the newly opened Harris-Hillman School, a comprehensive facility to serve severely handicapped children, and the services of a major school of medicine with wide range of clinics in the Vanderbilt University Medical School. This rich array of resources facilitated the development of the Model Project during its first three years of evolution.

From 1978 to 1981, the MVP was involved in a dissemination or Outreach Phase. In Year 1 of the Outreach Phase, the Model was replicated in the Orange Grove Center for retarded persons in Chattanooga, Hamilton County, Tennessee. This facility serves a wide range of multiply handicapped individuals from childhood to adulthood and with educational and vocational rehabilitation and comprehensive services. Thus, it was a nurturing setting for the development of Model Vision Project services in quite a different setting from the Nashville and University-based setting at Peabody College. During the second half of the first year of the Outreach Phase, the rural setting of Sevierville, Sevier County, Tennessee began replication activities with the Model Vision Project.

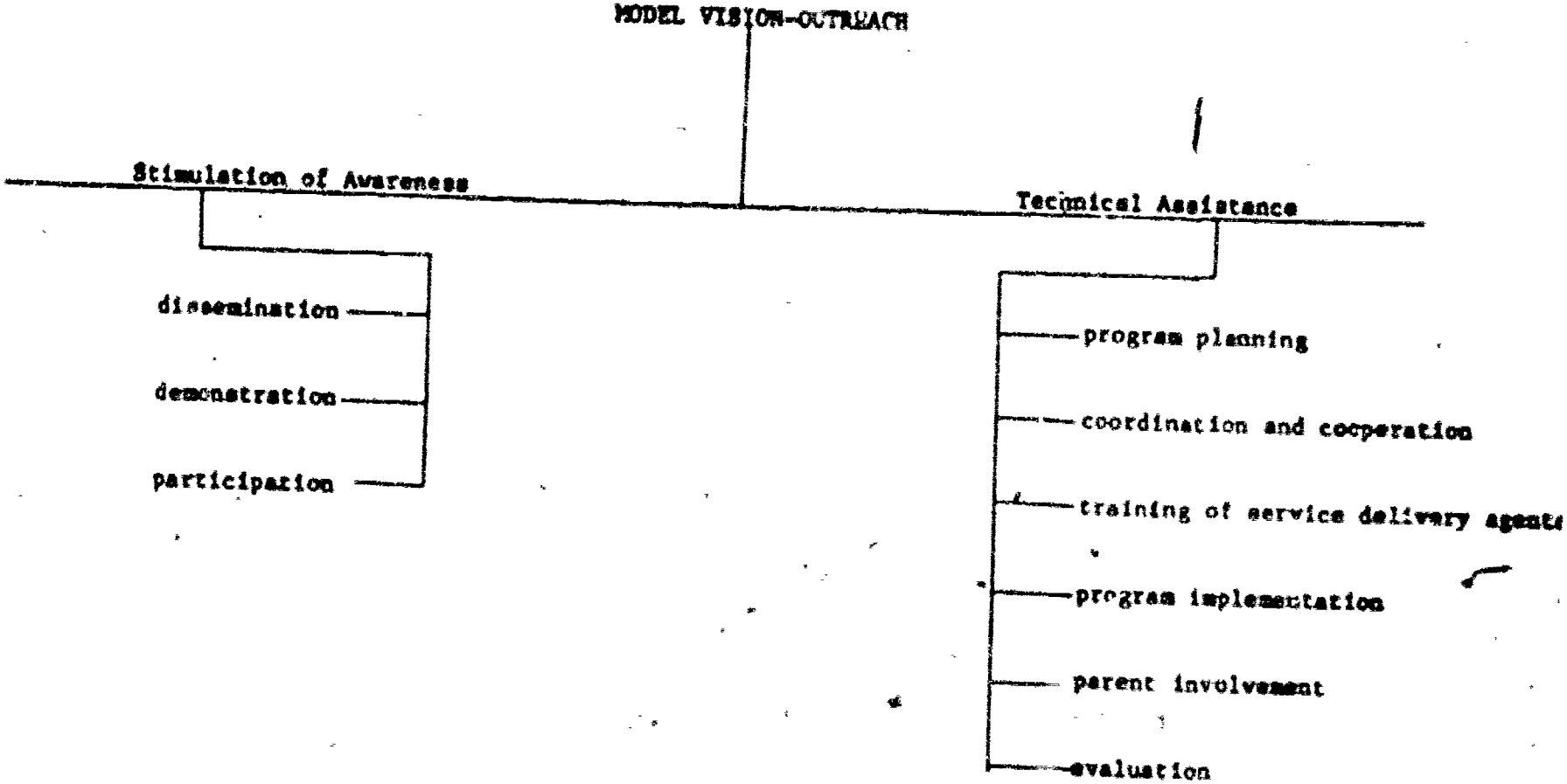
In Year 2 of the Outreach and dissemination phase, the Model development was continued in a second unique site, the Knowville, Tennessee area and continued in Sevierville, Tennessee. The MVP project in the Knoxville area was a result of the cooperative replication efforts of the Knoxville City Schools, Knox County Schools, East Tennessee Children's Rehabilitation Center and the Sertoma Learning Center.

Year 3 of the Outreach and dissemination phase was carried out in Louisville, Kentucky which represented an out of state, large metropolitan area and constellation of community and school resources.

Each of the four major population centers in which outreach and dissemination activities have been carried on has had unique features. While the actitivies of the years 1978 to 1981 have been characterized

as replication years, they represent a series of variations on the basic theme developed from 1975 to 1978 rather than any precise replication in the true sense of the word. Thus, Model Vision Project continued to evolve, develop, grow and to change rather than attempt to apply through replication in varied settings a model that was uniquely relevant to the Nashville Metropolitan area and University community setting.

The method in which the Model Vision Project-Outreach Phase achieved its replication efforts was through a combination of stimulation of awareness and provision of technical assistance. Stimulation of awareness had the wide purpose of developing and disseminating materials appropriate for educating multihandicapped, visually impaired children, demonstrating these techniques, and participating in professional conferences in order to train other professionals in the techniques. Dissemination, demonstration, and participation make-up the first three goals of the Outreach Phase. Technical assistance, the second major focus of the Outreach Phase was provided intensely to the four sites Chattanooga, Sevierville, Knoxville, and Louisville by the Model Vision Project staff. The staff assisted the Replication Sites in program planning, coordination and cooperation with community agencies, training of their service delivery agents, program implementation, parent involvement, and evaluation techniques developed during the original Model Vision Project. These areas of technical assistance make up the remaining six goals of the Outreach Phase. The attached diagram show the relationship of the nine goals of the Model Vision Project-Outreach Phase.


MODEL VISION-OUTREACH
Stimulation of Awareness
dissemination
demonstration
participation
Technical Assistance
program planning
coordination and cooperation
training of service delivery agents
program implementation
parent involvement
evaluation

## Staff Descriptions

1978-1979

Management plan. During the course of the Outreach Project, the responsibilities of the professional staff were closely inter-related as there were many common areas of training among components of the Project. The areas of expertise specific to each person determined their areas of training as well as their roles in assuring appropriate application of the training in service delivery. For example, the diagnostic specialist trained teachers to do general assessment in the classroom, the diagnostic and educational specialists addressed educational programming, and the educational specialist was responsible for assistance in implementation in the classroom.

During the initial phase of replication in each site, all specialists were intensely involved in training due to the necessity of immediate screening and psychological data for project evaluation. All specialists adapted and revised written materials in all areas of training, as needed, for use with their trainees.

The project manager worked closely with the specialists as the liaison between the Model Project and the Replication Projects. As program evaluator, the project manager assisted the specialists in training of evaluation procedures related to their areas of implementation assistance. The project manager worked with the administrators and staff of the demonstration components of the Model Project, Metro Nashville Special Education Department, Harris-Hillman School, Kennedy Center Experimental School, Child Study Center at George Peabody College, etc.. He was also the liaison between the professional staff and the project directors.

The project directors shared responsibility for seeing that the agency, George Peabody College for Teachers, carried out its commitment according to the stipulations in the contract. They participated in overseeing the entire project from beginning to end, in seeing that the goals and objectives of the project were completed according to the stipulations in the contract. Other responsibilities included: (a) supervision of project staff, (b) activing as resource consultants to project staff in diagnostics, field services, training evaluation, and dissemination, (c) acting as coordinators of the project between agencies cooperating with the Model Project in Nashville, the special education offices at the state and local levels, and the U. S. Office of Education, (d) overseeing the budget, purchasing, and accounting procedures, and (e) directing the writing of interim, annual, and final reports for the Project.

Job descriptions of project staff. The project manager was responsible for administration and supervision of the outreach training and evaluation components of the replication project. He had the responsibility to ensure that project goals and objectives were met as per proposed time line. He assumed primary responsibility to coordination of the Model Vision staff and the liaison individual from the replication site. He assisted in planning and coordination of the advisory council meetings. He was responsible for planning and coordination of dissemination activities, triannual reports, purchasing, budgetary matters, and

ensuring that finances were properly accounted for. He monitored the data collected on training procedures and recommended procedural changes as indicated by the data. He monitored and evaluated program effectiveness in terms of progress toward stated goals, effectiveness of services to the replication site, and cost-benefit analysis.

The educational specialist was responsible for technical assistance in the provision of educational services. In particular, she was responsible for training and upgrading of competencies in classroom organization, teaching methods and materials, prevocational training, parent involvement, educational programming, and evaluation of child progress as related to the provision of educational services. She adapted and revised written materials as needed for training and dissemination. She was also responsible for administering visual and developmental screening measures in the control group setting.

The diagnostic specialist was responsible for providing technical assistance in the identification, assessment, and evaluation of severely handicapped visually impaired children and youth. In particular, she was responsible for training and upgrading of competencies related to assessment of functional vision, cognitive/adaptive development, language development and communication skills, motor development, social affective development, and self-help skills, and in assessment-based prescriptive programming of educational goals and objectives. She adapted and revised written materials as needed for training and demonstration. She was also responsible for administering visual and developmental screening measures in the control group setting.

The orientation and mobility specialist was responsible for training and upgrading of competencies in mobility assessment, utilization of sensory and conceptual information in independent orientation and mobility, relation of development of body schema to increased levels of mobility, and travel techniques (basic sighted guide, advanced protective techniques, long cane) as related to the multihandicapped visually impaired. She provided technical assistance in environmental design and manipulation. She adapted and revised written materials as needed for training and dissemination.

These positions were filled as follows:

| | |
|---|---|
| Dr. Rebecca F. DuBose | Co-Director |
| Dr. Randall K. Harley | Co-Director |
| Bob Hilton Smith | Project Manager |
| Gray McKenzie | Educational Specialist |
| Elizabeth Altieri | Diagnostic Specialist |
| Carlene LaBois | Orientation & Mobility Specialist |

1979-1980

The staff positions changed during the second year of the Outreach Phase. There remained two Co-Directors, but there was a personnel change. In fact, with the exception of Dr. R. K. Harley, there was a total staff turnover. It was decided that the position of Orientation and Mobility Specialist did not warrant

a full-time staff position because personnel trained in this field were not at that time qualified to adapt the skills to the severely multihandicapped, visually impaired population. Instead, it was decided that a half-time liaison located in the Replication Site, an Evaluator, and a Research Assistant were more important roles for the Outreach Phase. These positions were filled as follows:

| | |
|---|---|
| Dr. S. C. Ashcroft | Co-Director |
| Dr. R. K. Harley | Co-Director |
| Ms. E. A. Altmeyer | Project Manager |
| Ms. T. Boggs | Project Evaluator |
| Ms. E. A. Noble | Educational Specialist |
| Ms. C. A. Dowell | Diagnostic Specialist |
| Ms. L. A. Meadows | Knoxville Liaison |
| Ms. F. M. Kief | Research Assistant |

1980-1981

Project co-directors. (Drs. Randall K. Harley and S. C. Ashcroft) The project directors were responsible for ensuring that George Peabody College of Vanderbilt University carried out its commitment as project agency according to the stipulation of the contract. Dr. Harley assumed 25% full-time equivalence and Dr. Ashcroft assumed 15% full-time equivalence for the major portion of the year for purposes of support under the Model Vision Contract. During the last month, both Drs. Harley and Ashcroft devoted 100% full-time equivalence to the project. The purpose for this time allocation was to ensure that all necessary reports were written and submitted before contract termination on September 30, 1981. Together, they participated in overseeing the entire project from inception to completion, and assumed ultimate responsibility for the completion of the project objectives. They also supervised project staff, oversaw budgeting, purchasing, and accounting procedures, and directed the writing of status reports.

Project manager. (Carleen Asbury Dowell) The project manager was responsible for the daily functioning of the project in both the home office and in the replication sites. In addition, the project manager assumed responsibility for all aspects of program evaluation and report writing. Administrative planning and coordination, communication with replication site personnel, planning staff and advisory board meetings, monitoring budgeting and purchasing, and acting as a liaison between project staff and project directors were all responsibilities of the project manager, which was a full-time position. The project manager also had the responsibility of coordinating all previous replication site needs and requests. This required 100% full-time equivalence.

Educational specialist. (Elizabeth A. Noble) Ms. Noble was responsible for technical assistance in the provision of educational services, assessment, and evaluation of multihandicapped, visually impaired children and youth. In particular, she was responsible for training and upgrading competencies in classroom organization, teaching materials and methods, educational programming, assessment in functional vision and other developmental areas, and evaluation of child progress. She was also one of the trainers who provided modules to the trainees at the replication sites. Ms. Noble assumed 100% full-time equivalence.

Classroom coordinator. (Jean Reagan) Ms. Reagan was responsible for providing technical assistance in the identification, assessment, and evaluation of multihandicapped, visually impaired children and youth. Her areas of emphasis were in training and upgrading competencies in assessment of functional vision, cognitive/adaptive development, language and communication skills, motor development, social-affective development and self-help skills, prevocational training, and in assessment-based prescriptive programming of educational goals and objectives. She also was a trainer who provided training modules to the trainees at the various replication sites. Ms. Reagan assumed 100% full-time equivalence.

Louisville liaison person. (Edith Ethridge) The liaison person was responsible for coordinating all of the replication sites in the Louisville/Jefferson County area. In addition to the coordination aspect of this position, Ms. Ethridge planned and coordinated all Model Vision Project-Outreach Phase visits, meetings, and training sessions, coordinated all Model Vision Project-Outreach Phase parent contacts for the purpose of replication, organization of the Family Questionnaire, and the Community Resource Survey. Ms. Ethridge was the public relations person at the replication sites and in the community. It was her task to disseminate information regarding the Model Vision Project in the Louisville/Jefferson County area. Her position was crucial to the provision of positive reinforcement to the trainees, parents, and community service agencies. Her position was 50% full-time equivalence.

Research assistant. (Ethel Bernstein-Sidney and Deborah Gilliam) Ms. Bernstein-Sidney and Ms. Gilliam were responsible for grading pre- and post-tests, organizing and collecting materials, tracking trainee progress through Model Vision Project-Outreach Phase training modules, compiling and filling requests for dissemination materials, and assisting other staff members in ways which were determined by the Project Manager. They were also responsible for the organization of all Model Vision Project publications for submission to the Stoelting Company. In addition, they maintained contact with a company representative regarding discrepancies and questions regarding the revised publications. Ms. Bernstein-Sidney assumed 50% full-time equivalence until she left the project in December and was replaced by Ms. Gilliam who worked 60% full-time equivalence.

Field diagnostician. The field diagnosticians were graduate students at George Peabody College of Vanderbilt University, appointed upon the recommendation of the Psycho-Educational Assessment Instructor. The diagnosticians were responsible for doing follow-up testing of the target populations in Chattanooga, Knoxville, and Louisville sites. This testing took place during the spring semester of 1980-1981.

Secretary. (Loretta J. Leach) Ms. Leach assumed total secretarial duties for all aspects of the project, including typing of correspondence, training materials, reports, and duplication tasks, answering telephone calls, and scheduling meetings. This was a 100% full-time equivalence position.

Research assistant. (Mary Ann Lanzo and Emilie M. Kief) Ms. Lanzo and Ms. Kief were responsible for coordinating the writing and editing of all new Model Vision Project-Outreach Phase publications, materials, tapes, and presentations. The position was divided into two .5 full-time equivalence positions. Ms. Lanzo's position was suspended at mid-year and the responsibilities were carried out by the Project Manager.

## Consultants

The following is a compilation of the consultants who offered assistance to the Model Vision Project-Outreach Phase, with a description of the services offered by each.

### Year 1

Matthew Timm. Assisted in designing an appropriate strategy for replication of the Model Vision Project. He also assisted the staff with special problems related to replication efforts. He was selected due to his background in the replication of the Regional Intervention Project which is located in Nashville, Tennessee.

Henry Morrow. Assisted in designing a formative and summative evaluation design for the Model Vision Project-Outreach Phase. He was a consultant from the South-Western Regional Lab.

### Year 2

Elizabeth Altieri. There was a complete staff turnover between the first and second years of the Model Vision Project-Outreach Phase. Ms. Altieri was retained as a consultant at the beginning of the second year to orient the new staff to the strategies of replication already attempted during the first year and initial planning activities for the second year. Ms. Altieri was the Diagnostic Specialist during the first year of the Outreach Phase, 1978-1979.

Jenny Megginson. Ms. Megginson assisted in the evaluation of the target population in Chattanooga, Tennessee. She was a recent graduate of the Master's program at Peabody College of Vanderbilt University in diagnostics of severely multiply handicapped children.

Jo Heller. Ms. Heller assisted in the evaluation of the target population in Chattanooga, Tennessee. She was a recent graduate of the Master's program at Peabody College of Vanderbilt University in diagnostics of severely multiply handicapped children. Her enrollment at Peabody College was a result of the replication efforts at the Orange Grove Center in Chattanooga and she returned there as Educational Diagnostician.

### Year 3

Rebecca DuBose. Assisted and advised the Project Director and Project Manager in strategies for application to the Joint Dissemination and Review Panel (JDRP). Dr. DuBose had observed the JDRP review process, was a past co-director of the Model Vision Project-Outreach Phase, and was current director of a federally funded project in Seattle, Washington.

Madeline Caruthers. Advised the Model Vision Project-Outreach Phase Editorial Assistant and Project Manager on the format of the inservice training modules being written by the MVP-OP staff during its final year. She also contacted potential publishers about the modules to pass on advice for marketability of the product. Ms. Caruthers had previously worked on the Media Project for Severely Handicapped at Peabody College and was currently employed by a publisher in Nashville.

Carleen Asbury Dowell. The past Project Manager during the final year of the Outreach Phase continued as a consultant to advise Project Directors concerning editorial changes on the two books listed in Dissemination Products-Appendix A, and to write the Final Report.

Mary Beth Langley. The Educational Diagnostician during the original Model Vision Project consulted concerning the content of the inservice training module titled "Integration of Movement and Vision and Their Influence on Learning." She authored and revised the module according to the suggestions of the Editorial Assistant.

Susan Tuck. Advised the Model Vision Project-Outreach Phase staff concerning the nature of inservice material dealing with the positioning and handling of severely involved multihandicapped, visually impaired children. Reviewed and advised the content of the module concerning positioning and handling techniques. Ms. Tuck was currently a physical therapist at the Cloverbottom Developmental Center in Nashville, Tennessee.

## DISSEMINATION

Goal 1: To become a major source of materials and information about effective education/training services for the multihandicapped, visually impaired.

The dissemination of information about the Model Vision Project and its products was the main avenue for getting information to the service delivery agents who needed it. The technique developed by model demonstration projects would be of no use unless school systems and other agencies educating handicapped persons were aware of the techniques developed. During the first three years of the Model Vision Project, new techniques and materials were developed. The Outreach Phase continued to disseminate information to service delivery agents about how to obtain the materials that were developed and to inform others about the replication efforts of the Outreach Phase. Near the end of the Outreach Phase new materials were developed which emerged from the activities of the Outreach Phase itself. These materials will possibly be disseminated through publication as arranged by LINC.

Objective 1.1 To stimulate and maintain awareness at the national, regional, and state levels through information about the Model Project.

Description: Dissemination if one of three activities that the project engages in to stimulate awareness about the project itself, the educational/training services it has developed, and the availability of related materials. Dissemination activities are geared to establishing the project as a major source of materials and information about effective educational and training services for the multihandicapped, visually impaired.

During the first two years of the Outreach Phase of the Model Vision Project, the materials developed by the original Model Vision Project were refined and disseminated. The third year of the Outreach Phase was primarily concerned with the development of new materials for service delivery agents of multihandicapped, visually impaired students. Two new books were written. The first book, A Comprehensive Guide for Educational Programming for the Multihandicapped Visually Impaired contains 11 inservice training modules written as a text for workshop leaders to use in providing training to service delivery agents involved in the education of multihandicapped, visually impaired students. The modules were written by the three staff persons of the Model Vision Project who conducted the training activities during the Outreach Phase. A field reading of each module was carried out with potential consumers. Three persons, consisting of a graduate student, Model Vision Project advisory council member, and expert in the field of special education or psychology, read a module and provided the editor with feedback concerning contents and style. The field reader form with results to date and list of field readers are found in Appendix A, along with a description of the book content.

The second book developed during the third year of the Outreach Phase was the Manual for Replication of a Model Vision Program. This book was developed to assist administrators and other service delivery agents in implementing the six components of technical assistance that was offered by the Model Vision Project. These six areas include planning, coordination and cooperation with community agencies, training, program implementation, parent involvement, and evaluation. This book was coauthored by the Project Manager and one of the codirectors of the Outreach Phase. Both books have been described to various publishers and efforts to arrange publication will continue through LINC and the project codirectors.

Information concerning project activities and products was disseminated at local, state, and national conferences, during on-site visits, and during inservice training and replication efforts in each of the four replication sites. Information was disseminated via a brochure, catalog sheet describing Model Vision Project booklets offered by the Stoelting Company, an overview of project activities, and through various communications media. Over 400 inquiries

were received and answered by the Project from service delivery agents inquiring about various activities and products. Information was sent to 10 universities, 17 special education centers, and 10 regional offices of special education in Tennessee.

The Stoelting Company reports a total sales of Model Vision Project products as follows:

| | |
|---|---|
| -- Orientation and Mobility | 16 |
| -- Model Field Service Delivery System | 17 |
| -- Parent Involvement | 23 |
| -- Working with Parents of Multihandicapped, Visually Impaired Infants | 31 |
| -- Guide to Developing a Classroom Curriculum | 63 |
| -- Assessment of the Multihandicapped, Visually Impaired Learner | 89 |
| -- Functional Vision Inventory | 239 |
| -- Complete set of seven booklets | 142 |
| Total | 620 |

The Model Vision Project staff have published six articles during the Outreach Phase describing Project activities and findings. They are listed in Appendix A in "Dissemination Products."

## DEMONSTRATION

Goal 2: To demonstrate the feasibility of replication of services through a demonstration of ongoing provision of effective educational/training services for the multihandicapped, visually impaired.

The demonstration of techniques developed by the Model Vision Project was accomplished by modeling and by visiting the original site of the Model Vision Project which operated from 1975 - 1978 in Nashville, Tennessee. Modeling was carried out by the staff of the Model Vision Project in the classrooms of the Replication Sites, by slide shows, and videotapes. Actual visitation to the Model Project Site was a valuable experience for those who could arrange the time and transportation needed to travel to the Nashville Site. Through these two methods of demonstration, the service delivery agents attempting to replicate the techniques developed by the Model Vision Project were able to begin implementing the techniques in their own classrooms with further technical assistance from Model Project staff.

Objective 2.1 To demonstrate model diagnostic, educational, and specialized training techniques, methodologies, and procedures to personnel from sites committed to and interested in replication by on-site observations.

Description: The terminal behavior of this objective is the acquisition and demonstration of the ability to use diagnositc, educational programming, and training skills. These educational/training skills and services are geared for use with the multihandicapped, visually impaired.

Visitations to the original site of the Model Vision Project in Nashville, Tennessee were made by participants from all replication sites. The Model Vision Project also hosted visitors from other areas of the country and international guests. Forty-four service delivery agents visited the Nashville sites from the replication sites of Chattanooga, Knoxville, Sevierville, and Louisville. The agencies visited in Nashville which were involved in the Model Vision Project included the Harris-Hillman School, the Child Study Center and the Experimental School (both located in the Kennedy Center), and the Tennessee School for the Blind. Additional visitors were also hosted from Nashville and surrounding areas, Bowling Green, Kentucky, New Jersey, New York, Australia, Norway and Switzerland. Visitors from replication sites completed a demonstration site visit evaluation form describing the value of the visit. The results and comments are summarized in Appendix A. The overall opinions of the visitation were that it was a valuable source of information for developing techniques and materials for working with multihandicapped, visually impaired children.

Objective 2.2 To demonstrate model techniques, methodologies, and procedures through the use of prepared videotapes and modeling by Model Vision Project specialists.

Description: This objective is essentially similar to Objective 2.1 immediately preceding, except that the demonstration of procedures, techniques, and services will be done through prepared videotapes.

Modeling techniques with multihandicapped, visually impaired students primarily occurred in classrooms located at the four replication sites: Orange Grove Center in Chattanooga, Tennessee; Knoxville Adaptive Education Center, Young Educational Center, East Tennessee Childrens' Rehabilitation Center, and Sertoma Learning Center, all in Knoxville, Tennessee; Special Learning Center in Sevierville, Tennessee; Louisville-Jefferson County Public Schools, Kentucky School for the Blind, and Cerebral Palsy Center, all in Louisville, Kentucky. Teachers and support personnel viewed demonstrations done in at least 26 classrooms at the replication sites. Techniques modeled included diagnostic, educational, prevocational, and orientation and mobility procedures. At least 430 hours were spent in classroom demonstration/consultation.

Videotapes demonstrating assessment and programming techniques were utilized from the original Model Vision Project to demonstrate Project techniques at conferences listed in Appendix A, and in replication sites during workshops. Four additional videotapes were developed during the Outreach Phase and were shown to service delivery agents in the replication sites only. The videotapes developed are listed in Appendix A. These videotapes were not disseminated beyond Project participants and will not be disseminated as products in order to protect the confidentiality of the families of children appearing on the tapes. These videotapes will not be shown following the termination of the Model Vision Project. Scripts were written to accompany the three videotapes which demonstrated Model Vision techniques being applied with multihandicapped, visually impaired children. Guidelines governing the use of the videotapes were written and given to each of the replication sites utilizing the videotapes. The guidelines are included in Appendix A.

Four slide shows were additionally utilized to demonstrate Model Vision Project techniques at conferences and during training sessions in replication sites. The four slide shows are listed in Appendix A. The slide show describing the original Model Vision Project and the Orientation and Mobility slide show were developed during the original Model Vision Project in operation from 1975-1978. The Outreach Phase and Parent slide shows were compiled from the original Model Vision Project slide show and additional slides depicting Outreach activities. The scripts were modified to address the interests and needs of different audiences.

## PARTICIPATION

Goal 3: To generate interest in the provision of effective educational training services for the multihandicapped, visually impaired.

Participation by Model Vision Project staff in professional conferences helped other service delivery agents realize that techniques were being developed and interest in the comprehensive education of multihandicapped, visually impaired was enhanced. Participation involved presenting topics at conferences concerning the goals of the Outreach Phase as well as techniques developed by the Model Vision Project for working with children. Besides presenting, the Model Project staff participated further by attending other sessions at conferences in order to maintain a high level of professional expertise and inform Replication Sites of new developments in the field, and to share and coordinate service efforts with other projects.

Objective 3.1 To participate in and give a minimum of six presentations to local, regional, and/or national conferences, panels, and workshops.

Description: As with our dissemination and demonstration activities, the goal of participation is to generate interest in the provision of effective educational/training services for the multihandicapped, visually impaired.

The staff of the Model Vision Project along with service delivery agents involved in replication efforts participated in 42 conferences consisting of 15 local, 5 regional, 15 state, and 7 national conferences. The presentations given consisted of basically two types of content. The first content dealt with the Model Vision Project-Outreach Phase and its goals and replication efforts. Nine presentations dealt entirely with this subject and were given to generate interest in the project and its activities. Thirty presentations concentrated on the educational techniques developed by the Model Vision Project for use with multihandicapped, visually impaired students. The areas addressed included assessment, programming, special techniques and elements of service delivery. Three presentations were equally devoted to a description of the Model Vision Project and to educational techniques. All workshops included a description of the products of the Model Vision Project and information was disseminated describing how to obtain the products. Educational techniques were often demonstrated via modeling and videotapes of techniques being performed with multihandicapped, visually impaired children. Written qualitative feedback was collected at the conclusion of most workshops in order to assist presenters in improving content. See Appendix A for a list of conferences.

Requests for workshops concerning the Model Vision Project and its educational techniques exceeded the capabilities of the staff to present and still fulfill the other goals of the Project. Some requests were referred to graduate students in special education of Peabody College of Vanderbilt University who were familiar with Model Vision Project activities and techniques. The two books written by Project staff during the third year of Outreach were designed to fulfill future needs of special educators. Manual for Replication of a Model Vision Program was written to meet the needs of educational systems interested in providing a comprehensive program for multihandicapped, visually impaired students and describes the structure of the Model Vision Project-Outreach Phase. The second book, A Comprehensive Guide for Educational Programming for the Multihandicapped, Visually Impaired includes the content needed for workshop leaders to use in presenting Model Vision Project techniques. For a brief description of both books, see Appendix A.

## PROGRAM PLANNING

Goal 4: To plan a program of outreach of the Model Project's service delivery and program components within the replication site.

The implementation of the Model Vision Project into a particular educational program required careful planning in order for it to become a functional asset to the program. Planning elements basically involved the determination of the needs of the particular program and the development of a plan for implementing the Model Vision Project components that could meet those needs. If these two elements were carried out, the actual implementation process would run smoothly.

One area needing especial planning was evaluation. The formative and summative evaluation plan needed to be devised during the planning stage in order to allow for a systematic flow of feedback into the system. This flow of feedback enabled the program to revise its plan for implementation of program components so that it met the always changing needs of the program.

Objective 4.1. To confirm sites' intent to replicate services and determine replication needs.

Description: Program planning activities are preliminary activities that are essential in the establishment of the Model Project's service delivery and program components within the replication site. These activities include determining the personnel to be involved, preliminary activities to be initiated, and arrangements that are necessary to begin training. Throughout this preliminary planning, continual attention must be paid to balancing the overall replication plan of the Model Project with the Replication Project's available resources.

Four areas confirmed their intent to replicate the Model Vision Project components. Following is a description of each of the sites and initial planning activities.

--Chattanooga. The main site of replication efforts in 1978-1979 were carried out at the Orange Grove Center located in Chattanooga, Tennessee. The Orange Grove Center is a private facility serving the mentally retarded and developmentally disabled, aged 6 years through senescence. The agency contracts with state agencies and local city and county school systems to provide a wide range of cintinuum services that include day care service, developmental training, special education, and vocational training. The 725 clients are served by almost 200 professional staff members with an additional 100 supportive personnel. Initial commitments by the Orange Grove Center to replicate the Model Vision Project were documented in the Model Vision Project-Outreach Phase proposal--Appendix B. The initial needs of the program for which the Model Vision Project could provide technical assistance were also listed there. The intent to continue replication efforts were obtained from the Orange Grove Center during the second and third years of the Outreach Phase. The plan to exchange personnel for training purposes is discussed in Objective 4.2 and Orange Grove's commitment to the plan is contained in Appendix B.

--Sevierville. The Sevier County Schools located in Sevierville, Tennessee, began replicating Model Vision Project activities in the second half of 1978-1979 and implementation efforts continued into the second year of the Outreach Phase of the Model Vision Project. Replication efforts were concentrated at the Special Learning Center constructed for the severely handicapped students attending the Sevier County Public Schools. Initial planning efforts in the rural site were carried out via correspondence, phone calls, and visits to Sevierville to determine the needs of the site that could be provided through technical assistance by the Model Vision Project staff. Minutes of the planning meeting are included in Appendix B. Plans for technical assistance for the third year of the Outreach Phase were included in the Knoxville plans.

--Knoxville. The Knoxville, Tennessee site included the replication efforts of our agencies cooperating together. These agencies were the Knox County Public Schools, Knoxville City Public Schools, East Tennessee Children's Rehabilitation Center, and the Sertoma Learning Center. Initial planning visits were made in August and

September of 1979 to initiate replication activities during the 1979-1980 school year. During the third year of the Outreach Phase, a reevaluation of the continued need for technical assistance from the Model Vision Project was made and consultation continued by the Project Manager. The commitments and consultation schedule are in Appendix B.

--Louisville. During the third year of the Model Vision Project-Outreach Phase, 1980-1981, replication efforts were concentrated out of state in Louisville, Kentucky. Two agencies cooperated together for replication activities. These agencies included the Jefferson County-Louisville Public Schools which had five schools participating, and the Kentucky School for the Blind. Initial planning was completed for confirming the intent to replicate services during June of 1980, and are included in Appendix C of the Annual Report 1979-1980. During the third year of replication, a self-assessment form was compiled to gather information from administrators concerning the strengths and weaknesses of their educational program. This assisted the Model Project staff in planning efforts to meet the Replication Site. The Administrator's self-assessment results are included in Appendix B.

Objective 4.2. To design a master plan for replication of the Model Vision Project's program/service delivery components within the outreach site.

Description: Once commitments have been obtained from replication sites regarding their intent to serve as Model Project outreach sites, more detailed arrangements must be made concerning specific aspects of the replication. In particular, site coordinators must be chosen, site needs identified, and specific aspects of the technical assistance discussed with pertinent administrators. Finally, a general plan must be arrived at by both site and project personnel for implementing the various components of the outreach project.

After the initial contact and meeting with each of the four replication sites and an evaluation of the needs of each site that could be met by technical assistance provided by the Model Vision Project, a master plan was devised for implementing technical assistance in each site. A timeline for carrying out the activities of technical assistance was then generated and distributed to the pertinent personnel in the replication site that carried out the activities. The master plan was the product of the discussion of the needs of each site as determined by the pertinent personnel including administrators, teachers, and support persons who served the multihandicapped, visually impaired population. The initial contact person in each site assisted the Project staff in expanding lines of communication to the personnel.

After the initial year of replication, it was found that planning activities needed to be ongoing throughout the year. The Project Manager increased visits to the replication sites and a 50%-time liaison person was hired by the Model Vision Project to provide a link between the Replication Site and the Model Project. This staff person was primarily responsible for providing technical assistance to the Replication Site in the areas of Parent Involvement and Coordination and Cooperation, but also provided a valuable communication and local resource for the Replication Site when the other Model Vision Project staff, based in Nashville, Tennessee, were not present. The liaison position proved to be an essential addition to the replication efforts.

Monthly meetings were held with pertinent personnel and the Project Manager in Louisville to provide formative evaluation information and make changes in program replication efforts.

Replication Project Coordinator Feedback Questionnaires were given to administrators in the Replication Sites periodically to evaluate the reception of Model Vision Project activities in their site. Summaries of the Knoxville and Louisville final feedback are included in Appendix B.

## COORDINATION AND COOPERATION WITH OTHER AGENCIES

Goal 5: To implement provision of comprehensive services to the target population and their families through coordination and cooperation with available resources in the community.

In order to develop a comprehensive educational program for severely multihandicapped, visually impaired students, all aspects of service delivery needed to work together cooperatively to coordinate the delivery of those services to the students. Services the severely multihandicapped, visually impaired student may need outside the educational program include medical, residential, vocational, and social services. The availability of these various services affect the impact the educational program has on the students and their families. The educational system utilizing a multidisciplinary approach should involve all aspects of the service delivery system in planning a comprehensive educational program for severely multihandicapped, visually impaired students.

The coordination and cooperation aspect of the Model Vision Project involved the identification of community agencies serving severely multihandicapped, visually impaired students, identified strengths and weaknesses in the delivery of services, planned for compensation of the identified deficits, and established cooperative efforts among the community agencies identified.

Objective 5.1. To survey available community resources to determine maximum scope of service delivery systems.

Description: An important aspect of the Model Project's technical assistance to the Replication Projects is to effect coordination and cooperation with other agencies in the replication site area. This effort is essential in ensuring the efficient delivery of appropriate services to the target population in that area. As primary service deliverers to the target population, the Replication Projects will identify all resources available to the population, determine any deficit of services, and, with assistance from the Model Project, locate or plan services to compensate for any deficit identified.

A sample of a community resource survey developed by the Model Vision Project was provided to each Replication Site along with a copy of the Community Resource Guide compiled for the Nashville, Tennessee area by the original Model Project. The form was slightly adapted by some sites (see Appendix C for Louisville survey) to meet the needs of the site. An initial list of community agencies that should be surveyed was drafted by each site. Other community surveys that were done previously in the community with similar populations were gathered and used to add to the potential list of surveyed agencies.

Pamphlets were designed describing the Model Vision Project efforts in the Replication Sites and were distributed to community agencies with the survey. Brochures were also disseminated at conferences, to parents, and schools to use in familizarizing service delivery agents with replication activities.

A mail-out survey was done to community agencies that may serve multihandicapped, visually impaired children in each Replication Site. It was found that a phone call preceding the mailing of the survey to the agency was helpful in explaining the project goals, the purpose of the survey, and to identify a contact person to send the survey to. After approximately 2 weeks, a follow-up phone call was made to agencies that had not returned the survey to assist the agency in completing the survey.

The Chattanooga Community Resource Guide was compiled during the second year of the Outreach Phase and included 51 agencies that responded to the survey claiming that their services were available to multihandicapped, visually impaired children. One of the interns placed at the Orange Grove Center carried out the survey and compiled the Guide. Twenty-five guides were distributed by the Orange Grove Center to community agencies.

The Knoxville community resource survey was carried out by a cooperative effort among the liaison staff member, students at the University of Tennessee, and two service delivery agents involved with the training activities of the Model Vision Project. Two other trainees developed and disseminated a brochure describing the Model Vision Project services in Knoxville and Sevierville. Sixty-five services serving multihandicapped, visually impaired children were listed in the Knoxville Community Resource Guide as well as nine babysitters. Copies of the Guide were disseminated to parents to multihandicapped, visually impaired children identified by the project, to the schools participating in Model Vision Project activities, and community agencies cooperating with Model Project activities. Sevierville agencies were included in the Knoxville Community Resource Guide.

In Louisville, Kentucky, the community resource survey was carried out by the Model Vision Project liaison. Since Louisville was the largest site to replicate, the variety of services offered in this community was extensive. One hundred thirty-nine agencies were included in the Louisville Community Resource Guide. One hundred copies of the Guide were distributed to parents, community agencies, and schools involved in the replication efforts. An evaluation form of the Guide was returned by seven persons, six agencies, and one advocate, rating the value of the guide. Six questions were rated and the results and comments are presented in Appendix C. The average rating was 4.5 on a scale of 1 to 5.

Contacts were made with institutions of higher learning in each of the Replication Sites and arrangements were made to offer college credit for the training activities of the Model Vision Project. In Chattanooga, Earl Davis at the University of Tennessee in Chattanooga, arranged for up to 4 hours of course credit for 19 of the 40 Level I trainees participating in workshops. In Knoxville and Sevierville, Mike Hannum at the University of Tennessee arranged for up to 6 hours of course credit for 28 trainees. In Louisville, Hilda Caton at the University of Louisville arranged for up to 4 hours of course credit for 20 trainees.

Objective 5.2. To coordinate delivery of services by community agencies, and training activities between the Model Project, community agencies, institutions of higher learning, and the Replication Project.

Description: After the Replication Site has surveyed appropriate service delivery agencies for the target population in the target area, efforts are necessary to coordinate the delivery of these services. These efforts are important in locating services that already exist, devising new services where deficits are located, and avoiding duplication of services.

The coordination of services offered by community agencies was perhaps the greatest challenge of the Model Vision Project-Outreach Phase. The educational systems replicating the project activities did not view themselves in the coordination roles and therefore were not familiar with strategies for initiating cooperative efforts.

The easiest arrangement of a cooperative agreement was the provision of college credit to trainees participating in Model Vision Project training activities. The three universities were all anxious to add educational techniques for multihandicapped, visually impaired children to the curricula offered to students. (See summary of Objective 5.1.)

The second major emphasis in the coordination of cooperative efforts in each Replication Site centered on the medical, specifically ophthalmological practice. The need was cited for ophthalmologists to work closely with educational personnel to assist each other in determining the visual needs of the multihandicapped, visually impaired child. This need was cited in each Replication Site and was approached differently in each site.

In Chattanooga, the Erlanger Hospital provided an ophthalmology resident program. The Diagnostic Specialist presented vision screening techniques developed by the Model Vision Project and others to the residents. A plan was devised in which the residents visited the Orange Grove Center periodically to assist center personnel in determining the visual status of the students. This arrangement has continued the 3 years of the Outreach Phase and plans are for it to continue as a permanent cooperative agreement.

The Sevierville Replication Site, due to its rural location, utilized community resources in nearby Knoxville; therefore, their coordination and cooperation efforts were implemented with the Knoxville Replication Site.

In Knoxville, the educational specialist and classroom coordinator presented to the Knoxville Academy of Medicine concerning functional vision assessment. Several professionals working with the identified population in Knoxville attended. Professionals from the Knox County and Knoxville City School Systems presented the services offered by their system to multihandicapped, visually impaired children.

The Louisville community had an ophthalmology resident program at the University of Louisville. The co-director and project manager spoke to the residents about the difficulty in assessing multihandicapped, visually impaired students and presented the functional vision assessment developed by the Model Vision Project. The replication coordinator spoke a second time about the services offered by the Louisville-Jefferson County School System and the information educators

need from ophthalmologists in order to develop a program for visually impaired students.

Other cooperative efforts coordinated through the Model Vision Project efforts took place with other school and social service agencies. In Chattanooga, the classroom coordinator assisted the Peabody College intern in an assessment done with a multihandicapped, visually impaired child. The assessment was performed for a neighboring school system that requested the assistance.

Three community agencies indicated on the community survey form a desire to receive inservice training to improve their competencies for serving multihandicapped, visually impaired children. Workshops were held on May 15, 16, and 23 by one of the Model Vision Project staff and the teacher from Orange Grove who received training at Peabody College. The workshops were held at the University of Tennessee at Chattanooga and a total of 25 people attended during the 3 days.

In Louisville, cooperative agreements were made to enhance services in parent involvement with Project EDDIT and the Parent Education Resource Center. Three parent workshops were prepared by Model Vision Project trainees in cooperation with Project EDDIT. The three workshops were recorded into written modules and are products of both projects (see Appendix A for titles). The Model Vision Project parent materials were disseminated to the Parent Education Resource Center for future use in their center. A workshop was held for trainees in which four community agencies explained their services which were appropriate for multihandicapped, visually impaired students. Vocational materials were shared with the state institution for the retarded, Hazelwood, to assist the facility in planning for the needs of the multihandicapped, visually impaired residents graduating from the public school program.

## TRAINING OF SERVICE DELIVERY AGENTS

Goal 6: To ensure provision of effective comprehensive services to the replication project's target population through the competency-based training of service delivery agents.

The training of Model Vision Project service delivery agents was the major vehicle for presenting the assessment and programming techniques developed and compiled by the Project for use with multihandicapped, visually impaired students. The subject areas covered and level of intensity of training varied according to the needs of the identified trainees. The subject areas potentially covered during the training sequence are listed in Model Vision Project-Outreach Phase Training Topics which is contained in Appendix D.

The training of service delivery agents was implemented in the form of workshop sessions totaling up to 40 hours. Workshop material was provided for the workshop leader(s) in the volume entitled A Comprehensive Guide for Educational Programming for the Multihandicapped, Visually Impaired. With this text, an educational agency could provide extensive inservice training of service delivery agents working with severely multihandicapped, visually impaired students.

Objective 6.1. To generate a priority list for providing training to service delivery agents.

Description: The project's goal of providing effective comprehensive services to the replication project's target population hinges directly on the competency-based training of service delivery agents. A model for training and development of these agents was developed in the original Model Vision Project-Outreach Phase proposal. The first step in delivering this training model at the Replication Site involves the identification and grouping of potential trainees.

A total of 136 potential trainees were identified in the Model Vision Replication Sites: 40 in Chattanooga, 16 in Sevierville, 37 in Knoxville, and 43 in Louisville. These trainees were grouped according to area and level of service delivery as described below.

Levels of Training/Service Delivery

Level I: Those persons whose primary responsibility is direct service to the target child and youth population, i.e., classroom teacher, educational diagnostician, house parent, classroom aide, will receive modules and intensive field-based training.

Level II: Those persons who are responsible for providing direct services for the target population on a limited basis, i.e., school psychologist, educational diagnostician, speech pathologist, itinerant vision teacher, resource teacher, O & M specialist, will receive modules and minimal field-based training.

Level III: Those persons who may be responsible for providing indirect or auxiliary services for the target population, i.e., administrators (supervisors, principals, etc.), pediatricians, public health nurses, mental health personnel, social workers, educational consultants, curriculum specialists, will receive module presentation of workshops.

Areas of Training/Service Delivery

Diagnostic Services: Training in competencies related to psycho-educational appraisal, developmental assessment, assessment of functional vision, and prescriptive programming.

Educational Services: Training in competencies related to classroom organization, teaching methods and materials, educational programming, parent involvement, and evaluation of child and teaching procedures.

Specialized Training Services: Training in competencies related to prevocational, mobility and orientation, and vision training.

Following the identification and classification of trainees, a schedule of workshop topics was generated and disseminated in each site. In Chattanooga, workshops were scheduled in 2-hour sessions on every other Thursday and Friday. In Sevierville, the workshops were scheduled in 3-hour sessions every Wednesday with two additional all-day workshops. In Knoxville, workshops were held in 2-hour sessions every other Wednesday and Thursday. In Louisville, workshops were scheduled in 2-hour sessions on Wednesdays and Thursdays with 2 weeks in between sessions in order to allow educational specialists time in the Nashville office for writing A Comprehensive Guide to the Education of the Multihandicapped, Visually Impaired.

Additional trainees were identified in the community throughout each training period. The workshops were announced in the schools, area newspaper, school newsletter, on local television programs, and to community agencies via mailed announcements, phone calls, and personal contact with the liaison.

Objective 6.2. To design an individually-prescribed program of training for identified trainees.

Description: Since personnel at the Replication Site are already involved in varying degrees with multihandicapped, visually impaired children and youth, it is necessary to individually tailor training programs around each trainee's needs and competencies. This will be done through a combination of self-assessment, pretest, and whenever appropriate, field observation measures.

Each trainee completed a self-assessment and pretest which were based on competencies developed by Model Vision Project staff for provision of comprehensive educational service to multi[illegible]dicapped, visually impaired students. Level I trainees were addi[illegible]onally observed in their classrooms and rated in the compe[illegible]as. Parent Involvement Surveys and Parent Involvement Reac[illegible]s were also completed when appropriate. The results of all this information was compiled for each individual trainee onto an Individually Prescribed Program (IPP) which described the trainee's contracted grade, pre- and post-test results, individual objects for each trainee, and summaries of the self-assessment and observational checklist. Samples of each of these forms, summaries of Louisville responses plus an example of a pre- and post-test are included in Appendix D.

The pre- and post-tests were revised each year according to the guidelines developed by Hambleton and Eignor (1979). The trainees were allowed to retake post-tests until they met the criterion set for themselves. The IPPs were reassessed periodically throughout the year in order for the trainers to adapt the training to the individual needs of the trainees.

Objective 6.3. To implement individually prescribed programs of training.

Description: The trainees take a pre-test on each workshop module before the actual demonstration, instruction, and review of reading materials. After all workshop-related activities are completed, the trainees are post-tested on the content of each module.

Approximately 154 hours of workshops were conducted in the 3-year period of the Outreach Phase in the four Replication Sites. Approximately 80 trainees completed the entire training with more than 75 participants who attended only certain sessions. Training took place in the following timeframes for each Replication Site:

Chattanooga -- September through March, 1978-1979
Sevierville -- February through May, 1979
Knoxville -- September through March, 1979-1980
Louisville -- September through April, 1980-1981

The trainees completed post-tests following each workshop session. The results of the pre- and post-tests for the 3 years are contained in Table 1.

Workshop participants were asked to complete an evaluation of the workshops by responding to a Leikart Scale of 1 to 5. The results of the workshop evaluations were shared with the trainers following each workshop to assist them in improving future presentations. The results of the workshop evaluations for Louisville are presented in Table 2.

The results of the pre- and post-tests showed large knowledge gains in trainees each year. The results of the workshop evaluations also showed that the participants valued the workshops highly. This success was one of the reasons that spurred the staff on to the writing of the workshop modules contained in A Comprehensive Guide to the Education of the Multihandicapped, Visually Impaired.

## PROGRAM IMPLEMENTATION

Goal 7: To assist the Replication Project in implementing a program of comprehensive service delivery to the target population.

The implementation aspect of a Model Vision Program involved the actual application of the programming developed and compiled by the Project with multihandicapped, visually impaired students. Every other aspect of the Model Vision Project: planning, training, coordination and cooperation with community agencies, parent involvement, and evaluation combine through implementation to provide a comprehensive educational program for each multihandicapped, visually impaired student. At the inception of the Model Vision Project, many severely multihandicapped, visually impaired individuals were not yet receiving educational services. Educators realizing the complexity of service needs for these students had been reluctant to attempt to serve this population, frequently claiming that they did not have the necessary expertise. This claim of "not qualified" was made by those who operated programs developed for the mentally retarded or other categorical groups. They referred the multihandicapped, visually impaired student to services for the visually impaired who, in turn, claimed that they were not qualified to meet the needs of visually impaired students who were severely delayed in development.

In developing the Model Vision Project, it was found that the already acquired expertise of educators of mentally retarded or visually impaired children could be expanded through inservice training to establish the competencies needed to serve appropriately multihandicapped, visually impaired children. In some situations, providing services required a special program for multihandicapped, visually impaired. For instance, in a school for visually impaired persons, a special unit may need to be created for severely multihandicapped, visually impaired students so that their curriculum would be more functional. However, in some programs multihandicapped, visually impaired students could be integrated into programs already established for the mentally retarded or severely multihandicapped, utilizing the additional expertise needed to ameliorate or compensate for the visual impairment. Comments from educators who have included multihandicapped, visually impaired individuals in integrated programs have indicated that the special techniques learned enhance the program for all handicapped students

Objective 7.1. To generate a list of severely handicapped, visually impaired individuals, ages 3 to 21, who reside in the catchment area of the Replication Site.

Description: Following training of service delivery agents, the Model Project provides technical assistance in order to direct service trainees in the application of their training at the Replication Site. The outcome of their application will be the implementation of a program of comprehensive service delivery to the target population that will exist independently of the Model Project. The first step in this effort involves generating a list of persons in the Replication Site's target population.

A total of 175 multihandicapped, visually impaired students were identified by Model Vision Project participants according to the following criteria:

1. Student certified by a vision specialist as legally blind and/or fails four or more items on the Functional Vision Screening Test,
2. (a) Is severely or profoundly delayed in cognitive development (two or more standard deviations below mean; IQ 39 or below), and (b) Is functioning below 5 years developmentally, and
3. Chronologically is between the ages of 3 and 21 years.

The following breakdown of identified students shows the distribution of the multihandicapped, visually impaired population in the various Replication Sites:

| | |
|---|---|
| Chattanooga | 43 |
| Sevierville | 5 |
| Knoxville | 45 |
| Louisville | 82 |
| Total | 175 |

The number of students who received the Functional Vision Screening Test numbered many more than those who failed the screening and eventually were identified as appropriate for Model Vision Project services. For example, of 98 children screened in ten classrooms in Chattanooga, 43 met the criteria for inclusion in the Model Vision Project population. Therefore, the Project served a larger number of students through functional vision screening techniques.

The sequence of identification of the population followed the order of training service delivery agents who were responsible for vision and cognitive screening, and then informing teachers, parents, and other service delivery agents of the new screening techniques and inviting referrals. In Chattanooga, classroom teachers performed their own vision and cognitive screenings so the classroom teachers were the ones that received the greatest concentration of training. During the second year, the intern from Peabody College assisted in vision screening, and the third and future years the coordinator of the Model Vision Project took referrals. In Sevierville, the vision teacher performed both the vision and cognitive screenings for potentially multihandicapped, visually impaired students. In Knoxville, the school nurse performed vision screenings yearly with assistance from the vision teacher and/or classroom teacher, if requested. In Louisville, the vision teachers screened referrals taken from classroom teachers.

After each individual was identified as appropriate for Model Vision Project services, the parents were informed of the screening results, and the services offered to their child and to the family were described. Opportunities for parent involvement were also described by the Model Vision liaison or classroom teacher.

The instruments used to identify the Model Vision Project population varied with the level of functioning and handicapping condition of each child. The vision screening instrument was usually the Functional Vision Screening Test (Langley, 1980). The cognitive screening instrument was usually the Developmental Activities Screening Inventory (DASI) (DuRose & Langley, 1977), but also utilized were the Denver Developmental Screening Test (Frankenburg & Dodds, 1969), the Haeussermann's Developmental Potential for Preschool Children (Haeussermann, 1958), and Blocks, Crayons, and Paper (Langley, 1976).

Objective 7.2. To develop a comprehensive service delivery plan for each target individual.

Description: After the target population has been screened and identified, more comprehensive assessment and programming takes place. As with the other components of the project, training and consultation is provided by the Model Project, and direct service is then provided by Replication Site personnel.

The method utilized in the development of a comprehensive service delivery plan for each target child in the Replication Sites was revised each year. During the first year of the Outreach Phase in Chattanooga, the assessment of multihandicapped, visually impaired students was found to be one of the greatest needs of the Replication Site and all subsequent Sites. Classroom teachers needed assistance in obtaining qualitative assessment information in the areas of functional vision, cognitive, language, social/self-help, and motor and for interpreting the assessment information into functional programming curricu During the first year in Chattanooga, five teachers received the greatest amount of consultation as they assessed the Model Vision Project population in their classrooms. Seven IEPs were written with direct assistance of the Model Vision Project. IEPs developed during the first year of implementation were rated using a rating system adapted from Stephens and Macy (1979). The results showed significant gains from pre- to post-rating. An inter-rater reliability of .80 was obtained and maintained throughout the following rating of Knoxville and Louisville IEPs. The results of all ratings are contained in Appendix F.

During the second year of the Outreach Phase, one of the trainees enrolled at Peabody College for Teachers of Vanderbilt University in order to increase her skills in diagnostics of the severely multihandicapped population. An intern was sent to the Orange Grove Center from Peabody College each semester to continue technical assistance offered through the Model Vision Project. The concentration of the interns' assistance was assessment and programming for the target population. A cooperative assessment was done with the Hamilton County Public Schools for a multihandicapped, visually impaired child. The intern and Classroom Coordinator conducted the assessment and the intern wrote programming suggestions.

During the third year of the Outreach Phase, the trainee returned to the Orange Grove Center as educational diagnostician and filled the need for this service. She also assisted classroom teachers in the development of comprehensive service delivery plans.

In the Sevierville Replication Site, the implementation activities took place during the second year of the Outreach Phase. The Educational Specialist and Classroom Coordinator consulted with the vision teacher and together they demonstrated a comprehensive assessment with a multihandicapped, visually impaired child utilizing six assessment instruments and designed a comprehensive service delivery plan for the child. Three to seven other service delivery agents observed the assessment process and participated in discussion of results. The vision teacher and others then performed a comprehensive assessment

on a second child with consultive support from the Model Vision Project staff. This technical assistance enabled them to complete comprehensive service delivery plans for the target population.

In the Knoxville Replication Site, during the second year of Outreach, a Level I trainee was paired with a Level II trainee for demonstration and consultation sessions in the Level I trainee's classroom. Comprehensive assessments were planned and/or demonstrated for each target child. The discussion of each consultation session followed the same sequence as the training workshops so that by the end of the year, comprehensive assessments and programs had been developed by the Replication staff for certain children. During the third year of the Outreach Phase, the Project Manager made four additional consultative visits to further assist the Replication Site staff in completing implementation efforts with the entire Model Vision target population. The vision teacher was especially dedicated to complete this objective and performed several comprehensive assessments during the year. IEPs were rated from the Knoxville Replication Site at the end of the second year of Outreach which was the first year of replication in Knoxville. It was suggested by a Replication Coordinator that implementation efforts would be more effective the year immediately following the training and concentrated consultation. By the following year, the service delivery agents would have assimilated the information and accommodated their teaching methods to exemplify the Model Vision Project techniques. In order to test this theory, a second IEP analysis was performed on the same population. Significant improvements were noted in the IEP process from the first year of replication to the second year. This suggests that the implementation process takes time and may be accomplished better in the year following intensive technical assistance. Results are listed in Appendix F.

The approach to implementation efforts in Louisville during the third year of the Outreach Phase concentrated on developing comprehensive service delivery plans for two target students for each Level I trainee. The sequence of consultation, demonstration followed similarly to the Sevierville Replication Site. concentrated assistance was provided each Level I trainee in assessing and programming for the first child. The trainees then carried out the assessments on the second child and consulted with Model Project staff in planning and interpreting results. In this manner, 20 comprehensive plans were created with direct tehcnical assistance their first year of replication. The Louisville Replication Site committed to continue implementation efforts in the future. The main difficulty encountered was that the Level I trainee was not usually the service delivery agent directly responsible for the IEP and programming of the target child. The Level I trainee was sometimes either a vision teacher or teacher assistant. In these cases, the classroom teacher was encouraged to join consultation, demonstration sessions and enter into implementation activities. The Model Vision Project-Outreach Phase impact on the target children is illustrated in Appendix F.

Objective 7.3. To implement an effective program of direct educational services to the identified target population.

Description: Following the comprehensive assessment activities outlined in Objective 7.2, the educational/training plan devised for each target individual is implemented. As with previous objectives, the Replication Site personnel are responsible for the direct implementation of the programs, while the Model Project acts in an advisory and consultative capacity.

The actual implementation of the comprehensive service delivery plan into an effective program of direct educational services for each target individual identified was accomplished via the same consultation, demonstration techniques that were used in Objective 7.2. The workshop topics which related to the programming aspects of the target population included Teaching Methods and Materials, Orientation and Mobility, Positioning and Handling, Development of Prevocational Skills, and Programming for the Development of Functional Vision. Due to the extensive time allocated to assessment procedures, further programming assistance was requested in Chattanooga, Sevierville, and Knoxville Replication Sites during their second years of replication. Overall, the Louisville Replication Site was more advanced in functional vision programming and vision stimulation techniques. One possible reason was the close cooperative relationship already established between the schools and the American Printing House for the Blind which has developed many materials for the vision stimulation of multihandicapped, visually impaired children.

The Peabody College intern sent to Orange Grove in the Spring of 1980 concentrated efforts on implementing programming techniques that were in the IEP. The emphasis of the Project Manager's visits to Knoxville the third year of the Outreach Phase also concentrated on programming, i.e., tactual exploration, functional vision programming (see Appendix B).

Objective 7.4. To implement home education/training programs through parent training (also see Objective 8.3).

Description: Effective implementation of service delivery program to the target population included a strong parent involvement component. Through parent involvement in planning and programming for their children, the subsequent implementation of home-based educational/training programs will be facilitated.

The current degree of involvement of parents in the educational training of their multihandicapped, visually impaired child varied at each Replication Site. Involvement of parents was either encouraged, discouraged, or ignored at the administrative level which impacted the amount of influence individual service delivery agents were able to make. Below is a description of parental involvement efforts in implementing each child's educational program in the home.

Chattanooga. In consultation with staff and administrators at Orange Grove Center, it was found that formal parent training programs had been initiated in the past but discontinued because parent participation had been minimal except in short-term training residences. The organization of the educational and day care programs at the center also affected the parent component. The majority of the parents in the day care program are unable to read, have large families, and were usually unable to participate in planned parent activities. Attendance at the Parent Teacher Organization (PTO) meetings usually ranged from 15 to 25 families, in comparison with 775 clients at the center. Parents who were involved and who participated regularly at the Center expressed frustration with attempts to involve other parents. The most probable means for parent education was teacher communications and home visits by social workers. Three parents attended two of the Model Vision Project workshops, and Model Vision Project was invited to present a workshop for parents.

During the second year of the Outreach Phase, the interns from Peabody College attempted to increase parental involvement and carryover into the home by making home visits and conducting follow-up activities with parents.

Sevierville. Parent involvement was invited and encouraged during assessment and programming demonstrations and consultations. There was a parent group already established and parents were very involved in cooperative relationships with service delivery agents.

Knoxville. Knoxville parent involvement activities were carried out through already existing parent groups. Parents were also invited to consultation sessions. During the second year of replication in Knoxville, the Porject Manager participated in a planning meeting for the IEP in which parental participation was the focus. Activities to carry out at home were generated and service delivery agents advised on how to assist the parents in implementing the activities. The mother was also encouraged to assume an advocacy role in attempting to establish more appropriate adult services for her teenage daughter.

Louisville. During the third year of the Outreach Phase, several methods of carry over into the home environment were implemented. Four newsletters were periodically disseminated to parents with activities to be used in the home. See Appendix E for a sample newsletter. Case studies were also written up for five Model Vision target children. Two parents kept case study logs which increased their involvement and understanding of their child's skills. Five parents attended consultation sessions in order to observe and participate in the assessment process. The Louisville liaison consulted with parents frequently concerning opportunities to become involved through team meetings, visiting the classroom, and attenging parent workshops.

Objective 7.5. To utilize auxiliary services available to augment the program.

Description: Through coordination and cooperation with other agencies, special services not provided by the Replication Projects will be located. The Model Project will then provide training to those agencies on topics related to the multihandicapped, visually impaired child. In this way, effective provision of services to the target population in the Replication Site area will be ensured.

Assisting the Replication Sites in assuming a liaison role with auxiliary services was accomplished by establishing cooperative relationships between the agency and the Replication Site. The initial relationship was established through technical assistance from the Modal Vision Project and maintained by the Replication Site.

Chattanooga. The Model Project began workshop presentations for community agencies with a 3-hour session on vision and vision screening to teachers at the Siskin Foundation in Chattanooga. Ten hours of consultative services were provided to Siskin Foundation and United Cerebral Palsy, the two major centers which serve Chattanooga's handicapped preschool population. Arrangements for rotating opthalmological residents from Erlanger Hospital through Orange Grove Center were finalized. Two sets of residents visited classrooms and examined 13 children. Procedures for handling and interacting with the children were clarified and a sample observational form was developed cooperatively by Model Vision and Orange Grove Center staff, along with the head ophthalmology resident. Handouts on developmental guidelines and the Model Vision Project Functional Vision Screening were also shared with residents.

Sevierville. A survey of community agencies in the Sevier County area was conducted. Through the survey, the agencies were familiarized with the programs offered at the Special Learning Center and invited to participate in training workshops.

Knoxville. The emphasis of cooperation in the Knoxville Replication Site was with ophthalmologists. Two workshops were given to these professionals to ensure cooperative efforts in vision assessment. Vision teachers in the schools were especially involved in this cooperative effort and constructive relationships between the two professions were established.

Louisville. During consultation sessions with Level I trainees, discussion often included auxiliary services that were needed. Since one-half of the identified population was institutionalized, working with staff at this facility was recommended, i.e., physical therapists, vision specialist, occupational therapists, speech therapists, hall staff, social workers, etc. Consultations included school auxiliary staff mentioned above as well as the orientation and mobility aide at the Kentucky School for the Blind. The above auxiliary personnel were informed of related workshops and several attended.

The Replication Coordinator expressed a special need for cooperative efforts with doctors. Two special workshops were offered to ophthalmology residents at the University of Louisville. Vision teachers were encouraged to share the results of their vision testing with doctors. Some vision teachers accompanied children to the doctor visit.

The Project Manager met with a physical therapist at one of the schools, to discuss her concerns about the Model Vision Project's role in presenting positioning and handling techniques to teachers. Continued consultation sessions were scheduled in order to share concerns and prevent misuse of information.

Objective 7.6. To maintain ongoing evaluation of child progress and program evaluation.

Description: Evaluation activities are an important part of the program implementation portion of the project. Through evaluation of various project components, such as child progress, staff training, and training in the community, the effectiveness of the direct child services being provided as a result of the training can be measured and monitored.

In the Chattanooga, Sevierville, and Knoxville Replication Sites individual service delivery agents were already utilizing their own systems of ongoing evaluation of child progress toward educational objectives. The Model Vision Project assisted teachers in revising their process of monitoring to make it more efficient and practical rather than impose a new system.

In the Louisville Replication Site, the Level I trainees were required to utilize the assessment techniques discussed in the inservice module on monitoring child progress which summarized techniques discussed by Haring (1977). The Level I trainees monitored child progress utilizing either rate, percent, level of assistance, latency, or duration data for at least one objective for their target child. In this manner, the trainees gained experience with an efficient system of monitoring and hopefully adapted these techniques to all the target children. See Appendix F for examples of the charted data.

## PARENT INVOLVEMENT

Goal 8: To implement provision of comprehensive services to the families of the target population through strategies for parent involvement in the educational program, dissemination of information about community resources, and development and implementation of a parent training strategy.

The role of parents of multihandicapped, visually impaired children and youth is critical to providing a total service program. The parents are the lifelong caregivers of the child. Not only do they have the right to be involved in the child's education, the agencies serving the child need to involve parents in order to provide a quality program. Since parents know the child better than anyone else, they can add valuable insight to all service delivery agencies as to the direction the program should take.

The purpose of any service agency program is to improve the quality of life for the child which, in most cases, involves the improvement of environmental conditions at home as well as in the educational setting. The way in which the home environment can improve is through the education and increased awareness on the part of parents and primary caregivers. To increase awareness and educate parents about the educational program the parents need to be considered as members, perhaps the most critical members, of the multidisciplinary team. Without these team members' involvement, skills learned by the student in the educational setting are unlikely to be reinforced and generalized into the home setting, and are thus not optimally utilized to increase the student's independence.

Through the involvement of parents in the student's program, not only the student benefits but also the parents and the service program. The positive cooperative relationship that can be established can minimize distrust and provide a much needed support system for both parties. Opportunities can be given for parents to interact with other parents and to share information and strategies as well as help the parents realize they are not the only ones experiencing the special difficulties in raising a multihandicapped, visually impaired child.

The Model Vision Project strategy for parent involvement and training was to include the parents as vital members of the educational team and to provide parents with further skills in child development, behavior management, and parenting to increase the quality of their participation.

One aspect of parent involvement addressed by the Model Vision Project was the institutionalized student. The role of the parent was usually severely reduced. The Model Vision role in these situations was to disseminate information to parents about the project activities taking place with their child, survey their special needs, and encourage participation in their child's life.

Objective 8.1. To offer assistance to Replication Project in developing a parent involvement strategy.

Description: Involvement of parents was an integral part of the work of the original Model Vision Project. For this reason, a strong parent involvement component is apparent in the assistance given by the Model Project to Replication Sites. The specific characteristics of this component must be tailored to the needs of each Replication Site. However, the Model Project will suggest strategies and provide consultation in the final devising and implementation of a parent involvement strategy at each Site.

Strategies for parent involvement in each Replication Site were recommended after the needs of each Site were discussed and understood by the Model Project. Each Site exhibited different problems and influences in increasing parent involvement. Methods utilized to arrive at parent involvement strategies for each Site are discussed below.

Chattanooga. A planning and discussion session was held with Model Vision Project trainees, a parent, and an Orange Grove Center administrator to identify some of the needs and frustrations of teachers and parents regarding parent involvement at the Center. Teachers expressed feelings of futility in attempting to engage currently uninvolved parents in activities at the Center relating to parent education or support. It appeared that past efforts on the part of teachers met with little or no success. It was stated that a large proportion of the mothers work, which precluded the possibility of regular participation in any day center and therefore would be unlikely to attend activities planned at night. A few of the teachers expressed willingness to make home visits occasionally, although it seemed most likely that the social workers would be in the best position to make home visits. Cooperation between teachers and social workers in addressing family and child needs appeared to be an area for improvement at Orange Grove Center. Most of the staff showed interest in making efforts to provide appropriate opportunities for parent involvement, although the prevailing attitude seemed to be that most parents would not take advantage of these opportunities. Suggestions such as contacting Foster Grandparents, making arrangements for volunteers, arranging for parents to work with other parents, and providing a list of experienced babysitters for parents were made during the discussion.

Sevierville. Since the Special Learning Center already had an active parent group established, the Model Project proposed that assistance be provided to this group to introduce strategies to them for working with their child in the home and for participating in classroom activities.

Knoxville. A strategy was proposed in Knoxville that the four agencies combine their parent involvement activities for all parents of multihandicapped, visually impaired students. Each of the agencies sponsored a parent workshop and they all worked together to conduct the family survey in order to determine the training needs of parents. One trainee assumed the responsibility of gathering

and disseminating parent materials (see Appendix E) as part of her training with the Model Vision Project.

Louisville. After presenting the various strategies utilized in previous years, it was decided to begin parent involvement by affiliation with any structure already set up at each of the schools for involving parents in the educational setting. The family survey was agreed to be carried out in order to define the needs of the parents. A previous program, Project ACCEPT, had been implemented in Louisville dealing with changing parental attitudes toward their handicapped child. Several of the teachers that participated in Project ACCEPT were also Model Vision Project trainees, so the previous association was seen as a strong foundation for parent involvement activities.

Another program, Project EDDIT, already established in the Louisville-Jefferson County Schools provided assistance to the schools in developing parent training workshops for parents of normal and exceptional children. Three proposals were submitted to Project EDDIT for cooperative workshops to be developed by Model Vision Project trainees. The inservice training modules were to be adapted for use in the three parent modules. This proposal was accepted so the focus of parent involvement was based on this cooperative effort.

Objective 8.2. To provide opportunities for involvement of parents in all aspects of the Replication Project.

Description: The activities under this objective involve the implementation of needs surveys, information-sharing, and parent meetings. Through these activities, parents are introduced to the services of the project and made aware of the importance of their own involvement for the program's success.

The opportunities offered by each Replication Site as a result of Model Vision Project assistance varied widely as previously discussed. Each Site's activities are described below.

Chattanooga. The Model Vision Project staff made a presentation at the January meeting of the Parent-Teacher Organization about the Model Vision Project and distributed brochures to the parents and staff attending. Individual teachers and staff who had administered vision screening and assessment instruments to students in their classes reported results and provided feedback to parents informally and in team meetings. All parents were invited to participate in their child's team meeting for purposes of establishing goals and objectives for the Individual Program Plan. Only one teacher of 11 surveyed reported that at least one parent came to the team meeting for every child in her class. On two occasions, parents participated in the examination of their children by ophthalmological residents arranged by the Model Vision Project. Five parents attended training workshops held at the Orange Grove Center. The Community Resource Guide was given to Replication Project staff to distribute to parents that could utilize it.

Sevierville. Parents were invited to participate in consultation, demonstration sessions. Two parents participated in two assessments in which Model Vision provided technical assistance. The vision teacher reported cooperation from all parents in her reporting of assessment results and suggestions for programming. Knoxville Community Resource Guides were distributed to parents of multihandicapped, visually impaired children.

Knoxville. Contact with parents via orientation meetings was conducted by the Model Vision Project-Outreach Phase liaison person. The questionnaires were mailed in some cases, and completed in person in other situations. Parents received relevant Model Vision Project-Outreach Phase descriptive brochures by mail in the Fall, and more information at the orientation meetings. A slide show for parents was developed to familiarize them with Project goals. Parents were informed of the children's assessment results. The parents were asked for personal feedback about their children. Response indicated that parents will also be more actively involved in their child's educational planning.

A parent packet developed by a trainee at one of the Replication Sites contained a variety of helpful hints and information for parents of the target population. This packet, including the Knoxville Community Resource Guide, was distributed to Model Vision Project-Outreach Phase parents. Parent reactions to these resources indicated the value for providing this material. See Appendix E for a list of material included in the parent packet.

Louisville. The replication project made initial contact with the parents of the target population to explain the project's activities and receive parent permissions for their child to participate. Project activities were further introduced to parents through a Model Vision Project newsletter. In the newsletter, parents were invited to attend the demonstration sessions by the Model Project educational specialists in their child's classroom. Activities for working on the development of functional vision and for purchasing seasonal materials were included in the newsletter as well as announcements of school activities that parents could be involved with. The principal of one school introduced the liaison at the parent open-house. The liaison met individually with the parents of three children already involved in Model Vision activities. Two of these families were involved in the development of a case study. These parents were given a journal in which they recorded contacts with community agencies, the school, the Model Project, and kept an anecdotal record of child change. See Appendix E for a sample journal.

The family survey was distributed to the contact persons from each Replication Site along with a sample letter to parents informing them of Model Vision services. This method of informing parents of Model Vision Project activities was preferred by administrators and the liaison in place of an orientation meeting, due to the large area to be served and lack of attendance at meetings. This method informed all parents. The identified population list was also given. The procedure to be implemented was discussed. The letter was typed on each school's letterhead and signed by the principal or supervisor. The letter and survey were mailed to parents of institutionalized children and sent home with the other children; 32.39% of the surveys were returned. The return rates for each individual school as well as the partial results of the survey are included in Appendix E.

To summarize, the results show that only half of the parents felt that they were involved in planning their child's educational program, although most indicated a desire to be more involved in the future. The main problem that limited involvement was transportation and/or distance. This problem was due to the institutional placement of children. The services most mentioned as a need for children were dental, orthopedic services, speech therapy, and recreational services. Services listed that parents wanted to know more about were dental, training in how children learn, training in self-help skills, and locating and making use of community agencies and resources. Categories of medical information, speech therapy, and residential services were checked as information that could be shared with other parents. One fourth of the parents did not feel that they were receiving information and services to their satisfaction concerning P.L. 94-142. The most helpful method for parent/teacher contacts are listed here from most popular to least popular: periodic individual conferences, classroom observation and participation, group meetings with information sharing, workshops, visits to homes, and small group discussion.

Five parents participated in consultation sessions with Model Vision Project staff and Level I trainees and their child. Parents were informed regularly concerning child progress and invited to participate in planning any changes in their child's program. Completed family surveys were returned to teachers to be utilized in individual parent involvement sessions. The Louisville liaison followed up on surveys not returned.

Objective 8.3. To implement a parent training program through one of the following methods according to the Site's idiosyncratic system: (a) teacher-parent training through ongoing school-home communication and observation, (b) training parents as parent-trainers, or (c) a professional or paraprofessional parent training program.

Description: The implementation of a parent training program can take several forms, depending upon the needs of the parents involved and the resources of the Replication Site. In all forms, however, training will emphasize child development, teaching methods and materials, as well as techniques for behavior management.

This objective was received more enthusiastically in some sites than others. In the Chattanooga Replication Site, the need was perceived as great by the Model Project staff, but the service delivery agents were certain from past experiences that parent involvement could only be actualized by a few parents. Therefore, parent training in Chattanooga took the form of teacher-parent training through ongoing school-home communication. Five parents attended workshops given for trainees and several contacts were made by Model Project staff and the intern from Peabody during the second year of the Outreach Phase.

The Sevierville Replication Site already had an active parent group so this objective was not viewed as a priority need for technical assistance. The Model Vision Project did supply the parent group with the materials developed for parents listed in Appendix E and the parents of Model Vision children were invited to consultation, demonstration sessions.

The parent training strategy in Knoxville described in Objective 8.1 was implemented. An orientation meeting was held on January 29, 1980, to familiarize parents with Model Vision services and techniques. Comments and names of participants are included in Appendix E. A second workshop was held to explain the components of Public Law 94142 which was indicated as a need by parents on the Family Questionnaire. A third workshop was held for parents on techniques utilized in behavior management, another need indicated on the Family Questionnaire. Comments and suggestions given for future workshops all appear in Appendix E.

A joint workshop was presented to parents in Knoxville the second year by the Project Manager and the East Tennessee Children's Rehabilitation Center on training in the care of the eye and eye problems. Another workshop was given the second year of replication for parents by Dr. Frye from the University of Tennessee. The workshop gave suggestions for parents to learn to enjoy their handicapped child.

Three workshops for parents were developed in Louisville by Model Vision Project trainees in cooperation with Project EDDIT (see Objective 8.1). The content of the first dealt with self-help skills, the second with positioning and handling techniques, and the third with cognitive and language development. The outline of each module is contained in Appendix E. Each module was rated and the summaries are also contained in Appendix E. All module content was written down and are available from Project EDDIT and the Model Vision Project.

## EVALUATION

Goal 9. To provide training to the Replication Project personnel in evaluation procedures to monitor the implementation of services.

The purposes of evaluation were to systematically review and revise approaches taken in order to improve their effectiveness and to determine the overall success of the approaches. The first purpose described is usually termed formative evaluation. As approaches were being implemented, feedback was fed into the system in order to improve effectiveness. Formative evaluation was the most important evaluation information because it kept the implementation process dynamic, or was always improving upon itself. Formative evaluation was essential to the successful implementation of the Model Vision Project because the sequences and activities suggested must be adapted to the individual idiosyncracies of the various settings. Only by maintaining systematic formative evaluation could the activities adapt to the individual situations. Summative evaluation was more appropriate when an end result was being evaluated. For example, the effectiveness of the inservice training section of the program was evaluated by analyzing changes in pre- and post-test scores of trainees. Summative evaluation information was reviewed annually to assist the program in determining areas most needing improvement in the program and, to a certain extent, the overall effectiveness of the approach (Worthen & Sanders, 1973).

The most important factor when implementing evaluation was to develop an evaluation plan that was really designed to measure the goals and objectives of the program appropriately. Achieving this level of accuracy in evaluation was a difficult process and the attempt was approached utilizing the expertise of evaluation specialists. The evaluation plan was devised during the planning stages of the program. The plan provided feedback on the critical marker events in the implementation process and was easy to integrate into the system without adding extra burdens on the staff.

Both qualitative and quantitative data had a place in the evaluation plan. Quantitative data gave specific documentation of changes in behavior, but it also carried with it some difficulties for this population of students. Multihandicapped, visually impaired students exhibited a wide variety of disabilities and delays, making the group data highly variable. The difficulty in the nature of assessing the population also added to the variation of interpretation by evaluators. The relatively small numbers of students in the population added the third factor making changes in quantitative data difficult to judge. The supplemental information supplied by qualitative data such as systematic observational comments and case study information added insights as to possible cause-effect relationships and/or changes in the environmental conditions surrounding the students.

Each area of the program being evaluated had formative and summative information in both qualitative and quantitative forms. This feedback provided a total picture of the strengths and weaknesses of the program.

Objective 9.1. To utilize methods of assessment appropriate for multihandicapped, visually impaired children and youth to set long- and short-term objectives.

Description: Evaluation procedures are integrated in all of the project's components and are an important part of the training provided to each Replication Site. These procedures center on two broad areas: (a) assisting Replication Sites in implementing evaluation procedures for child progress, and (b) gathering and monitoring data for use in validation and modification of program components. Activities under this objective involve evaluation of child progress.

The plan for assessing the Model Vision Project target population has remained essentially the same for each Replication Site. The Model Vision Project training sessions dealt with assessment of vision, cognitive, language, motor, and social, self-help skills, and each Level I trainee was provided with extensive consultation and demonstration sessions in their classrooms with multihandicapped, visually impaired students. From the assessment information compiled, advice was given concerning long- and short-term objectives for each student. Approximately 145 multihandicapped, visually impaired students were assessed through direct and indirect consultation with the Model Vision Project educational specialists.

Separate from the assessment training given to Model Vision trainees, target children were evaluated in Chattanooga, Knoxville, and Louisville in cognitive, language, self-help, and motor domains on a pre- and post-test basis as a measure of child change. See the Program Evaluation for a summary of the results of these evaluations. After the evaluations were completed, a 6-page Assessment Feedback Form was completed and returned to the child's teacher.

Objective 9.2. To implement methods of data collection to monitor child progress.

Description: Activities under this objective center on the collection of information on child progress towards both long- and short-term objectives. Progress towards long-term objectives is evaluated by readministering the same instruments used in setting the objectives. Progress towards short-term objectives is assessed through the charting of percentage, levels of assistance, rate, latency, or duration measures.

The Model Vision Project training module entitled "Monitoring Child Progress" was presented to trainees at each Replication Site. The measurement of progress toward long-term goals was advocated by readministration of the assessment instruments used to determine goal needs. The measurement of short-term objectives was presented by summarizing the techniques described by Haring (1977) in which the main categories of measurement were percentage, levels of assistance, rate, latency, and duration. In all Replication Sites, each teacher had his or her own system for monitoring child progress, so rather than impose a new system, consultation was provided for modifying measurement techniques to make them more sensitive and appropriate measures of the behaviors being monitored. In the Louisville Replication Site, a further commitment was obtained. Level I trainees utilized the Haring (1977) techniques for at least one objective on a target child. An example of the charts kept is included in Appendix F.

Objective 9.3. To gather three different measures of parent satisfaction.

Description: Activities under this objective are geared to providing data on parent attitudes toward and satisfaction with the workshops, orientation, and information-sharing aspects of their involvement with the project.

The three measures of parent satisfaction were obtained through evaluation of parent workshops, a Project evaluation filled out at the end of the year, and through involvement in the classroom.

Chattanooga. Two surveys were developed by Model Vision Project staff to measure teacher/parent communication per month. These surveys were aimed at determining the most common purposes for communication and to ascertain general attitudes towards parents and their involvement in their children's educational program. Teacher-initiated contacts with parents far outnumbered parent-initiated contacts with the school. Over half of the 11 teachers surveyed reported one or two visits per month. Only one teacher reported that at least one parent came to the team meeting for each child in her class. The following quotes regarding teacher perceptions of the reasons for parent noninvolvement reflect the teachers' feelings of futility in their efforts: "parents don't care," "apathy," "in some cases can't or won't help the child," "lack of interest," "parents see no need for assistance," "a lot of parents seem almost unwilling to give of their time," and "the key has somehow got to be motivating parents to want to get involved." A large proportion of the trainees expressed the attitude that the best method of encouraging parent involvement would be to contract with them for their participation. Most of the trainees seemed to feel that parents considered them to be responsible for the progress or lack of progress of their children, and would not really make the effort to work with their children at home. However, almost all of the trainees expressed willingness to give some time and effort to improving parent involvement at the Center. Attendance at the Parent-Teacher Organization meetings was less than 20 families represented at any one meeting. Seven to 10 mothers attended a Mother's Coffee quarterly. The only formal parent training for carryover in the home was through a "normalization residence" program which received clients on a temporary basis for intensive training and individual parent training for consistency and continuation of techniques when the client returns to the home. Personnel involved in this program have not participated in the Model Vision Project, and therefore their records were not available to us.

Knoxville. An open-ended questionnaire (Parent Involvement Survey) was administered to trainees prior to the module on Parent Involvement (January), later near the end of the project, and at the conclusion of the project (May). As trainees had not kept accurate records of specific contacts with parents (telephone calls, notes, visits), the numerical items were inconsequential, but the comments provided a distinct shift in attitudes toward a greater understanding of the parents' viewpoint. The trainees reported more comments along the lines of communication about specific problems, needs, progress, and opportunities for services (see Appendix D).

When trainees were initially asked to give reasons for a lack of carryover in the home (#8 on the survey), they were more likely to give reasons that fell in the line of opinions or ascribed motives (don't care, lazy, etc.). In January, 58% of the trainee comments dealt with such opinions for lack of parent carryover, while in May, 42% of their comments were opinion-oriented. In Reasons (more demonstrable than opinions) such as logistics (not enough time, distance from meetings, multiple pressures), and lack of knowledge were given more often in the May survey than the January survey (58% in May; 42% in January). Appendix F demonstrates this shift.

The additional staff member/role of liaison or parent advocate (half time) enabled the parents and teachers alike to learn what possibilities for sharing there were between home-school-community. The five main duties of the liaison staff member were: (a) parent advocacy, (b) making community contacts, (c) gathering information for parents and teachers on services, (d) relaying information to parents, to teachers, and to agencies, and (e) making arrangements for meetings, including babysitting and transportation. One of the most helpful tools to the liaison was the telephone. Over 45 separate conversations were logged in which parents provided new information about concerns for their child's programming and needed services. Parent Meetings (four) were organized in response to a Family Questionnaire administered prior to the trainees' module on parent involvement. At the conclusion of the project, a second Family Questionnaire was sent home in which three questions related to present and desired levels of parent-school contacts were included to mark changes. Return rates were high for both January (75%) and May (67%). The two most salient changes in the parents' perceptions of changes between parent-school interaction were (a) more communication about quality items--planning with the school, notes on children's behavior at school and home, more informational meetings (only 25% of the trainees had reported having any communication with parents the IEP process earlier, while 33% reported such communication in May); and (b) more interest in the IEP process. On the original questionnaire the IEP process and more information on parents' rights were the most frequent checked off. Information in Appendix F indicates a greater participation in the IEP process and an even greater desire for more meaningful input in the planning process (IEP). Results of this questionnaire and those from the parent involvement survey (see Goal 1) fit together to form a picture of greater desire for more contacts.

Louisville. Model Vision trainees filled out a parent involvement survey at the first workshop. This survey served as a pre-measure of parent involvement with the school. The results of this survey showed that the main form of communication teachers had with parents was through notes home, and the same is true for parents in communication with the school. This figure was double the second method of communication which was by telephone. An average of four contacts were made each month at parent conferences. An average of less than one home visit a month was estimated. The four reasons parents were contacted that teachers listed the most were: (a) to report progress, (b) to make programming suggestions, (c) medical and health reasons, and (d) to discuss behavior problems. The four major reasons teachers

reported parents' contact with the school were to: (a) report child's illness, (b) inquire about child's illness, (c) inquire about child's program/progress, and (d) to check on any materials the child might need. The majority of teachers did not have at least one parent come to a team meeting for every student in his/her class. The reasons given for not attending were that the parents worked and had no transportation. An average of 1.25 parents per classroom observed their child in the classroom. Half of the teachers felt there was much success in parent carryover in the home. Those who did not feel success sighted the reasons of institutionalization, time constraints, apathy, and lack of knowledge. Twice the number of teachers did not think their center met the needs of parents as did those that did not, offered various suggestions for improvement. This survey will serve as one of the bases for establishing a parent involvement strategy. Reasons sited for lack of success included institutionalization of the child, time constraints, apathy, and lack of knowledge. Only one third of the teachers thought their center met the needs of parents. Suggestions for improvement were given and served as one of the bases for establishing a parent involvement strategy. A post measure was given to the same trainees in the spring. The pre- and post results are compared in Appendix D.

Parent satisfaction with project activities was evaluated by satisfaction with the parent workshops presented during the year. The results of the evaluation form showed the parents gained ideas for working with their child at home by talking with the other parents and by the material presented. Results are summarized in Appendix E. Satisfaction was also evaluated by the return rate of the family survey which was 32.33%. Several parents also rated their satisfaction with Project activities on the Family Questionnaire and Project Evaluation.

## PROGRAM EVALUATION

Evaluation is a major component of the Model Project's efforts and is essential for validating the effectiveness of the technical assistance in the ultimate provision of services to the population. In order to assess the total effectiveness of the outreach project, the evaluation emphasis must be twofold: (1) the Model Project must evaluate its progress in reaching program objectives through its technical assistance, and (2) the Model Project must assist the Replication Project in evaluating its own progress and effectiveness through the careful monitoring of child progress. The overall program evaluation activities under (1) will be discussed here, while the evaluation activities of the Replication sites have been summarized under Objectives 9.1 - 9.3.

### I. Stimulation of Awareness

a) Documentation and analysis of requests for information and the Model Vision Project's activities in the development and dissemination of new materials took place throughout the three years of the Outreach Phase. The documentation is summarized in Objective 1.1 and the products are listed in Appendix A.

b) As described in the summary of Objective 2.1, trainees from every replication site and other places visited the original site of the Model Vision Project in Nashville, Tennessee. Each site visitor rated his or her experience on the Demonstration Site Evaluation Form. The results are summarized in Appendix A. The results show that all trainees found the visit beneficial and served to reinforce information gathered from MVP training sessions, as well as provided them with new ideas on materials and techniques for use in their own classrooms.

c) Participation in conferences were rated by participants who wrote descriptive comments on the strengths and weaknesses of the presentation. The descriptive data was shared with the presentors and then filed. The descriptions were usually very positive. The conferences participated in are listed in Appendix A and described in Objective 3.1.

### II. Technical Assistance

a) Planning efforts were evaluated by administrators at each replication site by filling out the Replication Coordinator Feedback Form. Knoxville and Louisville's final ratings are presented in Appendix B. All raters either agreed or strongly agreed to the five positive statements concerning the efforts of the Model Vision Project to assist the site in replication activities.

b) Coordination and cooperation efforts with community agencies were evaluated by the number of cooperative agreements resulting and the permanence

of the cooperation after Model Vision Project assistance ended. The first part of this evaluation is summarized in Objective 5.1 and 5.2. The permanence of the cooperative efforts with each Replication Site is not possible to determine completely. However, the cooperation evidenced by the continued interaction of the ophthalmology residents at Erlanger Hospital with the Orange Grove Center, the first replication site, indicates that the cooperative efforts will continue. The Community Resource Guide developed in the Louisville Replication Site was evaluated by service delivery agents receiving the guide. The results included in Appendix C show an overall average rating of 4.5 on a scale rated from one to five indicating the utility of the guide.

c) Evaluation of the training component of technical assistance was carried out by measuring knowledge gain of the trainees and the trainees satisfaction with the workshops. Knowledge gain was measured by pre-post tests taken by trainees. Pre-tests were taken at the beginning of training to aid presenters in preparing workshop material. Post-tests were given following each workshop. The results for all three years are summarized in Table 1. All workshops showed significant knowledge gains with $p = .007$ or less. All workshops were also rated by participants on workshop/module evaluations to provide feedback to trainers for formative changes in workshop presentation. The results of the Louisville evaluations are summarized in Table 2 and show an overall average rating of 4.07 on a one to five Leikart Scale.

d) The actual implementation of Model Vision Project techniques in the classrooms of the Replication Sites was measured by a wide variety of evaluative approaches in order to give a broad view of implementation activities. The implementation efforts of the Model Vision Project trainees was measured by an Observational Checklist of Teacher Competencies, an IEP rating and changes in the Parent Involvement Survey results. Significant improvement was noted by trainees in the Level I trainees' competencies exhibited in their classrooms, when observed before and after training. The Louisville Observational Checklist of Teacher Competencies is summarized in Appendix D.

A twelve item scale was developed to rate the IEP's of the Level I trainees both before and after training (based on the self-audit system of Stephens and Macy, 1979). Two raters reached reliability of 75%, 83% and 80% on IEP's collected from Chattanooga, Knoxville and Louisville respectively. The IEP process should reflect the implementation of new assessment and programming techniques learned by trainees. The results summarized in Appendix F show significant gains in Chattanooga, Knoxville and improvements approaching significance ($p \leq .1256$) in Louisville. The Knoxville trainees had their IEP's rated a third time in order to show that implementation efforts continued to show evidence of integration into the IEP process the year after training was over. The IEP's improved even more significantly the second year.

A Parent Involvement Survey was given to trainees in all sites to determine their attitudes about involving parents in the implementation process. The results are summarized in Objective 9.3, Appendix D and Appendix F.

The effects of implementation efforts on child progress were also measured. Child progress data was kept by each Level I trainee according to each Replication Site's idiosyncratic system. Only in Louisville were the Level I trainees required to keep data according to the system taught in the workshop (Haring, 1977). Students generally made slow but steady progress as in the typical example shown in Appendix F.

Pre-post tests were also administered to target children to see if significant gains were made during the year. A nonrandomized control group design (Campbell and Stanley, 1963) was attempted. Several difficulties influenced the validity of this design. The main difficulty was in the variability of the multihandicapped, visually impaired population. The Knoxville control group was younger (107.75 months) and higher functioning (24.7 months cognitive pre-test) than the Chattanooga experimental group who were older (144.72 months) and lower functioning (74.5 months cognitive pre-test). Overall, the data demonstrated that both groups improved significantly over time (cognitive, language, behavior, dressing $p = .05$). The double discrepancy in age and ability worked against the possibility of showing any interactive effects, i.e. that gains at specific intervals reflect training for the experimental group. Inexperience of testers and the incomplete data due to absences of children also took away from significance in the pre-post measures. Table 3 shows the analysis of covariance with repeated measures performed on the Chattanooga and Knoxville Children.

During the third year of the Outreach Phase cognitive measures were given to the children in the Chattanooga and Knoxville groups providing four years of data for the two groups. The Knoxville group continued to show significant improvements, especially between the second and third data point, during the concentrated technical assistance from the Model Vision Project. The Chattanooga group gained from the first to second data point, the year of technical assistance, but the gains were gradually reduced in the two subsequent years. The results are summarized in Table 4.

Louisville's target children were the lowest functioning group (8.46 months cognitive pre-test average) and the oldest chronologically (145.25 months). Pre-post test results revealed significant gain only in gestural language. It appears that the Model Vision Project techniques may have a lesser impact on the lower functioning group of children. Results are summarized in Table 5.

Anticipating the difficulties in quantitative measurement of the target children, five children in Louisville were randomly selected to

participate in case studies. Teachers, parents, and houseparents kept anecdotal data of changes in child behavior. The case studies showed evidence of many influences on student behavior (illness, seizures, severe physical restraints) that are not evident in test scores. The case studies assisted parents and teachers in seeing patterns of change and behaviors in the children besides giving the Project staff insight into the everyday life of the target population. Examples of entries from case studies are located in Appendix F.

e) Evaluation of parent involvement in Model Vision Project activities was evidenced by their participation in parent meetings, visits to classrooms, rating of workshops and program evaluation ratings. The results of these summaries indicate that parent involvement activities were more successful in the Louisville Replication Site and least successful in the Chattanooga Replication Site. See Objective 8.1, 8.2, 8.3, 9.3 and Appendix E for further details on evidence of effectiveness in parent involvement.

TABLE 1

TRAINEE PROGRESS-OUTREACH PHASE
1978-1981

| Module (Workshop Title) | N | Pretest $\bar{X}$ | Posttest $\bar{X}$ | F | p |
|---|---|---|---|---|---|
| | | 1978-1979* | | | |
| Cognitive Development | 17 | 4.12 | 14.54 | 127.6 | .0000 |
| Cognitive Assessment | 17 | 3.47 | 17.06 | 352.1 | .0000 |
| Language Development & Assessment | 11 | 4.65 | 13.63 | 48.5 | .0000 |
| Motor Development & Assessment | 16 | 6.48 | 20.73 | 113.9 | .0000 |
| Developing IEPs | 12 | 9.42 | 21.17 | 137.8 | .0000 |
| Programming for Development of Functional Vision | 12 | 9.58 | 20.75 | 172.0 | .0000 |
| Orientation & Mobility | 10 | 14.90 | 27.90 | 61.3 | .0000 |
| Positioning & Handling | 12 | 7.25 | 22.00 | 77.6 | .0000 |
| | | 1979-1980 | | | |
| Vision/Screening/Programming for Functional Vision | 31 | 61.58 | 84.39 | 119.5 | .0000 |
| Cognitive Development & Assessment | 31 | 29.48 | 68.90 | 181.1 | .0000 |
| Language Development & Assessment | 30 | 36.73 | 81.13 | 262.2 | .0000 |
| Motor Development & Assessment | 30 | 30.87 | 83.73 | 130.9 | .0000 |
| Handling & Positioning Techniques & Orientation & Mobility | 30 | 57.03 | 83.73 | 120.6 | .0000 |
| Development of Prevocational Skills; Monitoring Child Progress | 29 | 53.03 | 91.72 | 266.1 | .0000 |
| Teaching Methods & Materials Development of IEPs | 27 | 57.56 | 91.48 | 195.0 | .0000 |
| | | 1980-1981 | | | |
| Vision and the Eye/ Vision Screening | 34 | 48.59 | 82.35 | 180.6 | .0000 |
| Programming for the Development of Functional Vision | 31 | 68.02 | 79.75 | 15.45 | .0075 |

TABLE 1 cont'd

| Module (Workshop Title) | N | Pretest $\bar{X}$ | Posttest $\bar{X}$ | F | p |
|---|---|---|---|---|---|
| Monitoring Child Progress | 20 | 68.75 | 91.41 | 16.14 | .0010 |
| Development of IEPs | 18 | 73.06 | 97.22 | 47.50 | .0000 |
| Cognitive Development | 23 | 51.84 | 85.26 | 91.39 | .0000 |
| Cognitive Assessment | 24 | 34.62 | 84.58 | 160.20 | .0000 |
| Language Development | 27 | 56.27 | 82.76 | 40.61 | .0000 |
| Language Assessment | 25 | 39.13 | 92.50 | 143.04 | .0000 |
| Social/Self-Helf Development | 19 | 41.38 | 95.39 | 138.03 | .0000 |
| Positioning & Handling for Visual Development | 19 | 57.89 | 94.08 | 42.27 | .0000 |
| Orientation and Mobility | 20 | 41.84 | 87.23 | 88.62 | .0000 |
| Prevocational & Daily Living Skills | 16 | 41.85 | 91.01 | 42.13 | .0001 |
| Teaching Methods | 21 | 44.38 | 81.86 | 62.23 | .0000 |
| Materials | 17 | 50.38 | 88.26 | 62.79 | .0000 |
| Parent Involvement | 17 | 55.15 | 75.88 | 11.27 | .0042 |
| Motor Development & Assessment | 21 | 47.63 | 96.82 | 184.03 | .0000 |

*Attendance at workshops was higher than these N figures.

TABLE 2

1980-1981
WORKSHOP/MODULE EVALUATIONS
(Likert Scale 1-5)

| | In general terms, I found today's workshop to be: (Complete waste of time/ Extremely worthwhile) | The presentation was: a) (Unclear/Very clear) b) (Boring/Very interesting) | | The organization of the workshop was: (Totally disorganized/Well organized) | The materials were: (Of no help/Extremely useful) | Considering my needs, the workshop was: (A total waste/Extremely relevant) | Average |
|---|---|---|---|---|---|---|---|
| Effects of Multiple Handicaps | 4.13 | 4.5 | 3.96 | 4.35 | 4.05 | 3.79 | 4.13 |
| Vision and Vision Screening | 4.1 | 3.2 | 3.6 | 3.8 | 4.3 | 3.8 | 3.8 |
| Assessment & Programming of Functional Vision | 3.8 | 3.9 | 3.8 | 4.0 | 4.4 | 4.0 | 3.98 |
| Monitoring Child Progress | 3.8 | 3.7 | 3.6 | 4.2 | 4.1 | 3.4 | 3.8 |
| Development of IEPs | 3.5 | 3.8 | 3.6 | 4.0 | 3.9 | 3.5 | 3.72 |
| Cognitive Development | 3.63 | 3.71 | 3.63 | 4.08 | 3.75 | 3.58 | 3.73 |
| Cognitive Assessment | 3.89 | 4.0 | 4.06 | 3.94 | 4.33 | 4.11 | 4.06 |
| Language Development | 4.14 | 4.32 | 4.18 | 4.14 | 3.58 | 4.23 | 4.10 |
| Language Assessment | 3.83 | 4.05 | 3.88 | 4.33 | 4.0 | 3.89 | 4.0 |
| Social/Self-Help | 4.25 | 4.37 | 4.18 | 4.62 | 4.25 | 4.37 | 4.34 |
| Positioning & Handling | 3.8 | 3.8 | 4.0 | 3.6 | 4.5 | 4.1 | 4.0 |
| Orientation & Mobility | 3.7 | 3.8 | 3.7 | 4.1 | 4.2 | 3.5 | 3.83 |
| Prevocational & Daily Living | 3.9 | 4.0 | 3.9 | 3.9 | 3.9 | 3.9 | 3.92 |
| Working with Community Agencies | 4.3 | 4.6 | 4.3 | 4.4 | 4.1 | 4.1 | 4.3 |
| Teaching Methods | 3.4 | 3.7 | 3.5 | 3.9 | 3.8 | 3.4 | 3.62 |
| Teaching Materials & Adaptations | 4.5 | 4.6 | 4.6 | 4.5 | 4.3 | 4.2 | 4.45 |
| Parent Involvement | 4.3 | 4.4 | 4.4 | 4.8 | 4.3 | 4.2 | 4.4 |
| Motor Development | 4.2 | 3.9 | 3.8 | 4.3 | 4.3 | 4.2 | 4.12 |
| Average | 3.99 | 4.10 | 4.01 | 4.22 | 4.10 | 3.98 | 4.07 |

Table 3

1978-1980
Child Progress
Chattanooga and Knoxville

Analysis of Covariance with Repeated Measures
(Chronological Age at Time of Pre-test - Covariate)

Adjusted Means Reported

| | Fall 78 | Spring 79 | Spring 80 |
|---|---|---|---|
| **Cognitive Screening: (DASI)** | | | |
| N=7 Chattanooga (C) | 21.429 | 25.143 | 25.429 |
| N=8 Knoxville (K) | 28.375 | 31.750 | 35.250 |
| Groups p= .003 | | | |
| Treatment p=< .003 | | | |
| **Cognitive Assessment* (CATTELL)** | | | |
| N=10 Chattanooga (C) | 14.548 | 18.687 | 20.237 |
| N=10 Knoxville (K) | 24.793 | 26.033 | 30.313 |
| Groups p= .15 | | | |
| Treatment p=< .01 | | | |
| **Language Receptive (SICD)** | | | |
| N=10 Chattanooga (C) | 14.060 | 14.209 | 19.403 |
| N=10 Knoxville (K) | 21.040 | 22.590 | 27.410 |
| Groups p= .02 | | | |
| Treatment p=< .008 | | | |
| **Language, Expressive (SICD)** | | | |
| N=10 Chattanooga (C) | 11.466 | 15.956 | 15.855 |
| N=10 Knoxville (K) | 19.844 | 23.044 | 28.744 |
| Groups p= .097 | | | |
| Treatment p=< .01 | | | |
| **Fine Motor (PDMS)** | | | |
| N=11 Chattanooga (C) | 13.542 | 15.378 | 11.760 |
| N=10 Knoxville (K) | 21.284 | 23.694 | 27.984 |
| Groups p= .136 | | | |
| Treatment p=< .23 | | | |
| **Gross Motor (PDMS)** | | | |
| N=11 Chattanooga (C) | 14.585 | 16.649 | 16.640 |
| N=10 Knoxville (K) | 19.157 | 22.467 | 25.567 |
| Groups p= .149 | | | |
| Treatment p=< .145 | | | |
| **Socialization (LAKELAND)** | | | |
| N=8 Chattanooga (C) | 14.836 | 20.711 | [illegible] |
| N=9 Knoxville (K) | 17.235 | 26.436 | 28.790 |
| Groups p= .04 | | | |
| Treatment p=< .001 | | | |

Table 3 Cont'd

| | Fall 78 | Spring 79 | Spring 80 |
|---|---|---|---|
| **Behavior (LAKELAND)** | | | |
| N=6 Chattanooga (C) | 11.705 | 19.12? | 23.622 |
| N=8 Knoxville (K) | 21.284 | 38.159 | 42.884 |
| Groups p= .05 | | | |
| Treatment p=< .004 | | | |
| **Dressing (LAKELAND)** | | | |
| N=6 Chattanooga (C) | 30.422 | 21.338 | 28.572 |
| n=8 Knoxville (K) | 18.596 | 14.334 | 32.221 |
| Groups p= .01 | | | |
| Treatment p=< .03 | | | |
| **Toileting (LAKELAND)** | | | |
| N=6 Chattanooga (C) | 36.613 | 32.180 | 44.647 |
| N=6 Knoxville (K) | 25.220 | 29.61 | 38.353 |
| Groups p= .04 | | | |
| Treatment p=< .5 | | | |
| **Eating (LAKELAND)** | | | |
| N=10 Chattanooga (C) | 22.0163 | 23.096 | 28.396 |
| N= 9 Knoxville (K) | 21.204 | 26.615 | 34.070 |
| Groups p= .05 | | | |
| Treatment p=< .09 | | | |

Table 4

Knoxville and Chttanooga
Cognitive Scores in Child Progress

| | 1978 | 1979 | 1980 | 1981 | F | P |
|---|---|---|---|---|---|---|
| Knoxville | 14.09 | 14.69 | 18.11 | 20.34 | 4.30 | .0185 |
| Chattanooga | 12.73 | 15.15 | 14.93 | 13.23 | 1.15 | .3536 |

Table 5

Louisville Child Progress 1980-81

| | Pre | Post | F | P |
|---|---|---|---|---|
| Cognition | 8.46 | 8.22 | .14 | .72 |
| Expressive Language | 11.25 | 11.25 | .00 | 1.00 |
| Receptive Language | 12.00 | 11.50 | .06 | .81 |
| Gestural Approach to Thought and Expression (GATE) | 3.96 | 5.17 | 5 88 | .04* |
| Gross Motor | 9.31 | 10.06 | 1.20 | .30 |
| Fine Motor | 6.53 | 6.80 | .03 | .86 |
| Self Care | 11.03 | 11.42 | .07 | .85 |
| Social | 10.04 | 9.57 | .24 | .65 |

*Significant at the .05 level

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APPENDIX A

# DISSEMINATION PRODUCTS

## Books

1. A Comprehensive Guide for Educational Programming of the Multihandicapped, Visually Impaired

2. Manual for Replication of the Model Vision Program

## Articles

1. Ashcroft, S. C., & Altmeyer, E. A. Demonstrated programming for the severely handicapped, visually impaired. The National Advocate, 1980, 8(1).

2. Dowell, C. A. The assessment of functional vision in the severely multihandicapped child. DVH Newsletter, 1980, 25(1), 24-26.

3. Glass, P. Functional vision. Newsletter of the American Occupational Therapy Association, 1980, 3(3).

4. Harley, R. K. and others. A model center of programs for severely handicapped children and youth with visual impairment as one of their primary handicapping conditions. Final report. Nashville, Tn.: Peabody College for Teachers, 1978. (ERIC Document Reproduction Service No. ED 191 188.)

5. Hiltonsmith, R. W., Ashcroft, S. C., & Harley, R. K. The model vision project: Outreach phase. Education of the Visually Handicapped, 1979, 11, 88-94.

6. Langley, M. B. Psychoeducational assessment of the multiply handicapped blind child: Issues and methods. Education of the Visually Handicapped, 1979, 10, 97-115.

## Parent Modules (Cooperative product with Project EDDITT--used only in Louisville, Kentucky)

1. Watters, J., Orr, M., Foreman, M., Robbins, P., & Martin, H. A. Some keys for primary caregivers.

2. Weston, T., Dycas, N., & Howe, M. Daily living skills for the visually impaired multihandicapped.

3. Curry, D., Freibert, M., & Pennoyer, M. Language and cognitive development.

## Brochures

1. The Model Vision Project-Outreach Phase

2. The Model Vision Project in Knoxville and Sevier County

3. Model Vision Project-Outreach Phase-Louisville

**Videotapes Developed by Model Vision Project - Outreach Phase**

1. Functional Vision Inventory Presentation
2. Functional Vision Inventory by M. Beth Langley (performed with multihandicapped, visually impaired child)
3. Assessment in Infancy - Ordinal Scales of Psychological Development by I. Vegiris and J. McV. Hunt (performed with multihandicapped, visually impaired child)
4. Programming Techniques

**Slide Tape Shows Demonstrated During Model Vision Project - Outreach Phase**

1. Five Special Children Learning
2. Orientation and Mobility Slide-Tape Presentation
3. A Model Project and Its Outreach Phase
4. A Model Project and Its Outreach Phase-Parent Slide Show

Model Vision Project-Outreach Phase
George Peabody College of Vanderbilt University
Box 36, Peabody Station
Nashville, TN 37203



| Title | Length | Purpose | Target Audience | Contents |
|---|---|---|---|---|
| A Comprehensive Guide for Educational Programming of the Multihandicapped, Visually Impaired | Approximately 500 type-written pages | To document the training methodology developed through six years of effort by the Model Vision Project and its Outreach Phase; to present in a systematic manner the effects of visual impairments on learning and skill acquisition of severely multihandicapped children and youth, strategies for assessment and programming, for use in inservice or preservice programs. | Professionals in the fields of severely and profoundly handicapped, visually impaired/multihandicapped; state departments of education, inservice coordinators, local education agencies, college teacher training programs. | Introduction<br>Planning for Implementation<br>11 Training modules: pre-post tests; workshop texts; assigned outside readings<br>suggestions for further reading<br>handouts<br>case studies<br>resources for implementation of each training module |

| Title | Purpose | Objectives |
|---|---|---|
| I. Introduction | To provide an overview of the activities of the Model Vision Project (1975-1978) and its Outreach Phase (1978-1981); to describe the target population served by the Model Vision Project; to discuss strategies for providing multidisciplinary services to severely multihandicapped, visually impaired children and their families. | |
| II. Planning for Implementation | To discuss the major components of the Model Vision Project; to outline and discuss the planning and procedures necessary to implement Model Vision in-service training using this manual. | |
| III. Training Modules | | |
| A. Effects of visual impairments and multiple handicaps on development and learning | To discuss the interactive effects of visual impairments and other handicapping conditions on development and learning; to provide activities simulating multiple handicaps including visual impairments to enable participants to experience firsthand difficulties in interacting with the environment similar to those encountered by multiply handicapped individuals; to discuss the need for alternative assessment and instructional strategies for use with severely multihandicapped, visually impaired students. | The participant will:<br>1. Engage in activities simulating the effects of multiple handicapping conditions and visual impairments on the performance of common assessment, classroom and daily living tasks.<br>2. Discuss difficulties experienced and insights gained through participation in the simulation activities as related to common demands of or instructional techniques employed with multiply handicapped, visually impaired students |
| B. Functional vision assessment and programming for development of functional vision | To provide an overview of the structure and function of the eye and eye conditions and diseases most common to multihandicapped, visually impaired students; to outline the course of visual development as found in research; to discuss methods of assessing vision appropriate for use with multihandicapped, visually impaired students; to | The participant will:<br>1. Demonstrate knowledge of the symptoms and behavioral implications of eye conditions common in multihandicapped, visually impaired students.<br>2. Demonstrate knowledge of vision screening and assessment instruments and procedures according to the level |

| Title | Purpose | Objectives |
|---|---|---|
| | provide suggestions and techniques for utilizing the results of functional vision assessment for programming to increase the use of functional vision by multihandicapped, visually impaired students. | of cognitive development for which they are appropriate.<br>3. Demonstrate knowledge of the sequence of visual development and utilize this knowledge to plan and select appropriate activities to enhance students' visual functioning. |
| C. Cognitive development and assessment | To present a brief review of the Piagetian approach to normal child development from birth to five years; to discuss the analysis of child behavior according to the Piagetian sequence of development; to discuss the effects of visual impairment and other handicapping conditions on early cognitive development; to discuss the differences between testing and assessment; to discuss major cognitive screening and assessment instruments which can be used with multihandicapped, visually impaired students; to discuss the use of formal and informal assessment information for educational programming. | The participant will:<br>1. Demonstrate a familiarity with the Piagetian sequence of cognitive development and its application to severely multihandicapped, visually impaired students.<br>2. Demonstrate ability to select and adapt instruments and techniques for formal and informal cognitive screening and assessment and their use with severely multihandicapped, visually impaired students.<br>3. Demonstrate the ability to interpret cognitive assessment results and design appropriate programming to enhance cognitive development of severely multihandicapped, visually impaired students. |
| D. Language development and assessment | To provide a brief overview of the sequence of normal language development and the effects of visual impairments on language development; to briefly discuss the development of nonvocal communication; to identify some instruments adaptable for formal and informal communication assessment of severely multihandicapped, visually impaired students, and to discuss the interpretation of assessment information for programming. | The participant will:<br>1. Demonstrate knowledge of the sequence of normal receptive and expressive language development.<br>2. Discuss several language problems often associated with severely multihandicapped, visually impaired students.<br>3. Demonstrate the ability to select and adapt as necessary language assessment instruments for formal and informal assessment of severely multihandicapped, visually impaired students. |

| Title | Purpose | Objectives |
|---|---|---|
| E. Integration of movement and vision and their influence on learning. | To review the normal sequence of the development of motor skills; to discuss the potential effects of visual impairment and other handicapping conditions on the development of fine and gross motor skills; to discuss assessment instruments appropriate for use with multihandicapped, visually impaired students and the use of assessment results for programming; to enhance motor skills and learning. | The participant will:<br>1. Demonstrate knowledge of the normal sequence of motor development.<br>2. Demonstrate knowledge of the potential effects of visual impairments and other handicapping conditions on the development of motor skills.<br>3. Demonstrate knowledge of assessment instruments appropriate for assessing motor skills of multihandicapped, visually impaired students. |
| F. Development and assessment of social and self-help skills | To discuss the normal sequence of development of social and self-help skills; to discuss the effects of visual impairments and multiple handicapping conditions on development of social and self-help skills; to discuss assessment instruments available to examine social and self-help skills in severely multihandicapped, visually impaired students; to discuss adaptive techniques and programming ideas appropriate for the development of social and self-help skills of severely multihandicapped, visually impaired students. | The participant will:<br>1. Demonstrate knowledge of normal sequence and atypical patterns of social and self-help skill development.<br>2. Demonstrate knowledge of assessment instruments which can be utilized to examine social and self-help skills of multihandicapped, visually impaired students.<br>3. Demonstrate ability to utilize information obtained from formal and informal assessment instruments for programming of social and self-help skills for severely multihandicapped, visually impaired students. |
| G. Orientation and mobility for multihandicapped, visually impaired students | To discuss the basic philosophy and principles of orientation and mobility, especially as they relate to severely multihandicapped, visually impaired students; to discuss programming and adaptation of basic orientation and mobility techniques for severely multihandicapped, visually impaired students, to discuss formal and informal assessment techniques for orientation and mobility with severely multihandicapped, visually impaired students. | The participant will:<br>1. Demonstrate knowledge of the basic principles of orientation and mobility as they apply to severely multihandicapped, visually impaired students.<br>2. Demonstrate ability to adapt basic orientation and mobility techniques for efficient use with severely multihandicapped, visually impaired students. |

| Title | Purpose | Objectives |
| --- | --- | --- |
| H. Development of prevocational skills | To discuss the various components in the development of a prevocational program, such as vocational interest, job assessment, student assessment, classroom management, objectives, activities and methods; to discuss the role of the prevocational teacher in relation to rehabilitation and other community agencies. | The participant will:<br>1. Demonstrate knowledge of the sequence of steps in the development of a prevocational program.<br>2. Demonstrate knowledge of prevocational assessment instruments and techniques appropriate for severely multihandicapped, visually impaired individuals.<br>3. Demonstrate ability to develop prevocational program objectives and activities from assessment information.<br>4. Demonstrate the understanding of the role of the prevocational teacher in the community. |
| I. Teaching methods and materials | To discuss basic behavior management techniques useful with multihandicapped, visually impaired students; to identify teaching strategies which can be used with multihandicapped, visually impaired students; to identify the major learning stages and the procedures which can be most effective during each stage; to discuss curriculum which has proved useful with multihandicapped, visually impaired students; to demonstrate the analysis of the skills which can be tapped with classroom items; to identify the variables which must be considered when adapting materials for multihandicapped, visually impaired students. | The participant will:<br>1. Demonstrate knowledge of basic behavioral management techniques and teaching strategies which can be useful with multihandicapped, visually impaired students.<br>2. Demonstrate ability to analyze classroom materials according to adaptations needed, skills tapped and entry point in sequence of learning, for the multihandicapped, visually impaired student.<br>3. Demonstrate familiarity with available curriculum and any modifications needed for the multihandicapped visually impaired student. |

| Title | Purpose | Objectives |
|---|---|---|
| J. Parent involvement | To discuss professional attitudes for and against parent involvement; to provide an overview of parental reactions to a handicapped child and related needs; to provide strategies for enhancing parent/school involvement and communication. | The participant will:<br>1. Demonstrate a basic knowledge of the sequence of parental reactions to the birth of a handicapped child.<br>2. Demonstrate an understanding of selected techniques for working with parents of handicapped students.<br>3. Demonstrate an understanding of selected methods for enhancing parental involvement in their child's education. |
| K. Monitoring student progress and developing IEPs | To review methods for determining the effects of instruction on child progress through appropriate data management; to foster the development of appropriate goals and behavioral objectives based on assessment information; to synthesize knowledge about development and skills in assessment and programming acquired in previous modules for the formulation of effective IEPs. | The participant will:<br>1. Demonstrate knowledge of the selection and utilization of appropriate data-keeping techniques according to the data requirements regarding particular students and tasks.<br>2. Demonstrate knowledge of the components necessary for comprehensive individualized education plans for severely multihandicapped, visually impaired students.<br>3. Demonstrate understanding of data management techniques and comprehensive educational plans for decision-making and accountability. |

Model Vision Project Inservice Training
Manual Field Review

| Module | Reviewer |
|---|---|
| I Introduction | With Planning |
| II Planning | Mr. John Aiken<br>Doctoral Student in Special Education<br>Peabody College<br><br>Ms. Coretta Pratt, Principal<br>Willoughby School<br>6601 Dixie Highway<br>Louisville, KY 40258<br><br>Ms. Delores Price<br>Educational Specialist<br>State Department of Education<br>813 Broadway at Gill<br>Knoxville, TN 37916 |
| III-A Effects of Visual Impairments and Multiple Handicaps on Development and Learning | Ms. Anna Bradfield<br>Doctoral Student in Special Education<br>Peabody College<br><br>Ms. Joyce Bromley<br>Knoxville City Schools<br>Instructional Center<br>925 Oglewood<br>Knoxville, TN 37917<br><br>Mr. Duane Geruschat<br>Pennsylvania College of Optometry<br>1200 West Godfrey Avenue<br>Philadelphia, PA 19141 |
| III-B Functional Vision Assessment and Programming for Development of Functional Vision | Ms. LaRhea Sanford<br>Doctoral Student in Special Education<br>Peabody College<br><br>Dr. Michael Politzer, O.D.<br>4615 Harding Road<br>Nashville, TN 37205<br><br>Dr. Rosemary O'Brien, Vision Consultant<br>Montgomery County Public Schools<br><br>Ms. Jan Mosely<br>Jefferson County Public Schools<br>Division of Special Education<br>3819 Barrastown Road<br>Louisville, KY 40218 |

| Module | | Reviewer |
|---|---|---|
| III-C | Cognitive Development and Assessment | Ms. Gloria Austin<br>Doctoral Student in Psychology<br>Peabody College<br><br>Ms. Jo Heller<br>Educational Diagnostician<br>1000 East Second Avenue, Apt. 3<br>Rome, GA 30161<br><br>Dr. Susan Hupp<br>Assistant Professor of Special Education<br>Peabody College |
| III-D | Language Development and Assessment | Dr. Howard Goldstein<br>Research Assistant<br>Peabody College<br><br>Ms. Pam Young<br>Program Supervisor for Staff Development and Research<br>Services for the Blind<br>208 State Street<br>Nashville, TN 37219<br><br>Dr. James McLean<br>Parsons Research Center<br>Box 738<br>Parsons, KS 67357 |
| III-E | Integration of Movement and Vision and Their Influence on Learning | Judy Davis, Project Manager<br>Family Infant/Toddler Project (FIT)<br>Peabody College<br><br>Mr. Terry Kopansky, Principal<br>Harris-Hillman School<br>1706 26th Avenue, South<br>Nashville, TN 37212<br><br>Ms. Pam Wyatt<br>Harris-Hillman School<br>1706 26th Avenue, South<br>Nashville, TN 37212 |
| III-F | Development and Assessment of Social and Self-Help | Ms. Sherri Trent<br>Doctoral Student in Special Education<br>Peabody College<br><br>Ms. Jane Gilliland<br>Educational Director<br>Cloverbottom Developmental Center<br>Donelson, TN 37214 |

| Module | Reviewer |
| --- | --- |
| | Dr. Loreta Holder<br>Professor of Special Education<br>PO Box 2592<br>Department of Special Education<br>University of Alabama<br>Tuscaloosa, AL 35486 |
| III-G Orientation and Mobility for Multihandicapped, Visually Impaired Students | Mr. David Guth<br>Doctoral Student in Special Education<br>Peabody College |
| | Dr. Everett Hill<br>Assistant Professor of Special Education<br>Peabody College |
| | Purvis Ponder<br>Associate Professor<br>Visual Disabilities<br>Department of Childhood Reading and Special Education<br>Florida State University<br>Tallahassee, FL 32306 |
| | Ms. Leslie Stewart<br>5409 Murray Lane<br>Brentwood, TN |
| III-H Development of Prevocational Skills | Mr. Richard Long<br>Doctoral Student in Special Education<br>Peabody College |
| | Ms. Sherry Allison<br>Orange Grove Center<br>615 Derby Street<br>Chattanooga, TN 37404 |
| | Dr. Gary M. Clark<br>Department of Special Education<br>University of Kansas<br>Lawrence, KS |
| III-I Teaching Methods and Materials | Ms. Laura Terrell<br>Metro-Davidson County Public Schools<br>Nashville, TN |
| | Ms. Kathy Aisen<br>Preschool Counselor<br>Tennessee School for the Blind<br>Donelson, TN 37214 |
| | Dr. Joel Mact<br>Professor of Psychology<br>University of Denver<br>Denver, CO |

| Module | Reviewer |
| --- | --- |
| III-J Parent Involvement | Ms. Carol Moore-Slater<br>Education Specialist<br>Orthopedics and Rehabilitation<br>Vanderbilt Hospital<br>Nashville, TN 37203 |
| | Mr. Kenneth Housch, Parent<br>Route 1, Box 430-5<br>Shelbyville, TN 37160 |
| | Ms. Edith Ethridge<br>2402 Longest Avenue<br>Louisville, KY 40204 |
| | Dr. Denzil Edge<br>Parent Education Resource Center<br>School of Education Building<br>University of Louisville<br>Louisville, KY 40292 |
| III-K Monitoring Student Progress and Comprehensive Educational Planning | Mrs. Nancy Mattos |
| | Mr. Jim Pierson<br>Executive Director<br>East Tennessee Children's Rehabilitation Center<br>8042 Gleason Road<br>Knoxville, TN 37919 |

# Model Vision Project
## Reviewer Evaluation Form

N = 11

Name _____ Date _____

Field/Position _____

Module _____

1. What strengths does this module have? _____

2. This module synthesizes and presents new ideas and approaches in the education of severely multihandicapped, visually impaired students.

| NEW APPROACH | | | | OLD APPROACH |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

__These ideas relevant to the education of the severely multihandicapped, visually impaired have been adequately presented elsewhere. (Please identify sources) Average = 4.18

__Material is unique as far as I know.

3. The information presented is appropriate for inservice workshops with service delivery agents who work with severely multihandicapped, visually impaired students.

| APPROPRIATE | | | | INAPPROPRIATE |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |

What did you find inappropriate for service delivery agents? _____

Average = 4.82

4. The ideas and techniques erpressed in this module are practical.

PRACTICAL — IMPRACTICAL

5 4 3 2 1

What information is most useful? _____

Average = 4.82

What information is least useful? _____

5. The materials to be duplicated helped to enhance understanding of the information.

ENHANCED — DID NOT ENHANCE

5 4 3 2 1

Please identify any materials that did not enhance your derstanding.

Average = 4.63

6. The text of this module is clearly written (i.e., sentence construction, clarity of expression, flow of ideas, paragraph organization).

CLEAR — UNCLEAR

5 4 3 2 1

Please identify any inaccurate or questionable sources. _____

Average = 4.73

7. Sources of information, ideas, etc. are adequately and correctly cited.

ADEQUATE — INADEQUATE

5 4 3 2 1

Please identify any inaccurate or questionable sources. _____

Average = 4.86

# Model Vision Project-Outreach Phase for Severely Handicapped Children and Youth with Visual Impairment

FINAL REPORT
July 1, 1978 to September 30, 1981

Dr. Randall K. Harley, Project Co-Direct
Dr. S. C. Ashcroft, Project Co-Director
Ms. Carleen A. Dowell, Project Manager

George Peabody College for Teachers
of Vanderbilt University
Box 36
Nashville, Tennessee 37203

8. What changes would you suggest to improve this module? _____

_____

_____

_____

_____

**RETURN TO**
Model Vision Project
George Peabody College of Vanderbilt University
Box 36
Nashville, Tennessee 37203

# THE REPLICATION OF A MODEL VISION PROGRAM

The present manual provides guidelines for the implementation of a Model Vision Project program. Throwing out of six years of experience of demonstrating a model project and replicating it, the manual is designed to assist administrators, teachers, directors, coordinators, or other specialists in the development or restructuring of their programs or services better to serve the multihandicapped visually impaired children who are the focus of the Model Vision Project.

Before attempting to provide adequate guidelines for replication of a Model Vision Project program in the community, it seems wise to provide a cautionary statement. Of primary importance in such programs are the interest of the parents and children who are to be the beneficiaries of the program. Implementation of such a program should not be undertaken by naive individuals without adequate backgrounds of understanding and appreciation. Thus, we believe that this manual and the related literature referenced in it are inadequate in and of themselves to facilitate the implementation of such a program.

This manual is designed to provide guidelines for the development of a Model Vision Project program to serve children who are severely multiply handicapped from the ages of 0-21. The children are those who manifest additional handicapping conditions such as profound or severe mental retardation, cerebral palsy, emotional disturbance, or a combination of these and other anomalies in addition to visual impairment. Visual impairment need not be restricted to reduced visual acuity or restrictions in field of vision but any significant functional visual disability which would interfere with performance of ordinary developmental activities involving vision.

What is presented in this manual is meant to be a general guideline for those who are planning, developing, or implementing a program like a Model Vision Project program. The developers of MVP and the authors of this manual hope that those who undertake Model Vision Project programs are qualified by their backgrounds of preparation and experience to work with multiply handicapped children. Thus, this manual cannot take the place of knowledge, skills, wisdom, and competence in working with children. It is only intended to be a guide that can be used by people already knowledgeable and competent in working with children. We would urge those who do not have such background to seek assistance in the form of participation in the Project, consultation, or technical assistance to use judgment and wisdom in utilizing this manual for program implementation. Thus, the manual is not adequate in and of itself as a guide to program implementation.

## Model Vision Project

### Evaluation Form for Demonstration Site Visit

### Form A - Visit by replication site trainees

Date: 1978-1981

Site Visited: all sites

**Directions:**

This form will help us in evaluating the usefulness ofyour visit to MVP demonstration sites. Please place a checkmark on the line that best corresponds to your opinion and add your written comments whenever possible. Your answers will be held in confidence, so please feel free to be honest with your comments. Thank you.

1. Today's visit was useful in illustrating and clarifying some of the important points made in the MVP training sessions at my home agency.

| 27 | 15 | 1 | 0 | 1 |
|---|---|---|---|---|
| Strongly Agree | Agree | Neutral | Disagree | Disagree Strongly |

**Comments:**

2. I received adequate explanations of the programs, procedures, and materials that I was observing.

| 24 | 12 | 4 | 1 | 0 |
|---|---|---|---|---|
| Strongly Agree | Agree | Neutral | Disagree | Disagree Strongly |

**Comments:**

3. I was given ample opportunity after the observation to discuss what I observed with MVP staff members and demonstration site personnel.

| 18 | 19 | 4 | 1 | 0 |
|---|---|---|---|---|
| Strongly Agree | Agree | Neutral | Disagree | Disagree Strongly |

**Comments:**

4. My observation(s) were useful in stimulating my interest in new ideas, techniques, and materials.

| 20 | 12 | 3 | 1 | 1 |
|---|---|---|---|---|
| Strongly Agree | Agree | Neutral | Disagree | Disagree Strongly |

Comments:

5. Overall, I would rate today's observation at this demonstration site as:

| 1 | 5 | 13 | 23 |
|---|---|---|---|
| A complete waste of time | Only somewhat useful | Quite Valuable | Extremely Worthwhile |

Comments:

6. What would have made your visit to this MVP demonstration site more meaningful?
"Be able to interact more with the students."
"I thoroughly enjoyed it -- maybe seeing kids more."
"More interaction with school staff and clients."
"Be able to view IEP's."
"More interaction with classroom teachers and explanations of their programs."

7. Additional comments:
"Hopefully, I can go back and present some of my sentiments to my superiors."
"I realize that the time element was the reason that the program was not as clarified as I would have liked."
"I enjoyed talking with the teachers and the different ways they assess their children. I liked seeing another facility similar to OGC."
Continued to next page

Thank you for your visit and your cooperation in completing this questionnaire.

7. Additional comments (continued):

It far exceeded my expect .ions. I have learned a lot. Thanks.

It removed some biases or sterotypes in my mind, as to independent living and mobility of these children.

Really glad you included this trip in the course, it is always helpful to view other programs.

Very interesting and has helped me to have a new outlook on working with children.

The two principals were so courteous and willing to show that they were doing.

I was impressed with many things being offered in Nashville for the multihandicapped and seeing some of the points being used for training.

One realized how much there is left to be done in Knoxville and other communities to provide proper education.

Seeing new equipment was helpful.

The impact of seeing the severe problems plus the potential success of so many of these children is almost devastating. I appreciate the efforts of Beth and Carleen for organizing such a very well spent day!

Needed longer visit--two days at least--seeing more children actually at work would have helped. Didn't have a long time in any one place. Would have liked to have seen an assessment being done.

Enjoyed Tennessee School for the Blind. It was different from my impression of it. Would have liked to have spent more time at Harris Hillman School although all sites were interesting.

Today's visit was very informative but a little rushed, but super!

The day was long but a lot of useful information was included.

I would like to see a program like EDAP in Knoxville. I feel early training is so vital to these children.

More time in at Harris-Hillman School to talk, take a closer look at various types of adaptive equipment in use.

Would have liked to observe Beth Langley do an assessment and more time to talk with her.

# GUIDELINES FOR DISTRIBUTION OF MVP-OP VIDEOTAPES

In order to maintain confidentiality and proper use of these videotapes, the following conditions must be met in order to show a Model Vision Project videotape.

1. The showing must be supervised by someone who participated in the Model Vision Project Training.

2. The videotape is shown only to professional education personnel based in Model Vision Replication Sites or parents of children fitting the Model Vision Project criteria who attend Replication Site-based educational agencies.

3. The videotapes are shown for training purposes only and no profit shall be gained by any of the parties.

4. After the termination of the Model Vision Project-Outreach Phase, parental permission must be obtained to continue to show videotapes in the above manner, otherwise they will be returned to the Model Vision Project office where they will be erased.

1978-1981
Model Vision Project--Outreach Phase
Presentations

| Date | Location | Organization | Presenters | Topic |
|---|---|---|---|---|
| 11-10-78 | Nashville, Tn | Tennessee CEC | Mr. B. Hiltonsmith<br>Dr. R. K. Harley | Model Vision Project-Outreach Phase |
| 12-14-78 | Alexandria, Va | Conference for Deaf/Blind and Severely Handicapped | Dr. R. F. DuBose | Assessment of Deaf/Blind Children: A Ten-Year Perspective |
| 2-15-79 | Nashville, Tn | Peabody College Project SERVE | Ms. L. Altieri | Model Vision Project Overview |
| 2-15/2-16-79 | Tallahassee, Fla | Southeastern Orientation and Mobility Conference | Ms. C. LeBous | Orientation and Mobility for the Multihandicapped |
| 3-16-79 | Abilene, Tx | Abilene State School | Ms. L. Altieri | Educational Assessment and Programming of the Multihandicapped |
| 4-26-79 | Dallas, Tx | National CEC Convention | Dr. R. K. Harley<br>Ms. L. Altieri<br>Ms. N. Moore | Prevocational Training for Multihandicapped, Visually Impaired Children and Youth |
| 5-30-79 | Miami, Fla | AAMD Convention | Ms. L. Altieri | The Model Vision Project-Outreach Phase |
| 6-16-79 | Nashville, Tn | AEVH South Central Region Convention | Mr. B. Hiltonsmith | Applying Technology and Research in Blindness |
| 6-22-79 | Nashville, TN | Convention of Tn Association for Retarded Citizens and Tn Association on Mental Deficiency | Ms. L. Altieri | Critical Elements of Service Delivery |

| Date | Location | Organization | Presenters | Topic |
|---|---|---|---|---|
| 9-21-79 | Gatlinburg, Tn | American Association of Workers for the Blind (AAWB) | Ms. C. A. Dowell<br>Ms. B. Langley | Model Vision Project-Outreach Phase<br>Prevocational Assessment and Training for Multihandicapped Youth |
| 10-02-79 | Nashville, Tn | Program Evaluation Symposium | Dr. S. C. Ashcroft<br>Dr. R. K. Harley<br>Ms. T. A. Boggs<br>Ms. E. A. Altmeyer | Model Vision Project Design Considerations |
| 10-20-79 | Chicago, Ill | American Association for the Education of the Severely and Profoundly Handicapped (AAESPH) | Dr. R. K. Harley<br>Ms. C. A. Dowell<br>Ms. E. A. Noble<br>Ms. E. A. Altmeyer<br>Mr. G. Bogard<br>Mr. B. Smith | Development of an Outreach Program for the Model Vision Project |
| 10-30-79 | Nashville, Tn | Project Family, Infant, Toddler | Ms. C. A. Dowell<br>Ms. E. A. Noble | Vision Screening of Multihandicapped Infants and Children |
| 11-07-79 | Memphis, Tn | Tennessee State Teachers of Visually Handicapped | Ms. C. A. Dowell<br>Ms. E. A. Noble | Administering the Functional Vision Inventory |
| 12-01-79 | Gatlinburg, Tn | Tennessee Council for Exceptional Children | Ms. C. A. Dowell<br>Ms. E. A. Noble | Model Vision Project-Outreach Phase<br>Use of Functional Vision Inventory |
| 1-17/1-18-80 | Tallahassee, Fla | Florida Diagnostic and Learning Resource Services | Ms. M. B. Langley<br>Ms. E. A. Noble | Assessment of Multihandicapped Infants and Children |
| 2-16-80 | Oak Ridge, Tn | Council for Exceptional Children - Chapter 98 | Ms. E. A. Altmeyer<br>Ms. Leeanne Meadows | Model Vision Project-Outreach Phase<br>Functional Vision Inventory |

| Date | Location | Organization | Presenters | Topic |
|---|---|---|---|---|
| 2-28/2-29-80 | West Palm Beach, Fla | West Palm Beach Public School System-Special Educators | Ms. C. A. Dowell<br>Ms. M. B. Langley | Assessing and Teaching Severely Multihandicapped Children |
| 3-08-80 | Louisville, Ky | Kentucky Council for Exceptional Children | Dr. R. K. Harley<br>Ms. E. A. Altmeyer<br>Ms. E. M. Kief | Outreach Program for Multihandicapped Children of the Model Vision Project |
| 4-24-80 | Philadelphia, Pa | National Council for Exceptional Children | Dr. R. K. Harley<br>Ms. C. A. Dowell | The Assessment of Functional Vision in the Multihandicapped |
| 5-15-80 | Chattanooga, Tn | Community Agencies | Ms. C. A. Dowell | Effects of Multihandicapping Conditions |
| 5-16-80 | | | Ms. J. Heller | Language Development and Assessment |
| 5-13-80 | Knoxville, Tn | Knoxville Academy of Medicine | Ms. C. A. Dowell | Screening Functional Vision of Multihandicapped Children |
| 5-19-80 | Knoxville, Tn | East Tennessee Optometric Association | Ms. E. A. Noble | Screening Functional Vision of Multihandicapped Children |
| 7-17-80 | Nashville, Tn | Resource Sharing of Extension Programs in Tennessee | Dr. R. K. Harley | Sharing of Model Vision Project Materials and Replication Efforts |
| 10-17-80 | Jackson, Tn | Tennessee Federation Council for Exceptional Children | Ms. C. A. Dowell<br>Ms. J. Reagan | Model Vision Project and the Functional Vision Inventory |

| Date | Location | Organization | Presenters | Topic |
|---|---|---|---|---|
| 10-30-80 | Los Angeles, Ca | National Conference for the Association of Severely Handicapped | Ms. C. A. Dowell<br>Ms. E. A. Noble | The Adaptation of Infant Intelligence Scales for Use with the Severely Handicapped |
| 11-01-80 | Los Angeles, Ca | National Conference for the Association of Severely Handicapped | Ms. C. A. Dowell<br>Ms. E. A. Noble | Alternative Models for Educating the Severely Handicapped |
| 11-20-80 | Washington, D.C. | Project Directors Orientation Workshop-Program Development | Ms. C. A. Dowell<br>Dr. D. T. Murray | Replication of a Model Project |
| 11-20-80 | Nashville, Tn | Metro-Davidson County Vision Teachers | Ms. E. A. Noble<br>Ms. J. Reagan | Functional Vision Screening Test |
| 12-04-80 | Pigeon Forge, Tn | Tennessee State Meeting of Vision Teachers | Ms. C. A. Dowell | Functional Vision Assessment of Multi-handicapped, Visually Impaired Children |
| 1-16-81 | Austin, Tx | Austin Independent School District | Ms. C. A. Dowell | Functional Vision Inventory |
| 1-21-81 | Ft. Lauderdale, Fla | Broward County School Distr t | Ms. E. A. Noble | Functional Vision Screening Test |
| 2-13-81 | Indianapolis, In | Indiana Council for Exceptional Children | Ms. J. Reagan | Model Vision Project-Outreach Phase |
| 2-14-81 | Oak Ridge, Tn | Council for Exceptional Children - Chapter 98 | Ms. C. A. Dowell | Functional Vision Screening Test |
| 3-06-81 | Frankfort, Ky | Kentucky State Vision Teachers Meeting | Ms. E, Ethridge | Vision Screening |
| 3-17-81 | Louisville, Ky | University of Louisville, School of Ophthalmology | Dr. R. K. Harley<br>Ms. C. A. Dowell | Vision Screening |

| Date | Location | Organization | Presenters | Topic |
|---|---|---|---|---|
| 3-24-81 | Louisville, Ky | University of Louisville, School of Ophthalmology | Ms. I. Moseley | The Ophthalmologist's Role in the Schools |
| 4-17-81 | Birmingham, Al | Birmingham City Public Schools | Ms. C. A. Dowell<br>Ms. J. Heller | Working with Multi-handicapped, Visually Impaired Children |
| 4-27-81 | Lansing, Mich | Michigan State Department of Education | Ms. C. A. Dowell | The Functional Vision Inventory |
| 4-28-81 | Lansing, Mich | Michigan State Department of Education | Ms. C. A. Dowell | Assessment of Multi-handicapped, Visually Impaired Children |
| 5-18/5-27-81 | Raleigh, NC | North Carolina Department of Public Instruction-Division for Exceptional Children | Mr. R. G. Long<br>Ms. J. Reagan | Assessment and Programming for Multi-handicapped, Visually Impaired Students |

# APPENDIX B

Chattanooga
Model Vision Project
1979-1980

I. Purpose: The purpose of this proposal is to ensure the delivery of appropriate education and training services to multihandicapped, visually-impaired children and youth at OGC and the Chattanooga-Hamilton County area. The proposal calls for the establishment of a Model Vision Program at OGC and is a direct outcome of MVP training and consultation during the past year. As such, the program is based on MVP philosophy, procedures, methods, and materials, and although its focus is on visually-impaired children, there will be direct benefits to many other multihandicapped children. Besides its obvious advantage in enabling OGC and the Chattanooga area to provide legally-mandated appropriate services to these children, the program will also provide OGC with a visible innovation that can serve to enhance its national reputation.

II. Personnel: (a) The coordinator will oversee the operation of the program both in and out of the center. This person will serve as a liaison with appropriate community agencies, service deliverers, and parents of the target population. He or she will arrange for demonstration of procedures and materials, arrange for in-service training and participation in local and regional conferences, workshops, etc. He or she will handle stimulation of awareness activities, handle referrals, schedule assessments, and monitor services to the target population.

Ideally, this person should already be on the OGC staff and could be the existing coordinator of the particular program area where MVP is eventually placed. His or her MVP duties could be for additional pay or substituted for several present responsibilities.

(b) The educational diagnostician would have diagnostic and programming services as his or her major responsibility. This person would provide assessment of visual, cognitive, communication, motor, and/or social skills for multihandicapped, visually-impaired children (ages 3-21) and for multihandicapped children with other major handicapping conditions. This assessment information will be used to develop comprehensive individual program plans. The assessment will also serve to (a) actively involve all service deliverers (teacher, parent, P.T., speech therapist, etc.) so that the IPP is developed cooperatively, (b) provide demonstration to service deliverers and other interested persons (e.g. students, professionals), and (c) provide training and technical assistance to service deliverers. This person would also be responsible for formal and informal observation and assessment procedures for deriving information on appropriate teaching procedures, behavior management, strategies, etc. Most of this work would be in-house and take place in a diagnostic classroom established and maintained at the center.

This position would be a new position at the center. During the first year, it may be feasible to effect an exchange between OGC and Peabody where a Peabody graduate student would be sent to OGC to use this diagnostic classroom as an internship experience. At the same time, a person from OGC would be sent to Peabody for appropriate training in assessment and visual disabilities and then return to OGC to head this classroom permanently.

(c) The visual specialist would have specialized training services as his or her major responsibility. This person would perform vision screening and train others in the area in screening techniques and programming for functional vision. He or she would provide O&M training and/or consultative services to all target population children and youth in the Chattanooga-Hamilton County area. This person would also provide in-service training in vision, O&M, and general educational methodology for MH, VI population, and would also participate in local and regional conferences. This person's activities would be both at OGC and in the community, and would involve cooperative agreements with schools systems, agencies, etc.

This person ideally should be someone on the OGC staff who is already familiar with procedures for visually-impaired and who would be willing to assume a new role at the center and obtain additional training. It may be that with some restructuring of the services provided currently at the center to this population that this person could be "freed up" to take on this new position.

III. Internship Plan

| Students | Fall Semester Peabody - Orange Grove | Spring Semester Peabody - Orange Grove | Summer Peabody | TOTAL |
|---|---|---|---|---|
| #1 | Orange Grove supervised internship 9 hrs. | Peabody 14 hrs. | 9 hrs. | 32 hrs. |
| #2 | Peabody 14 hrs. | Orange Grove supervised internship 14 hrs. | 9 hrs. | 32 hrs. |

Orange Grove would receive a supervised intern (regular classroom certified teacher) for each of two school semesters to complete an entire school year of service. In return, the Orange Grove Center would employ one of the interns at a salary level commensurate with the teachers' certification and experience for that school system at the end of the first year. The teachers would pay Peabody for tuition, and travel expenses for the college supervisor would be paid by the grant. The teacher would obtain a Master's degree or

advanced degree and certification to teach visually handicapped/ multiply handicapped children. Orange Grove would obtain qualified teachers for at least a one-year commitment, and the college would receive the tuition. Completion date for Orange Grove-Peabody agreement, April 1, 1979. Recruitment and selection of the two teacher trainees by June 1, 1979. Completion date for the training program, August, 1980.

IV. Commitments from meeting of 2/5/79: (meeting of Ashcroft, Cook, Fleming, Germ, Harley)

A. Model Vision Project

1. Program continuation in modified form
2. Continued consultation - 10 to 12 days per year
3. Technical assistance on diagnostic and program implementation
4. Suggest revisions of Bercaw proposal, assist with grant application
5. Diagnostic and instructional materials
6. Fellowship/staff slot exchange, continuing education/ inservice education

B. Orange Grove Center

1. Program continuation by incorporating MVP into reorganized existing programs at OGC
2. Adopt a developmental plan with phasing sequences along lines of Bercaw proposal
3. Seek funds through such sources as 89-313, 94-142, Foundation
4. Staff/Fellowship exchange - continuing education, in-service training
5. Explore possibility of joint appointment with Chattanooga City and Hamilton County school systems
6. Willis D. Miller Eye Center

V. Relationships within Orange Grove

The relationship of this unit to the organizational plan should be determined by the administration and staff of Orange Grove. The MVP directors and staff feel that this plan could be developed after the other basic principles of the MVP plan are agreed upon. One important recommendation is that the MVP plan should not be combined with the existing optometric training program, as each have their own special functions. It is recommended that the administration develop an organizational plan that will include the Model Vision Program within a structure that will relate properly to its other programs and the existing administrative structure of the school.

VI. Relationships with other community agencies

The ideal service delivery system for severely handicapped children with visual impairment as a primary handicapping condition should involve cooperation with schools and community agencies which provide a complete program of educational and ancillary services for each child. Orange Grove has already developed a cooperative relationship which can be used to build this complete program. A school system is always in a state of change to meet needs of its changing population and the changing nature of the community itself. It is anticipated that improved services can be obtained for these children and a more efficient service delivery system will be developed if Orange Grove takes advantage of the new services which are being developed in the Chattanooga area. For example, the Diagnostic Clinic at U.T.C. or TEAM might be a source of specialized services. It is recommended that Orange Grove continue to explore the development of closer relationships with such agencies in the community as it feels can help the overall program for its children.

VII. Next steps — The following suggestions are made to help implement the preceeding plan:

1) Orange Grove should approve, modify, or reject the plan by April 1. If Orange Grove waits too long, it will be difficult to recruit the qualified personnel which are needed to insure the success of the program.

2) Living expenses at Orange Grove are needed by the Peabody interns. The grant money would just pay the tuition and a little over for living expenses at Peabody College.

3) The Model Vision Project directors and staff will be available for any additional planning meetings. Appropriate advance notice would be helpful.


PHONE 629-1451
618 DERBY STREET
CHATTANOOGA, TENNESSEE 37404

March 30, 1979

Dr. Randall Harley
Co-Director, MVP
Room 314C, MRL
Box 328 #8296
Peabody College
Nashville, Tennessee 37203

Dear Dr. Harley:

Having reviewed the proposal for the Model Vision Project, we are generally in agreement and want to commend you for an excellent job in detailing the conceptual concepts which were discussed at the meeting on February 5, 1979. There are just a few items we feel need modification or clarification before we move along with the implementation.

We think the coordinator and visual specialist's responsibilities could be encompassed within a single position. Further, a current staff member, Mrs. Sherry Allison, would have the capabilities to satisfy this position. There has also been some interest already expressed in the Peabody Fellowship by an Orange Grove employee.

It would be our intent to focus during the first year on the target population which has already been identified. This would include individuals who are currently students at Orange Grove Center as well as individuals outside the Center who have been identified as part of the target group.

We cannot commit to the employment of an intern at the completion of the school year at this time. Of course, the Orange Grove person who would return from Peabody would be reinstated in the position of educational diagnostician at the appropriate experience and educational salary range.

Orange Grove Center will be prepared to pay the intern at a level commensurate with a teacher's salary which will be available due to the leave of absence during the period the fellowship is in effect. This salary should be sufficient to cover living expenses and no special Orange Grove housing should be necessary. As our residential demands have increased, we find our homes at, or near, capacity.

We would like to suggest consideration of additional consultation days during the first year. The projected ten to twelve days seem marginal for a project of this significance. The consultation may be more critical during the initial months and during transition periods. We would certainly recommend and be more confident if eighteen to twenty-four days could be recommended.

Again, we want to express our appreciation for your assistance in the initial program planning and will look forward to further discussion on these suggestions.

Sincerely,

ORANGE GROVE CENTER

Michael L. Cook
Executive Director

John F. Germ, President
Orange Grove Board of Directors

MLC:bd

Model Vision Project's
role in the
Replication Activities of
Orange Grove Center in Chattanooga
1979-1980

2.2 Demonstrations of Model techniques will continue on a limited basis.

5.1 Recontact agencies who expressed interest in Model Vision Project services.

5.2 Coordination and cooperation between agencies in the Chattanooga-Hamilton County area should be further implemented in order to clarify and facilitate Orange Grove's role as a liason among community agencies.

7.1 Assist in maintenance and refinement of trainees' skills in screening and assessment. Target population should be identified and parents notified.

7.2 Goals of Resource Room

1. Determine appropriate educational placement for target children.
2. During the 1979-1980 school year, Bridgett Parisi, and Bruce Smith (Interns) will be service delivery agents in diagnostic and assessment procedures. Sherry Allison will serve in an advisory capacity. In 1980-1981, Jo Heller will serve as a direct service agent.
3. Target children will be assessed and precriptive recommendations will be made.
4. Appropriate auxiliary services will be recommended or contacted when needed.
5. Information gained from the assessment will be translated into educational objectives for use in each child's IEP.

7.3 Assist in the development of a packet dealing with monitoring child progress techniques. The following should be incorporated:

1. Validation of effectiveness of services.
2. Documentation of child progress toward objectives.
3. Collection of data.
4. Utilization of assessment date in developing IEP's.
5. Record of frequency and duration of targeted behaviors.

7.4 Attempt the implementation of Model Vision Project based parent training at OGC. Parents might be involved in:

1. Assessment
   a. intake session
   b. feedback and planning session
2. Implementation of long and short-term goals
3. IEP Development

7.5 Locate Sample Observational Form developed by M.V.P., O.G.C. staff, and head opthamology resident.
Present 3 workshops in the Chattanooga-Hamilton County area.

8.1 Assist in working out cooperation between teachers and social workers in addressing family and child needs. Suggested:

8.1 Foster grandparents, volunteers, arranging for parents to work with other parents, list of experienced babysitters. Parent Needs Assessment Questionnaire should be mailed. Assist in planning parent training program.

8.2 M.V.P. will assist in providing involvement for parents in orientation meetings and feedback following assessment sessions. Contact should be made with parents to describe program components, services available, opportunities for parent involvement, and surveys and questionnaires which they will receive by mail. This material (Parent Needs and Interests survey, etc.) should be mailed to the parents. Assist Replication Project (RP) in providing involvement opportunities for parents in Orientation Meetings, feedback following assessments, etc.

8.3 Assist in implementing an appropriate parent training program using one of the following methods according to O.G.C.'s needs:

1. teacher-parent training through ongoing school-home and observation.
2. training parents as parent trainers.
3. professional or para-professional parent training program.

9.1 Assist in utilizing methods of assessment to set long and short-term goals.

9.2 Assist in monitoring child progress using O.G.C.'s system.

9.3 Measure parent satisfaction with M.V.P., i.e., participation in workshops, classroom involvement, parent groups, educational training in the home (social worker).

Plans for Orange Grove Internship
for Bruce Smith
Fall Semester 1979-80

The following understandings were mutually arrived at by Bruce and me in the role of his advisor and as a co-director of the model vision project.

1. We are agreed that the internship which extends from roughly September 1 to December 15th will be taken for six semester hours of credit.

2. It will involve full time work for this period at Orange Grove Center.

3. The major activities of the internship will be planned with Sherry Allison and others at Orange Grove in cooperation with Liz Altemyer and others of the Model Vision Project staff and me as his advisor.

4. Major components of the activity as we understand them presently will be activities in functional vision assessment and screening of selected children in the Orange Grove Center; identification and development of community resources relevant to services for children eligible for the model vision project; classroom activities when possible that provide learning opportunities for working with MVP type children in the Orange Grove Program; work preparatory to the development of the diagnostic classroom by Sister Parisi.

5. In connection with these activities, Bruce will be expected to keep a log and time schedule in some detail regarding his various activities along these lines. The log will be shared with his advisors and others periodically during the course of the internship.

6. Bruce will be expected to identify possibly two children that he will follow somewhat more intensively than he will work with other children s case studies. He will prepare a study including the identifying information and observe and suggest activities for these children relevant to their education and development throughout the course of the internship and prepare a written report on these case studies to be submitted as a part of the requirements for the internship.

7. Supervision for the Internship will be provided in part by Liz Altmeyer and by me through regular communication by telephone and correspondence as well as personal visits.

Orange Grove Center

Model Vision Project-Outreach Phase
Internship Contract

January 21, 1980 to May 2, 1980

I. MVP-OP Commitments:

A. Make three visits to Orange Grove concerning programming effectiveness and needs, internship concerns, and all other related areas. (E. Altmeyer - January 21, 1980; S.C. Ashcroft - February 19, 1980; R. K. Harley - during March; probably during the week of March 3-9).

B. Provide fifteen hours of consultation to Jo Heller for the selection of materials to be used in the proposed diagnostic resource room. These consultation hours shall be provided by C. Dowell and B. Noble.

C. Provide two days of consultation to Sherry Allison regarding the community survey. This consultation will be in reference to compilation of results, and contacting those agencies requesting in-services. The follow-up workshops shall be presented by the Educational Specialists of MVP-OP in the Chattanooga area with Model

D. Invite and include Jo Heller in Knoxville workshop presentations. This aspect will give Jo experience in the preparation and presentation of workshops.

E. Provide direction and supervision with the internship program.

II. Intern Commitments

A. Assist teachers/aides by:

1. Demonstration of specific techniques/methods/strategies used in teaching specific children upon request of Client-Program Coordinator (C.P.C.) current/continuing.

2. Assisting C.P.C. in determing objectives for specific students through observation, screening, and teaching of specific students - current/continuing

3. Providing C.P.C. with resources relevant to materials/teaching strategies for working with multiply-handicapped population - current/continuing.

4. Assisting C.P.C. in ordering materials through APH and Library for the Blind and Physically Handicapped - current/continuing.

5. Conduct Functional Vision screening upon request of C.P.C.

B. Assist Client Program Coordinator

1. In determining appropriate approach to parent/houseparent involvement - current/continuing.

2. In demonstrating techniques/strategies to parents/houseparents - current/continuing.

3. In communicating current programming (objectives) and results of objectives:

a. Through use of creative pictures.

b. Through consultation with C.P.C. - current/continuing.

C. Interactions with Community Agencies

1. Establish resource file of community agencies and the services provided to the MVP-OP target population. This will be established for use by C.P.C./parents/houseparents:

   a. Through phone contacts to determine type services available and to request brochures giving explanation of same.

   b. Through systematically organizing all pertinent information in order that it be available for OGC staff.

2. Organize schedule with Dr. Ridley for students referred for ophthalmological exams.

3. Receive and make referrals to opthalmological residents, arrange schedule for each visit to Orange Grove and inform teachers. Escort residents through the center on each visit following planned schedule.

4. Communicate to local resources regarding availability of workshops provided by Peabody/Vanderbilt (MVP-OP) staff. Determine types of workshops needed and establish dates for same with community organizations and Peabody/Vanderbilt (MVP-OP) staff.

D. Conduct family survey, individually as per directions of C.P.C.

1. Respond to the needs identified in the surveys

E. Contact MVP-OP Nashville office on a weekly basis. Wednesday morning has been established for the calling day.

III. Orange Grove Commitments

A. Provide direct supervision of intern placed at the Center.

B. Communicate regularly with the MVP-OP Nashville office and the intern regarding questions and any problems.

C. Support the intern in the completion of the tasks related to the internship.

D. Assist in the provision of meeting rooms, etc. for agency and/or parent meetings and workshops.

E. Assist in the completion of Model Vision's Objectives for 1979-80, and establish a diagnostic program in the 1980-81 school year.

Elizabeth A. Altmeyer - Project Manager

Sr. Briget M. Parisi - Intern

Randall K. Harley - Project Co-Director

Sherry Allison - Intern Supervisor

S.C. Ashcroft - Project Co-Director

Wanda Fleming - Assistant to the Superintendent

Memo to: Model Vision Project Staff

Regarding: Sevierville Meeting - 9-12-79

From: Elizabeth A. Altmeyer

Date: 9-13-79

Beth Noble and I visited the Sevier County Special Learning Center on the morning of 9-12-79. I had planned to meet with Mr. Glen Bogart. In addition to Mr. Bogart, and three staff members were in attendance.

Our meeting began approximately at 9:00 a.m. Mr. Bogart began with a brief review of the Model Vision Project in Sevierville during the 78-79 school year.

There were 10 to 12 participants at the workshops for college credit. Other staff administrators did attend workshops on a selective basis.

All staff felt a great deal of profit from most sessions. It was felt that the cognitive session offered too much information at one time. The classroom demonstrations were also considered beneficial.

Mr. Bogart shared with us a breakdown of the Sevier County school enrollment:

1,034 total enrollment
51 severely - profoundly handicapped
5 or 6 severely - profoundly handicapped with a vision impairment

The actual breakdown was indicative of the numbers needing attention.

When discussing the Community Resource Survey we found that there didn' seem to be a real need for this since the East Tennessee Developmental Distr. has compiled a large notebook indicating types of services which are being offered in Sevier, Knox, and Blunt Counties. These are the counties providing services to this area.

Mr. Bogart said that the Special Learning Center would be happy to have visitors from the other programs. It was stipulated that a small number of persons be scheduled for visitations.

In planning a schedule of Model Vision Project team visitations, it was suggested to make as many as needed but with a purpose.

We will send a list of training topics and the schedule of in-services offered in the Knoxville area. In this way the Sevier County Special Education Staff may attend the workshop presentations in Knoxville as well as request assistance or consultation in the topic areas listed.

Regarding parental involvement, Sevier County Special Education Center seems to have a highly developed program. Most parents visit the school at least 6 times a year. These contacts also include I.E.P. sessions. This

Mr. Bogart was also very interested in attending the A.A. E.S.P.H. convention. If he is unable to attend, a representative will be sent from the Sevier County Special Learning Center.

Following the meeting Beth and I were given a brief tour of the Special Education Center.

Model Vision Project

Knoxville
Summary
Replication Project Coordinator
Feedback Questionnaire
End of Project
July 1980

At this point in our program, we would like to gather information about the technical assistance that we have provided to your agency. This information will be very useful in helping us plan and improve our consultative services. We will hold this information from you in strictest confidence. Therefore, please be straightforward with your comments and feel free to "speak your mind". Thank you.

1. The services provided by the Model Vision Project (MVP) have been useful to this center and to its staff and clients.

| 0 | 0 | 0 | 3 | |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

2. Model Vision Project (MVP) staff members have been knowledgeable and competent in the training they have provided to this center.

| 0 | 0 | 0 | 3 | 2 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

3. Model Vision Project (MVP) staff members have been courteous and professional in their interactions with administrators, staff, and clients.

| 0 | 0 | 0 | 2 | 3 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

4. MVP staff members have made efforts to understand the working of this center and to blend the goals of the MVP with the unique needs and characteristics of the center.

| 0 | 0 | 0 | 3 | 1 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

5. The services provided by the MVP to the center are worth the extra administrative planning and coordination that is necessary.

| 0 | 0 | 0 | 4 | 0 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

Up to this point - plans for next year's implementation is still undecided.

6. What have been the good points of the project? Could they be improved?

   a. Use of the testing materials and the availability of these materials. Meetings that involve parents.
   b. Good points were: the training sessions; the ability of the trainers to adapt to the specific needs of the Knoxville group, and liaison position.
   c. The liaison position would have been more helpful if filled sooner in project and if position allowed more time for direct parent contact.
   d. Information about vision.
   e. Introduction of "best practices" for assessing and programming M-H/V-I children.
   f. Diagnostic/consultative services.
   g. Functional session screening and vision lectures were most helpful. More demonstrations on ways to work with children with certain vision problems and how to program for children after testing. We needed a final session on this phase.

7. Where has the project been least successful or useful? What ideas do you have for improvement?

   a. Some of the assessments were very tedious and time-consuming to give and score. Probably vision, cognitive, orientation and mobility assessments would have been sufficient. Probably speech therapists only need knowledge in administering these assessments.
   b. Continued replication activities and better organization of planning activities.
   c. Time allowed for demonstration of assessments. More time should be allowed; Projects should have a definite closure and not go on and on and on; and Parental involvement and interest sessions should be started earlier in project.
   d. Days of on-site visits could be used to be more specific into the reading and using of test results.

8. Additional comments or concerns.

   a. Trainees should have a simple overview of project at first session in writing. Ours was presented to individuals in project work which was excellent but mid-way MVP. This one handout (legal size paper) would have removed the "fuzzy" feelings and bewilderment of trainees. There were explanations and handouts but they were "wordy, not to the point and confusing". Would strongly recommend use of 1 page overview in planning next years work.
   b. Communication from and with Project Director has been confusing, irritating and difficult.
   c. Trainers could extend their expertise via video tapes on such things as demonstrating Functional Vision Inventory and scoring of Functional Vision Inventory. (They did an excellent job on demonstrating Functional screening techniques.) If this is done, could we make a copy???
   d. Model Vision can enhance quality replication activities and project goals and objectives by providing a Peabody-travel diagnostician to carry on in our area the training of staff and students as it relates to educational concepts governing the education of multiple handicapped/vision impaired students.
   e. Too much emphasis on memory work for tests in class. A better grading system would have been in demonstrations, practical tasks done on children, such as assignments done on the last workshop. One must remember, we are full-time teachers, not students. This made it really

Date:

# MVP-OP COMMITMENTS
# FOR 1980-1981
## Knoxville - Sevierville

| Model Vision Project-Outreach Phase | Knoxville - Sevierville |
|---|---|
| X 1. Provide 4.5 days for consultation in Knoxville-Sevierville areas. | all sites 1. Prepare a schedule of needed consultation. Include proposed date, site, and purpose for consultation. |
| X 2. Assist in planning two workshops —one to be jointly sponsored, and the second sponsored by Knoxville-Sevierville. | 4 sites 2. Prepare such plans for parent and/or community workshops. |
| X 3. Provide consultation by telephone and through sharing of new materials developed by MVP-OP. | all sites 3. Submit written feedback regarding consultation, materials, etc. which have been provided |
| 4. Provide a fellowship through the PPVH grant to a qualified recruit in the Knoxville-Sevierville area to obtain a Master's degree with specialization in the area of severly handicapped-visually impaired. | ___ 4. Name of the candidate must be submitt to Dr. Harley by July 18, 1980. |
| 5. Share expenses for teachers to participate in Louisville workshops. | ___ 5. Allow teachers to attend additional training workshops, and provide milea reimbursement for one-way travel. |
| X 6. Provide consultation in monitorin of IEP's. | 4 sites 6. Submit copies of IEP's for MVP-OP stu |
| 7. Share in joint authorship article for local, state, or national journal. | ___ 7. Assist in preparation and research f the article. |
| X 8. Assist in local, state, or national workshop. | 4 sites 8. Prepare format in accordance with top |
| X 9. Provide consultation with parent involvement program. | 4 sites 9. Continue parent meetings, and invite MVP-OP staff. |
| X 10. Continue to provide direction through advisory board. | 4 sites 10. Continue membership in advisory board |
| X 11. Assist sites in preparation for new project guidelines in Knoxville-Sevierville areas. | all sites 11. Locate funding, determine and priorit needs, use technical assistance of MVP-OP for proposal writing. |

Please return completed list to:

Model Vision
Box 36
George Peabody College
of Vanderbilt University
Nashville, Tennessee 37203

Master Plan
Schedule of MVP-OP

Consultative Visits to Knoxville
1980-1981

| | |
|---|---|
| **October 23** | |
| 3:30 - 5:30 P.M. | Group discussion on how to interpret assessment results into programming for multihandicapped, visually impaired children (place tentatively set for KAEC). |
| 7:30 - 9:00 P.M. | Parent workshop - location tentatively set for ETCRC. |
| **October 24** | |
| 9:00 - 11:30 A.M.<br>12:30 - 3:00 P.M. | Consultation with Knoxville City Schools |
| **December 4** | |
| 3:30 5:30 P.M. | Function Vision Stimulation Remediation and Materials |
| **December 5** | |
| 9:00 - 11:30 A.M.<br>12:30 - 3:00 P.M. | Consultation with East Tennessee Children's Rehabilitation Center |
| **February 5** | |
| 3:30 - 5:30 P.M. | The development of tactile exploration |
| **February 6** | |
| 9:00 - 11:30 A.M.<br>12:30 - 3:00 P.M. | Consultation with Sertoma Learning Center |

**May 11** (tentative)

Cognitive testing of original target group (15 children).

Model Vision Project
at
Louisville

Self-Assessment Questionnaire for Administrators

I. Planning

| | |
|---|---|
| 1. Lines of communication within the system to allow for efficient planning: | 3.17 |
| 2. Utilization of the multidisciplinary approach to develop an individual comprehensive educational program (IEP) for each child: | 3.5 |
| 3. My understanding of the Model Vision Project principles and techniques: | 2.33 |
| 4. Time allowed for staff planning: | 2.67 |
| Average: 2.9 | |

II. Training of Service Delivery Agents

| | |
|---|---|
| 1. The present inservice system for those that work directly and indirectly with multihandicapped, visually impaired children: | 2.33 |
| 2. Regular system for evaluation of staff performance: | 2.5 |
| 3. Service delivery agents' knowledge of the effects of multiple handicaps, including vision, on development and learning: | 2.75 |
| Average: 2.5 | |

III. Program Implementation

| | |
|---|---|
| 1. Use of assessment techniques in identifying training needs of multihandicapped, visually impaired children: | 2.83 |
| 2. Individualized educational programs (IEP) functional use in the classroom: | 3.5 |
| 3. Use of data keeping systems to measure child progress: | 3.67 |
| 4. Psychological cooperation in assessment process: | 2.92 |
| 5. Ancillary services for multihandicapped, visually impaired children: | 3.4 |
| 6. The matching of teacher skills with children assigned: | 3.0 |
| Average: 3.2 | |

IV. Coordination and Cooperation with Community Agencies

1. The present knowledge of community resources for multihandicapped, visually impaired children: 2.17

2. Interaction with community agencies that is initiated by your program: 2.83

3. Interaction with community agencies that is initiated by outside agencies: 2.3

Average: 2.5

V. Parent Involvement

1. System supported parent group: 2.33

2. Systematic mode for communicating with parents: 2.92

3. Interaction with parents that is initiated by our program: 3

4. Interaciton with parents that is initiated by parents: 2.5

Average 2.7

VI. Program Evaluation

Program change is most often based on:

1. data collection: 3.17

2. financial considerations: 3.2

3. teacher requests: 3.5

4. administrative requests: 3.5

5. community requests: 2.5

6. parent requests: 3.33

7. multidisciplinary team requests: 3

8. other _____: 

Average: 3.2

VII. Time Utilization

1. Planning 4
2. Training of Service Delivery Agents 2
3. Program Implementation 5
4. Coordination and Cooperation with Community Agencies 1
5. Parent Involvement 3
6. Program Evaluation 4

1. Planning
   a. Model Vision advisory board meet quarterly (Peabody faculty will attend twice)
   b. Center for technical assistance will remain at Peabody for the Model Vision Project. Local and state agencies can contact for services.
   c. Incorporate procedures into State Plan
2. Continue Coordination and Cooperation efforts with community agencies.
   a. Parent involvement - Parent Education Resource Center and EDDIT
   b. Vocational preparation - Center for Independent Living, Goodwill.
   c. Medical - dental, opthalmology referral (use of FVST, FVI, Ed. orien. (Eye Report)
   d. General - 4 c's
   e. University of Louisville - future training in MHVI
   f. Distribute update CRG
3. Training
   a. Level 1 trainees at each school help train new personnel working with this population.
   b. Special workshops for individual interest groups (social workers, community agencies)
4. Implementation
   a. Assessment instruments
   b. Vision screening procedure outlined in Jan Moseley's guidebook
   c. Incorporate IEP suggestions
   d. Data keeping procedures maintained
   e. Methods continued with children
5. Continue to offer parent involvement activities to families of multihandicapped, visually impaired children
   a. Workshops (EDDIT material and new ones)
   b. Invite parents to assessments
   c. Explain results of assessments to parents
   d. Plan child program with parents
   e. Consult with parents prior to program changes
   f. Update parents concerning child progress
   g. Reproduce and disseminate parent packets (MVP will supply) as requested

Model Vision Project

LOUISVILLE

Replication Project Coordinator
Feedback Questionnaire

At this point in our program, we would like to gather information about the technical assistance that we have provided to your agency. This information will be very useful in helping us plan and improve our consultative services. We will hold this information from you in strictest confidence. Therefore, please be straightforward with your comments and feel free to "speak your mind". Thank you.

1. The services provided by the Model Vision Project (MVP) have been useful to this center and to its staff and clients.

| | | | 4 | 2 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

2. Model Vision Project (MVP) staff members have been knowledgeable and competent in the training they have provided to this center.

| | | | 2 | 4 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

3. Model Vision Project (MVP) staff members have been courteous and professional in their interactions with administrators, staff, and clients.

| | | | | 6 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

4. MVP staff members have made efforts to understand the working of this center and to blend the goals of the MVP with the unique needs and characteristics of the center.

| | | | 3 | 3 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

5. The services provided by the MVP to the center are worth the extra administrative planning and coordination that is necessary.

| | | | 4 | 2 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral Undecided | Agree | Strongly Agree |

6. What have been the good points of the project? Could they be improved?

- Resource guide is excellent.
- Having the consultants and testers come into our school to work with the MVP students and teacher has been a help to us. I found the workshops every 3 weeks to be good. The staff at MVP (educational specialists) are to be commended.
- The in depth teacher training.
- Teachers and administrators are more aware of visual stimulation needs of SPH students and options for training and have developed correspondence with families to encourage continuation of same.
- The guide to community resources will be valuable

7. Where has the project been least successful or useful? What ideas do you have for improvement?

- Logistically speaking, we were not as involved as we might have been. Teacher and student and administrator participation was extremely limited due to absences, etc. Other priorities prevented meeting attendance on several occasions..
- Parent interaction and cooperation. I would like to know how to have that improve.

8. Additional comments or concerns.

- The Resource Guide is an excellent booklet and should be most helpful. The Louisville liaison has done an excellent job. It has been a pleasure working with the MVP staff. Thanks to all of you for what you are doing for children.
- My major concern is to have the program continue as new staff comes on board. I hope that the cadre that has been trained will be able to continue the program.
- I enjoyed the meeting of new people and gaining a new perspective regarding visual development. I do not, however, have the least expertise in the field. Your publications, newsletters, etc. have been most enlightening. I appreciate having your materials in the school for continued use by teachers, et al. Please keep us informed of further developments. The community resources materials should be most helpful to families and teachers locally.
- An additional workshop to the entire KSB instructional staff during inservice could be useful.

APPENDIX C

# COMMUNITY RESOURCES SURVEY

1. What types of services are available through your agency?

| | | | |
|---|---|---|---|
| _____ | a. Social Work | _____ | h. Financial |
| _____ | b. Medical - Please Specify | _____ | i. Recreational |
| _____ | c. Psychological | _____ | j. Day Care |
| _____ | d. Educational | _____ | k. Liaison and Referral |
| _____ | e. Diagnostic and Evaluative | _____ | l. Transportation |
| _____ | f. Vocational | _____ | m. Other-please specify |
| _____ | g. Legal | | |

2. What are the criteria for eligibility for your services?

   a. Age _____

   b. Physical Requirements _____

   c. Handicapping Conditions _____

   d. Geographic Limitations _____

   e. Financial Guidelines _____

   f. Other _____

3. What are your hours of operation? _____

4. Is there a fee for your services? Yes ___ ___ No _____

   If yes, how is the fee determined?

5. a. Are your services available to the multihandicapped visually impaired and/or their families? Yes _____ No _____

   b. If no, could your services be expanded to include the multihandicapped visually impaired if training workshops or consultation services were made available to your staff? Yes _____ No _____

6. Would your agency be interested in workshops or consultation in the area of the multihandicapped visually impaired? Yes _____ No _____

7. Please send any brochures or sample forms that would be helpful to parents and teachers.

Name of Agency _____

Address _____

_____

Director or Contact Person _____

Phone _____

N = 7

# LOUISVILLE
# COMMUNITY RESOURCE GUIDE EVALUATION
# QUESTIONNAIRE

1. The organization of the guide for easy use and location is:

| Excellent 5 | 4 | 3 | 2 | Poor 1 |
|---|---|---|---|---|
| | (3) | (3) | (1) | |

Comments: Table of Contents for general topics (i.e., ed.) would have been helpful.

Average: 4.3

2. The information provided for each agency is:

| Very Adequate 5 | 4 | 3 | 2 | Inadequate 1 |
|---|---|---|---|---|
| | (2) | (4) | (1) | |

Comments: Because of changing nature of services, some information becomes outdated quickly, i.e., Alex Kennedy is no longer the location for the class for severely impaired children.

Average: 4.9

3. Based on the agencies included, this guide is:

| Very Complete 5 | 4 | 3 | 2 | Limited 1 |
|---|---|---|---|---|
| | (3) | (3) | (1) | |

Comments: Redundant in some places. Services, such as barrier removal for houses, would be beneficial.

Average: 4.3

4. Are the agencies included appropriate for the multihandicapped, visually impaired population?

| Very Appropriate 5 | 4 | 3 | 2 | Inappropriate 1 |
|---|---|---|---|---|
| | (4) | (3) | | |

Comments: Some private industrial sources for equipment would be helpful.

Average: 4.6

| 5. How helpful were the following aspects? | Very Helpful 5 | 4 | 3 | 2 | Of No Help 1 |
|---|---|---|---|---|---|
| (a) color coding of sections | (3) | (2) | (2) | | |
| (b) alphabetic index | (7) | | | | |
| (c) contents page | (6) | | | (1) | |

Comments: Good idea but colored pages are more difficult to read for the visually impaired.

Average (a) = 4.1

(b) = 5.0

(c) = 4.6

| 6. Overall, I consider the value of the guide to be: | Very High 5 | 4 | 3 | 2 | Of No Value 1 |
|---|---|---|---|---|---|
| | (2) | (5) | | | |

Comments: Really think that you have done excellent job in compiling this resource guide. It can certainly be of great help to not only teachers of the visually handicapped but to the regular classroom teacher, parents, administrators, and those not trained in vision will share with others.

Average: 4.3

Agency Personnel N = 6
Other (Advocate) N = 1

APPENDIX D

# MVP TRAINING TOPICS

1. Vision and the Eye
Vision Screening (3 hrs.)

Covers information about the general structure and functioning of the eye and visual system, including explanations of terms concerning disease and congenital abnormalities. The development of vision and how it relates to visual impairment is also discussed. Includes demonstration, explanation, and practice in screening functional visual behaviors in individuals functioning from 0-3 years developmentally.

2. Cognitive Development and Assessment (6 hrs.)

Presents a Piagetian approach to normal child development from 0-5 years with practical emphasis on analyzing child behavior. Includes demonstration and practice with informal screening procedures. The major assessment instruments which can be used with the multihandicapped are displayed, and the advantages/disadvantages of each are briefly discussed. The use of assessment to gain information for child programming is stressed.

3. Language Development and Assessment (3 hrs.)

Presents an overview of the sequence of normal language development and the development of nonverbal communication. The major assessment instruments are presented and discussed. How the teacher can use assessment to gain programming information is emphasized.

4. Motor Development and Assessment
How Retention of Primitive Reflexes Affect Development
Development and Assessment of Social Skills (4 hrs.)

Presents motor and social skills in format similar to cognitive and language workshops.

5. Effects of Blindness and Multihandicaps on Development and Learning (2 hrs.)

Participants engage in activities simulating the effects of multihandicaps on learning and performing tasks. This experience stresses the need for development of alternative assessment and teaching strategies.

6. Development of I.E.P.'s (3 hrs.)

Emphasis is on content of I.E.P.'s, selection of appropriate and functional goals and objectives, and primary factors to consider when programming. Includes practice at developing goals and objectives from assessment information, and practice at utilizing/adapting motivating materials appropriately for several developmental levels.

7. Programming for Development of Functional Vision (2-3 hrs.)

Presents techniques for in-depth assessment of visual behaviors and utilization of results in programming for efficient use of vision.

8. Handling and Positioning Techniques (2 hrs.)

Covers the basic methods used with physically impaired individuals for facilitating more normal movement and/or control of movement and posture necessary for adaptive performance of cognitive, visual, and self-help skills.

9. Orientation and Mobility for the Multihandicapped (4 hrs.)

Presentation of traditional O&M techniques (sighted guide, pre-cane and cane skills, electronic travel aids, guide dogs, etc.) used with the higher functioning individual. Practical application of pre-cane techniques is included. Methods used with the lower functioning individual to encourage concept development and exploration of environment are discussed.

10. Development of Prevocational Skills (1-2 hrs.)

Discussion about how using functional everyday materials and teaching survival daily living skills can better prepare multihandicapped visually impaired children for life as an adult.

11. Monitoring Child Progress (2 hrs.)

Covers short-cuts and simple methods for determining effects of instruction on child progress.

12. Teaching Methods and Materials (3 hrs.)

Re-emphasizes and consolidates teaching and programming methods effective with the severely handicapped. Includes suggestions for teacher-made materials, commercial materials, and adaptations of materials for multihandicapped visually impaired.

Total: Approximately 37 hours to cover all modules. An additional 3-5 hours at 15-20 minutes per session will be necessary for completing pre and post tests and workshop evaluations.

# PARENT INVOLVEMENT

## REACTION FORM

Ident. _____
Date _____
Pre _____
Post _____

Please read each of these statements, and mark your reaction to each statement. Please be candid in your response.

1. Special educators are responsible for the development and implementation of the educational programs of the children in their classes and should try not to involve themselves in the personal lives of the parents of these children.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

2. To encourage parental involvement in their child's educational development, the best method is usually to contract with parents for achievement of certain objectives through home teaching.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

3. Classroom teachers need to adjust their perceptions of priority concerns for the children in their classes to be consistent with the needs and concerns of the families of these children.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

4. Parents are best able to initiate teaching of new skills to their children but may need assistance from the classroom teacher regarding techniques.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

5. Teacher expectations for parental involvement in the education and training of their children should be consistent from parent to parent to assure that parents have a clear understanding of their responsibilities.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

6. It is not inappropriate for parents to have feelings of resentment toward their handicapped child.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

7. It can be expected that parent/home teaching will enhance parent-child relationships.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

8. Parent training/education would be of little use to the parents in my class.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

9. It is useless for me to tell parents in my class what they could be working on at home; they won't do it anyway.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

10. I am willing to devote time and effort to improving parent involvement at the center, because I feel it would be worthwhile.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

11. I have learned through experience not to "knock myself out" trying to make things easier for parents - when you do, they still don't seem to carry over at home, understand what their child's needs are, show up for conferences, meetings, etc.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

12. Most of the parents in my class would not be interested in small group meetings at school.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

13. Most of the parents in my class would find short reading materials related to development, training, child management, etc. very useful.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

14. Most of the parents in my class have realistic expectations for their children.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

15. Most of the parents in my class consider teachers to be totally responsible for the progress or lack of progress of their children.

Strongly Agree  Agree Somewhat  Disagree Somewhat  Strongly Disagree

# Parent Involvement Survey

1. How many students are in your class? _____

2. What is the age range in your class? _____

3. Estimate the number of parent contacts in each category which you have in an average month.

| | Telephone | Notes | Conferences at School | Home Visits |
|---|---|---|---|---|
| Teacher-initiated | _____ | _____ | _____ | _____ |
| Parent-initiated | _____ | _____ | _____ | _____ |

4. For what 3 main purposes have you contacted parents?

_____ _____ _____

5. For what 3 main purposes have parents contacted you?

_____ _____ _____

6. Does at least 1 parent come to the team meeting for every student in your class? _____

If not, what are the most frequent reasons for not coming?

_____ _____ _____

7. How many of your parents come in to school to observe their children in the classroom? _____

How many times a month do you have parents in your classroom for observation?

_____

8. Do you feel there has been much success with parent carry-over at home for your students? _____

If not, what do you see as the reasons?

_____ _____ _____

9. Do you feel that opportunities for parent involvement and parent education at the center have met the needs of your parents? _____

If not, how do you think parent involvement and education could be improved?

10. What assistance can the Model Vision Project provide you in working with your parents?

11. Do you have any comments about aspects of parent involvement not mentioned above?

5. For what 3 main purposes have parents contacted you?

Respondents most often cited student's health or medical information (4), general questions (2), and IEP's (2) as the main reasons parents initiated contact. Other reasons mentioned included changes in child's schedule, teacher complaints, lost articles, behavior, feeding program, program information, lost or damaged canes, transportation and student progress. Pre survey results showed similar reasons for parents initiating contacts with school personnel.

6. Does at least one parent come to the team meeting for every student in your class?

Four teachers said yes with one other saying that 90% of the time at least one parent per student attended team meetings. Six teachers said, no. Pre survey results showed that six teachers responded yes while nine teachers said no to this item.

If not, what are the most frequent reasons for not coming?

The reasons most often cited for lack of parent attendance at team meetings included transportation (5), work (3), and travel distance (2). Other reasons included lack of interest, other children at home, time conflicts and forgetting dates. One respondent said that they did not know why their student's parents did not attend team meetings. Similar reasons were cited in pre survey results.

7. How many of your parents come in to school to observe their children in the classroom?

The average response of six teachers was 2.17 with one other teacher saying that very few of her parents observed their children in the classroom. Five teachers said that none of their parents came for observation. The average pre survey response was 1.25 parents coming to school for observation.

How many times a month do you have parents in your classroom for observation?

Those responding indicated less than one visit per month on both the pre and post survey.

8. Do you feel there has been much success with parent carry-over at home for your students?

Two teachers said yes with five others indicating that there was some parent carry-over at home with some of their students. Three teachers said no and one other said they didn't know whether there was any parent carry-over at home. Pre survey results showed that six teachers said yes, six said no, three said some, with one other indicating that it was hard to say if there was much success with parent carry-over at home.

If not, what do you see as the reasons?

A variety of reasons were mentioned including parents' inability to follow directions, laziness, lack of interest and proper materials, students institutionalized, lack of demonstration, motivation, monitoring and time, and because some parents feel they can't change their routine with other family members. One teacher said that because her students were basically

academic, the homework was explained in class. Similar reasons were noted on the pre survey.

9. Do you feel that opportunities for parent involvement and parent education at the center have met the needs of your parents?

Two teachers said yes, one said somewhat, with one other saying that they didn't know if parent needs had been met at the center. Five teachers said no. On the pre survey four teachers said that they felt parent needs had been met at the center, eight said no, with one other saying some parent needs had been met.

If not, how do you think parent involvement and education could be improved?

Improvements suggested for parent involvement and education included more contacts through social workers, assistance with transportation and baby-sitting, home visits, monthly meetings and by listening and responding to parent concerns. Similar suggestions for improvements in parent involvement were mentioned on the pre survey.

10. What assistance can the Model Vision Project provide you in working with your parents?

Teachers suggested that MVP could provide parents with specific activities for working with their children, handouts, a list of assessments with brief descriptions of each, the Community Resource Guide and suggested books. Teachers also said that MVP could provide workshops and education for the parents in how to deal with their child and in how to understand their child better. One teacher said that MVP had been helpful through their classes and handouts. Similar suggestions were made on the pre survey.

11. Do you have any comments about aspects of parent involvement not mentioned above?

What can be done when school is state residential and parents never come to transport their children?

MODEL VISION PROJECT

at

Louisville

Self-Assessment Questionnaire for Trainees

Directions:

Please rate your present knowledge about the following topics. Circle the number that most clearly corresponds to your own personal rating of your familiarity with each item. The explanation for each number is listed below.

This questionnaire will help us plan the content and scope of our training activities with you, so please be frank and honest. Thanks.

Key:

1 = No knowledge at all
2 = Know a little about it
3 = Some experience and/or Some knowledge
4 = Extensive experience or knowledge
5 = Extensive experience and extensive knowledge

| | | | | | | |
|---|---|---|---|---|---|---|
| I. General topics in child development | | | | | | |
| 1. Knowledge of major conceptualizations of cognitive development according to Piaget. | 1 | 2 | 3 | 4 | 5 | 3 |
| 2. Knowledge of the sequence of language development. | 1 | 2 | 3 | 4 | 5 | 2. |
| 3. Knowledge of the sequence of gross motor skills. | 1 | 2 | 3 | 4 | 5 | 2. |
| 4. Knowledge of the developmental sequence of fine motor skills. | 1 | 2 | 3 | 4 | 5 | 2.7 |
| 5. Knowledge of the developmental sequence of social/affective skills. | 1 | 2 | 3 | 4 | 5 | 2.6 |
| 6. Knowledge of the developmental sequence of self-help skills. | 1 | 2 | 3 | 4 | 5 | 2.8 |
| 7. Knowledge of typical developmental patterns of the visually handicapped child. | 1 | 2 | 3 | 4 | 5 | 2.2 |
| 8. Knowledge of effects of additional handicaps besides vision on development and learning in children. | 1 | 2 | 3 | 4 | 5 | 2.4 |

1 = No knowledge at all

2 = Know a little about it

3 = Some experience and/or some knowledge

4 = Extensive experience or knowledge

5 = Extensive experience and extensive knowledge

Line Item Average

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| II. | Topics in developmental assessment and programming | | | | | | |
| | 9. Administering developmental screening instruments. | 1 | 2 | 3 | 4 | 5 | 2.4 |
| | 10. Choosing appropriate instruments to use when assessing visually impaired multihandicapped individuals. | 1 | 2 | 3 | 4 | 5 | 1.9 |
| | 11. Utilizing appropriate techniques and strategies for assessing multi-handicapped persons with visual impairments. | 1 | 2 | 3 | 4 | 5 | 1.9 |
| | 12. Devising individualized educational programs with behavioral objectives which are based on the results of developmental assessment procedures. | 1 | 2 | 3 | 4 | 5 | 2.9 |
| | 13. Methods for implementing IEP's in the classroom. | 1 | 2 | 3 | 4 | 5 | 3.3 |
| III. | Topics about vision and visual behavior | | | | | | |
| | 14. Administration of formal and informal visual-screening procedures to assess a person's current use of functional vision. | 1 | 2 | 3 | 4 | 5 | 1.9 |
| | 15. Using information gathered from visual screening to determine appropriate services and programming. | 1 | 2 | 3 | 4 | 5 | 2 |
| | 16. The effects of visual handicaps on cognitive and perceptual development. | 1 | 2 | 3 | 4 | 5 | 2.2 |
| | 17. Techniques and strategies for maximizing the use of residual vision in persons with visual handicaps. | 1 | 2 | 3 | 4 | 5 | 2 |
| | 18. Basic orientation and mobility concepts and skills that are necessary for fostering the maximum independence of multihandicapped visually impaired persons. | 1 | 2 | 3 | 4 | 5 | 2.1 |
| | 19. Devising travel programs for multihandicapped, visually impaired persons according to level | 1 | 2 | 3 | 4 | 5 | 1.8 |

1 = No knowledge at all

2 = Know a little about it

3 = Some experience and/or some knowledge

4 = Extensive experience or knowledge

5 = Extensive experience and extensive knowledge

Line Item Average

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| IV. | **Classroom skills and techniques for working with the multihandicapped and/or visually impaired** | | | | | | |
| | 21. Implications of Van Dijk's motor development approach to the education of multihandicapped individuals. | 1 | 2 | 3 | 4 | 5 | 1.5 |
| | 22. Relating prevocational concepts/skills to the childs' present development level. | 1 | 2 | 3 | 4 | 5 | 2.4 |
| | 23. Using basic handling and positioning procedures commonly employed with physically handicapped children. | 1 | 2 | 3 | 4 | 5 | 2.6 |
| | 24. Devising a workable program for toilet-training with multihandicapped children. | 1 | 2 | 3 | 4 | 5 | 2.7 |
| | 25. Techniques for working with children who have feeding problems. | 1 | 2 | 3 | 4 | 5 | 2.9 |
| | 26. Basic instructional sequences and activities used in teaching dressing skills. | 1 | 2 | 3 | 4 | 5 | 2.1 |
| | 27. Basic child management/training techniques. | 1 | 2 | 3 | 4 | 5 | 3 |
| V. | **Issues related to parent involvement** | | | | | | |
| | 28. Ability to adapt and/or make appropriate materials for instructional use. | 1 | 2 | 3 | 4 | 5 | 3.1 |
| | 29. Ability to organize and direct para-professionals effectively. | 1 | 2 | 3 | 4 | 5 | 3 |
| | 30. Ability to employ generative teaching in making all activities, planned and incidental, learning situations and in utilizing single activities to address several skills and functioning levels. | 1 | 2 | 3 | 4 | 5 | 2.7 |
| | 31. Factors affecting parents' abilities to become involved in their handicapped child's educational programs. | 1 | 2 | 3 | 4 | 5 | 2.9 |
| | 32. Ability to model child management/training techniques for parents at | 1 | 2 | 3 | 4 | 5 | 2.6 |

1 = No knowledge at all
2 = Know a little about it
3 = Some experience and/or Some knowledge
4 = Extensive experience or knowledge
5 = Extensive experience and extensive knowledge

| | | | | | | | Line Item Average |
|---|---|---|---|---|---|---|---|
| 35. | Knowledge of available community resources for direct and support services to the target population and their families. | 1 | 2 | 3 | 4 | 5 | 2.5 (N=40) |
| VI. | **Evaluation of pupil progress** | | | | | | |
| 36. | Common techniques for recording baseline data. | 1 | 2 | 3 | 4 | 5 | 3.1 |
| 37. | Collecting and evaluating behavioral change data for validating and modifying specific teaching procedures. | 1 | 2 | | 4 | 5 | 2.9 |
| 38. | Collecting and evaluating assessment data for validating the overall usefulness of an individual educational or training program. | 1 | | 3 | 4 | 5 | 2.8 |

Thank you.

Name or Identifying Number

# Model Vision Project
## Individual Program Plan for Teachers
## (A Contract)

Name of Trainee _____ Level _____

Social Security Number _____ Contracted Grade if taken for Cr

Below are the results from the self-assessment, pre-tests and observational checklis when applicable. They are rank ordered with one (1) representing the area of most strength. This information is provided to help you select the workshops which will be most appropriate to your needs. Based on the data presented, check the workshops you will attend. Space has been provided for Level II and III trainees to check the committee on which they would like to serve. In an effort to individualize the program and meet your particular needs, please list three (3) personal objectives you have for the training in the space provided on the lower left-hand column of the pag

| | SA | OC |
|---|---|---|
| I. General topics in child development | ___ | ___ |
| II. Developmental assessment | ___ | ___ |
| III. Vision/Visual Behavior | ___ | ___ |
| IV. Classroom skills and techniques for working with multihandicapped | ___ | ___ |
| V. Issues related to parent involvement | ___ | ___ |
| VI. Evaluation of pupil progress | ___ | ___ |

**Level II & III only:**

Committees on which I would like to serve:

- Parent Involvement ___
- Coordination and Cooperation with Community Agencies ___

**Extra Credit Work:**
(If taken for credit)

**Personal Objectives for the training:**

1.

2.

3.

| | PT | W |
|---|---|---|
| 1. Vision Development | ___ | 21 |
| 2. Vision Screening and Programming | ___ | 23 |
| 3. Cognitive Development | ___ | 22 |
| 4. Cognitive Assessment | ___ | 23 |
| 5. Language Development | ___ | 21 |
| 6. Language Assessment | ___ | 23 |
| 7. Motor Development & Assessment | ___ | 23 |
| 8. Social/Self-Help Development & Assessment | ___ | 21 |
| 9. Handling/Positioning | ___ | 23 |
| 10. Orientation & Mobility | ___ | 22 |
| 11. Pre-Vocational & Daily Living Skills | ___ | 22 |
| 12. Monitoring Child Progress | ___ | 23 |
| 13. Methods | ___ | 21 |
| 14. Materials | ___ | 21 |
| 15. Parent Involvement | ___ | 21 |
| 16. I.E.P.'s | ___ | 19 |
| 17. Working w/Community Agencies | ___ | 19 |
| 18. Effects of Multiple Handicaps on Development and Learning | ___ | ___ |

Total Pretest Score _____

Model Vision Project

Workshop/Module Evaluation

Name or Identifying Code: _____

Presenter(s): _____

Date: _____

Directions: Please place a checkmark in a position on the line that best corresponds to your opinion.

1. In general terms, I found today's workshop to be

| A complete waste of time | Only somewhat useful | Quite valuable | Extremely worthwhile |
|---|---|---|---|

Comments:

2. The content of the workshop was:

| Of no value | Moderately useful | Extremely useful |
|---|---|---|

Comments:

3. The presentation(s) was (were):

a.

| Unclear (I was lost) | Average | Very clear |
|---|---|---|

Comments:

b.

| Boring (Put me to sleep) | Average | Very interesting |
|---|---|---|

Comments:

4. The organization of the workshop was:

| Totally disorganized | Average | Well organized |
|---|---|---|

Comments:

5. The materials (e.g. handouts, overheads, displays) were:

| Of no help whatsoever | Average | Extremely useful |
|---|---|---|

Comments:

6. Considering my needs, the workshop was:

| A total waste | Somewhat helpful | Quite helpful | Extremely relevant |
|---|---|---|---|

Comments:

7. The following aspects of the workshop were especially useful:

a.

b.

8. The following aspects of the workshop were of little or no value:

a.

b.

9. Overall, I would rate today's workshop as

| Poor | Fair | Good | Excellent |
|---|---|---|---|

Comments:

# Pre-Post Test

## Orientation & Mobility

Name or Identifying Code _____

Date _____

Is this a pretest? ___
posttest? ___

1. Three different modes of independent travel for the visually impaired are

_____ _____ _____

2. Orientation and mobility techniques originated in

   a. Morristown, Mass. - 1915
   b. Hines, Illinois - 1948
   c. Palo Alto, California - 1930

3. The Mowat Sensor is a

   a. hand held vibrating device used for object location and detection
   b. lightweight glasswear with a sonic transmitter for object detection and location
   c. laser cane providing tactual and auditory signals for obstacle detection

4. The term "Run" denotes

   a. the act of aligning one's body in relation to an object for the purpose of a line of direction
   b. a term used to describe a course or route mapped out and traveled to a given point or objective
   c. the act of getting a line or course from an object or sound

5. A peripatologist is

   a. a dealer of specialized footwear
   b. another name for an Orientation & Mobility Specialist
   c. a dealer of electronic aids

6. Name two commonly used cane techniques

_____ _____

7. Two methods of room familiarization are

   a. perimeter and door
   b. perimeter and grid
   c. grid and window

8. In the sighted guide technique, you

   a. hold the student's arm
   b. go very slowly
   c. let the student hold your arm
   d. walk ½ step behind the student

9. To allow passage through a narrow opening the guide

   a. lets the student go first
   b. stops and tells the student to be careful
   c. places his arm behind and towards the small of his back
   d. walks next to the student

10. To best negotiate stairs the guide

   a. allows the student to go first
   b. announces the direction of the stairs and pauses at the edge of the first step
   c. and student go abreast
   d. places both of the student's hands on the rail

11. When seating a student the guide

   a. places the student's hand on the arm of the chair
   b. seats the student by directing his shoulder movements
   c. allows the student to locate his own chair
   d. brings the student within close proximity of the chair and verbalizes its position

12. The most difficult part of orientation and mobility for the student is

   a. orientation
   b. mobility
   c. cane travel
   d. objects left in the student's path

True or False

T F

13. A special orthopedic cane is used for mobility training of the visually impaired.

14. The red and white coloring of a cane signifies a visually impaired person.

T F

15. A partially sighted child needs very little, if any, mobility training.

Concept Development

16. At an early age, a blind infant's body image may be enhanced by

    a. manually turning the child from his back to front
    b. moving his arms and legs through a range of motion
    c. gently stroking the surface of the limbs with a soft towel or hand
    d. all of the above

17. Generally, the body parts learned earliest by the blind child are those

    a. closest to his feet
    b. of his mother
    c. closest to his head
    d. none of the above

18. Frequently floppy body posture in the blind child is a result of

    a. lack of visual reference points
    b. poor muscle development
    c. easier to maintain balance
    d. all of the above

LOUISVILLE
OBSERVATIONAL CHECKLIST OF
TEACHER COMPETENCIES

| | PRE | POST | F | P |
|---|---|---|---|---|
| AVERAGE | 2.79 | 3.27 | 30.57 | .0000 |
| I. Child Development | | | | |
| 1. Cognitive activities and tasks are appropriate for the child's developmental level of functioning. | 3.25 | 3.50 | | |
| 2. Language activities and tasks are appropriate for the child's developmental level of functioning. | 2.25 | 3.29 | | |
| 3. Gross motor activities and tasks are appropriate for the child's developmental level of functioning. | 3.00 | 3.00 | | |
| 4. Fine motor activities and tasks are appropriate for the child's developmental level of functioning. | 2.5 | 2.75 | | |
| 5. Social/affective activities and tasks are appropriate for the child's developmental level of functioning. | 3.0 | 3.80 | | |
| 6. Self-help activities and tasks are appropriate for the child's developmental level of functioning. | 3.2 | 3.69 | | |
| 7. Visual activities and tasks are appropriate for the child's developmental level of functioning. | 2.88 | 3.50 | | |
| 8. Activities are appropriate for the interaction of all handicaps. | 2.78 | 3.00 | | |
| II. Developmental Assessment and Programming | | | | |
| 9. Choice of an appropriate assessment battery. | 1.30 | 3.00 | | |
| 10. Interpretation of assessment results into present levels of performance. | 1.80 | 2.83 | | |

| | PRE | POST |
|---|---|---|
| **II. Developmental Assessment and Programming** | | |
| 11. Devising indivtdualized educational programs with behavioral objectives which are based on the results of developmental assessment procedures. | 2.22 | 3.61 |
| 12. Classroom activities are based on objectives written in the I.E.P. | 3.33 | 3.25 |
| **III. Vision** | | |
| 13. Utilizes formal and/or informal assessment procedures to obtain child's current use of functional vision. | 2.4 | 3.25 |
| 14. Results of visual screening are used to determine appropriat. services and programming. | 2.75 | 3.31 |
| 15. Techniques and strategies for maximizing the use of residual vision in persons with visual handicaps. | 2.25 | 3.00 |
| 16. Basic orientation and mobility concepts and skills that are necessary for fostering the maximum independence of multi-handicapped, visually impaired persons. | 2.83 | 3.00 |
| 17. Devising travel programs for multihandicapped, visually impaired persons according to level of difficulty. | | |
| **IV. Classroom Skills** | | |
| 18. Prevocational activities and tasks are appropriate for the child's developmental level of functioning. | 2.67 | 3.33 |
| 19. Use of basic handling and positioning procedures. | 3.00 | 3.57 |
| 20. Workable program for toilet training. | | |

| | PRE | POST |
|---|---|---|
| **IV. Classroom Skills** | | |
| 21. Utilizes appropriate techniques for working with children with feeding problems. | 3.5 | 3.58 |
| 22. Utilizes appropriate techniques for teaching dressing skills. | 3.00 | 3.00 |
| 23. Exhibits appropriate child management/training techniques. | 3.00 | 3.50 |
| 24. Adapts or makes appropriate instructional materials. | 3.00 | 3.25 |
| 25. Organizes and directs para-professionals effectively. | 3.67 | 3.39 |
| 26. Employs generative teaching in making all activities, planned and incidental, learning situations and in utilizing single activities to address several skills and functioning levels. | 2.63 | 3.10 |
| **V. Parent Involvement** | | |
| 27. Evidence of communication between home and school. | 3.13 | 3.10 |
| 28. Evidence of parental involvement in school program. | 3.00 | 3.30 |
| 29. Evidence of utilization of community resources. | 2.5 | 2.75 |
| **VI. Evaluation** | | |
| 30. Sets realistic criteria in behavioral objectives. | 2.67 | 3.05 |
| 31. Keeps daily to weekly data on objectives. | 3.00 | 3.35 |
| 32. Utilizes data information to change child's program. | 3.14 | 3.10 |

# APPENDIX E

Parent Packet Compiled by Joyce Bromley
MVP-OP: February, 1980

Parent packets will be assembled for distribution to parents of children in Model Vision Project-Outreach Phase target population. Topics which will be addressed in "Tips for Parents" are -

1. Basic rights of the family having a child with special needs from MVP handout.
2. Priortized Health-Care Tips by Wells and Stewart, School Nurses, Knoxville City Schools.
3. Tips for obtaining financial assistance.
4. Tips from Parent to Parent.
5. Facts You Should Know About Tax Deductions for Your Handicapped Child.
6. Teacher Tips.
7. Teacher Tips for Purchasing Toys.
8. 56 ways to say "Good For You" from "Kids Are People Too".
9. Learning Activities for Severely Handicapped Blind Children from MVP handout.
10. The Rules of Talking from MVP handout.
11. Enjoy Those Hours at Home from "You and Your Child At Home" by M. Kahat.
12. Suggested Gross Motor Activities from MVP handout.
13. Suggestions for Developing Mobility in Profoundly Impaired Children with Visual Impairment from MVP handout.
14. Games and Activities for Developing Orientation and Mobility Skills in Severely and Profoundly Handicapped Children with Visual Impairment from MVP handout.
15. Tips for Recreational and Leisure Activities for MVP families by Mike Corbett, MVP staff member.
16. Recommended Reading List for Parents by Gray McKensie, MVP staff member.

In addition there will be pamphlets placed in the packets describing services at East Tennessee Rehabilitation Center, Birth Defects Evaluation Center and other agencies in Knoxville Area. There will also be pamphlets dealing with nutrition, laws/rehabilitation laws, etc. Distribution will be at a parent training meeting.

## Inventory of Parent Materials

1. Dallas Services for Visually Impaired Children, Inc. (Tactile Stimulation)
2. Tips for Recreation and Leisure Activities
3. Learning Activities for Severely Handicapped Blind Children
4. Instructional Guidelines
5. Enjoy Those Hours at Home (Excerpt from: You and Your Child at Home)
6. To Parents of Young Blind Children: What You Can Do to Develop Their Mobility
7. Games and Activities for Developing Orientation and Mobility Skills in Severely and Profoundly Handicapped Children with Visual Impairment
8. Suggested Gross Motor Activities
9. The Rules of Talking
10. 56 Ways to Say "Good for You"
11. Suggestions for Developing Mobility in Profoundly Impaired Children with Visual Impairment
12. Recommended Reading List for Parents
13. Behavior Management for Parents
14. Guidelines and Suggestions for Working with Severely and Profoundly Multi-Impaired Blind Children
15. Common Misconceptions About Blind People
16. Dear Parent (List of Leisure and Recreational Activities)
17. Ways to Improve Your Child's Functional Vision
18. Behavior Management for Parents and Teachers
19. United States: Organizations/Agencies
20. Recipes for Homemade Materials and Activities for Deaf-Blind Children
21. Warning Signs of Eye Problems

Model Vision Project-Outreach Phase
P. O. Box 36
George Peabody College
Vanderbilt University
Nashville, Tennessee 37203



February 1981

# NEWSLETTER

The vision teachers in Louisville have been giving vision screenings and are identifying many children that could benefit from the information the Model Vision Project has compiled to help multiply handicapped children that have a visual impairment or may not be using their vision to learn. The following articles were published in the original Model Vision Project newsletter when it was operating in Nashville, Tennessee. We hope these ideas are helpful to families.

## ABOUT MOVING ABOUT

Close your eyes for a moment. What do you hear? You'll probably hear a sound that was there all along. You just weren't listening to it consciously. Now make a sound yourself--rattle this paper, stomp your foot. Very good! The sound you made was meaningful to you. You did something, a sound resulted - you know that what you did made the sound. Well, for a blind child, there must be a lot of meaningless sounds in the world. If you were a blind infant and had never seen a door close (naturally), how long do you suppose it would take you to figure out the connection between the door and the noise it makes closing? What about other household sounds, like vacuuming, opening a window, and so on?

How can we help our child in the world of sound? First, we can be more aware of sounds and noises by learning to "tune-in" on sounds around us. Second, help the child "experience" the sound--get his hands on whatever made that sound and help him make the sound if at all possible. I believe this is one reason children love to play with doors and pots and pans. They've finally figured out where these weird noises have been coming from all these years. And thirdly--have regular check-ups on your child's hearing. I recommend at least once a year, and more often if he already has a hearing loss.

Mike Corbett

## Toys Are Very Important

What is a good toy?

1. One that a child likes?
2. One that promotes activity?

These are some things kids can do with most objects.

| | | |
|---|---|---|
| throw it | rub it | pull it |
| shake it | lift it | bang it |
| mouth it | hit it | wave |
| listen to it | push it | grasp it |

3. One that is safe.
4. One that has many uses.

## About Moving About

Last time we discussed briefly the importance of the world of sound to the child with visual impairment. Second, only in importance to sound, is the sense of touch, or tactile sense. To help imagine the importance of this sense, just look around you. You are the center of your universe--able to see long distances and objects far away. Your vision is a constant stimulation to you--forever feeding your mind with bits of information about the world.

Now let's think about the blind child. Except for his hearing, his world extends only as far as he can reach at any given moment.

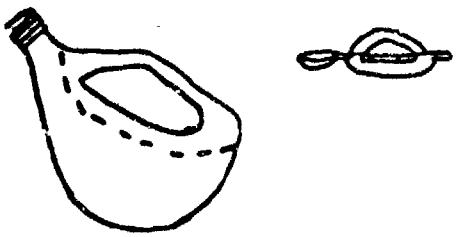
So how are we to teach him all the things that we see with just a glance?

Quite simply, we must use his sense of touch to its highest advantage. We must help him get his hands on the world. We must provide him with opportunities and encourage him to touch and feel things. For the infant, we must cultivate an awareness and enjoyment of tactual experiences. For the older child, we must name the textures and other qualities of objects he touches. We must help him put the world of sensory experiences in perspective.

Mike Corbett

## Idea Corner

If your child has difficulty grasping anythingas thin as a spoon or fork, sometimes a "graspable handle" will help. Cut handles off of various plastic bottles and insert into slits cut at each end of handle. Diagram follows:



## Speak Up!



No one cares more about the welfare your child than you do! As a parent, you have a right to know all about the services your child is receiving. You don't automatically receive this information. Often, doctors, teachers, and program directors do not explain their actions. If you have any questions about your child's medical or educational needs, it's up to you to ask those persons providing the services!

This may mean jotting down a list of questions to take with you to the next doctor's appointment or making a phone call to a teacher. But its worth the effort! You'll be better informed about your child's needs and you can share helpful information with the professional. Remember, you know more about your child than anyone else--and answering your questions is part of a professional's job!

p.s. the squeeky wheel gets oiled!

Mary Jo Sutcliff
Parent Trainer

## About Moving About

During the summer your mobility specialist operated a group home for the retarded, and as a result, I think I have a little better understanding of the trials and tribulations parents face every day. Caring for another person is not an easy job. It's long hours and plain hard work. You know the story. An idea that you may consider self-evident occurred to me during the summer. What must your child think when you are rushing around the house doing those never-ending house-keeping chores? What's all the hustle, bustle, and clatter about? Where is everybody going? To help the child understand this and begin learning how to help I had child accompany me on my house-keeping rounds and errands. Less mobile children were moved to different rooms each day. All the children who watched or accompanied me were asked to do something, such as hold a cleaning rag and other supplies for me, or actively help in the cleaning process. Try it. This can help your child understand what is happening around hom, and lay the foundation for other skills he must learn. Next time, say, "Come with me."

Mike Corbett

## Newsletters

National Newspatch is a newsletter d for parents and others working isually impaired preschoolers. There issues a year for a cost of $3.00 a . There are many useful articles with crete suggestions. To subscribe write:
on School for the Blind
Church Street, S.E.
m, Oregon 97310

## Teaching Self-Help Skills

Many parents want to know how to help r children learn to take care of basic gs like feeding, washing up, and toilet- These self-help skills are important s in the child's development of indepen- e.

There are some basic points to remember eaching self-help skills.

1. Break each skill down into small steps. For example, one child may be able to follow directions like "Now dry your hands", while another may need the job explained more.
   a. Touch the towel holder
   b. Pull down a towel. (take his hands and pull)
   c. Wipe your hands. (take his hands and pull)
   d. Wipe your hands. (take hand and wipe front and back)
   e. Pull the towel in the wastebasket. (place the child's hand over basket)
2. Stand or sit behind the child. You will be able to use your body movements to guide the child's arm and hands.
3. Gradually reduce the help you give.
   a. In the beginning, place your hands over the child's and give complete physical and verbal help.
   b. As the child gets the idea reduce your support by placing your hand over the child's wrist and guiding his hand.
   c. Next, further reduce support by by placing your hand on the child's elbow and guiding his arm.
   d. Then remove almost all support by reminding the child through touching his shoulder.
   e. Finally, have the child complete the task by himself with no support from you.
4. Teach some skills in reverse order. Some skills, especially dressing skills, should be taught in reverse order. Break the skill into small steps and teach the last step first. By teaching this way, the child feels good about himself because he has a chance to finish the task each time.

There are several good books and manuals on the market which contain information about teaching self-help skills. These include Our Blind Children by Berthold Lowenfeld; Handling the Young Cerebral Palsied Child at Home by Nancie Finnie; Steps to Independence by Bruce Baker, et al.; and Teaching the Moderately and Severely Handicapped, Vol. I: Behavior, self care & motor skills by Michael Bender and Peter J. Valletritti.

## References *

1. Finnie, N. R. Handling the Young Cerebral Palsied Child at Home. New York: E. P. Dutton & Co., Inc. 1975, $4.95 Paperback.

   This book is for parents of children of children with cerebral palsy. It describes and illustrates techniques of handling, feeding, dressing, and play for the cerebral palsy child. A helpful listing of special equipment and ai's is included.

2. Baker, Bruce L. and others. Steps to Independence. Research Press, 2612 N. Mattis Avenue, Champaign, Ill. 61820.

   Set of four:
   1. Early Self-Help Skills
      $5.95 79 pages
   2. Intermediate Self-Help Skills
      $5.95 68 pages
   3. Advanced Self-Help Skills
      $5.95 78 pages
   4. Behavior Problems
      $5.95 70 pages

* The prices listed are probably not current.

The Self-Help Skills booklets are designed to lead parents in the skill of training their children with special needs. Each provides a practical step-by-step teaching guide and work-text. Spaces are provided in each booklet to record the individual child's program, rewards, and progress or job charts.

Each booklet is divided into two sections: Principles and Methods; and Programs and Activities. The contents of the sections in each book are tailored to the needs of that skill level.

The range of topics include: Looking When Called (Early Self-Help Skills); Changing a Bed, and Drying Dishes and Utensils (Advanced Self-Help Skills).

3. Alpern & Boll. Education and Care of Moderately and Severely Retarded Children. Special Child Publications, Inc., 4535 Union Bay Place N. E., Seattle, Washington 98105.

Motor and language development is outlined. A good glossary of terms is included. Over 150 detailed activities are provided along with appropriate developmental levels.

4. Linde, Thomas F., & Kapp, Thusnelda. Training Retarded Babies and Pre-Schoolers. Springfield, Illinois: Charles C. Thomas, Publisher, 1973. 183 pages. $12.75

A guide for parents to use at home in training their baby who is seriously retarded. The authors affirm their belief in the parents' ability to teach their retarded baby "the basics of human existence" by means of "a plan, an organized approach for setting that plan into action, and love". Designed to be used for children ranging in age from one day to five or six years.

5. Cliff, Shirley, and others. Mothers Can Help . . .A Therapist's Guide for Formulating a Developmental Text for Parents of Special Children. El Paso, Texas: The El Paso Rehabilitation Center, 1974. 212 pages. $11.95

A teaching guide for groups of mothers of young developmentally delayed children. Intended for use with the guidance of a therapist. Chapters with review questions at the end to help instruct mothers in methods that will aid in all areas of their child's development. Brief discussions of cerebral palsy, mental retardation, and seizures. Other topics include Hand and Arm Use; Feeding; Speech and Language; Perceptual Development; Developmental Play; Emotional Development; and Family Relationships. Spiral-bound, easy-to-read format. A list of references is included.

6. Foxx & Azrin. Toilet Training the Retarded. Research Press, 2612 N. Mattis Avenue, Champaign, Ill. 61820 $6.00.

This book presents a pre-tested toilet training program specifically designed for the mentally retarded. In non-technical terms step-by-step instructions are provided for the parent and educator.

7. Painter, G. Teach Your Baby. Simon & Schuster, New York, 1971, $7.95.

A program of simple daily activities designed for parents. Activities are provided for every stage of development, infancy to 4 years. A good reference for parents of retarded, multihandicapped children.

8. Levy, J. The Baby Exercise Book. New York: Random House, Inc., 1973, $8.95

Guidelines for motor development activities, from infancy to 15 months for parent use. Exercises for gross motor development are simply described, illustrated with photographs. A list of materials is included.

9. Staff of Developmental Language and Speech Center, Michigan. Teach Your Child to Talk: A Parent Handbook.

This handbook is designed for parents. It provides them with information concerning language development

...nd specific language acticities for ...ach stage of development, birth to ... years.

## Have You Read?

Get A Wiggle On by Sherry Raynor and ...ard Drovillard is a booklet written for ...nts and others that work with visually ...ired infants. The booklet is written ... the viewpoint of the visually impaired ...ld who gives us advice on how to help ...her grow. There are cute cartoon draw... on each page where one important point ...ade for each drawing. Most of the ...ts made are also good advice for those ... have multihandicapped, visually impaired ...ldren. The booklet can be purchased from ... Ingham Intermediate School District, ... West Howell Road, Mason, Michigan 48854.

Move It! The second booklet written by ... same authors. It begins with tips for ...ing the visually impaired toddler and ...chooler learn at home. The best word ...n think of for these booklets is darling! ... It! can be purchased at the same ...ess.

## Parent Packet

... The following is a list of materials ... the Model Vision Project has gathered ...ther for parents of multihandicapped, ...ally impaired children. Please contact ...n Ethridge if you like to receive a copy ...y or all of them. (456-3476)

...allas Services for Visually Impaired Children, Inc. (Tactile Stimulation)

...ips for Recreation and Leisure Activities

...earning Activities For Severely Handicapped Blind Children

...nstructional Guidelines

...njoy Those Hours at Home (Excerpt from: You and Your Child at Home)

... Parents of Young Blind Children What You can Do to Develop Their Mobility

7. Games and Activities for Devleoping Orientation and Mobility Skills In Severely and Profoundly Handicapped Children with Visual Impairment

8. Suggested Gross Motor Activities

9. The Rules of Talking

10. 56 Ways To Say "Good For You"

11. Suggestions for Developing Mobility in Profoundly Impaired Children With Visual Impairment

12. Recommended Reading List for Parents

13. Behavior Management For Parents

14. Guidelines and Suggestions for Working with Severely and Profoundly Multi-Impaired Blind Children

15. Common Misconceptions About Blind People

16. Dear Parent (list of leisure and Recreational activities)

17. Ways to Improve Your Child's Functional Vision

18. Behavior Management of Parents and Teachers

19. United States: Organizations/Agencies

20. Recipes for Homemade Materials and Activities For Deaf-Blind Children

21. Warning Signs of Eye Problems

## Upcoming Workshops

Model Vision Project
Parent Workshop

Parents and teachers of visually impaired, multihandicapped students will present three Workshops. The workshops will be designed to help parents expand their skills in working with their children. Special attention will be given to solving problems in any of the three areas listed. All parents and interested persons are invited to attend. Let us know if we can

elp with transportation or babysitting.

For more information call Edith Ethridge 56-3476.

1. Topic: Daily Living Skills for Visually Impaired Multihandicapped Students
   Date: Tuesday, February 24, 1981
   Place: Kentucky School for the Blind
   Time: 7:00 - 9:00
   Teachers: Terry Weston
   Nancy Dycus
   Parent: Mrs. Howe

1. Topic: Techniques for Movement in the Environment (Motor Development, Positioning, and Handling)
   Date: March
   Time:
   Teachers: Mary Orr
   Jennifer Watters
   Marilyn Furhman
   Parent:

1. Topic: Language and Cognitive Development
   Date: April
   Place:
   Time:
   Teachers: Debbie Curry
   Molly Freibert
   Parent: Mrs. Penmoyer

## Preview of Coming Attractions

Churchill Park School will continue to st the Model Vision Project workshops. The xt workshop topic will be "The Development Prevocational Skills" on February 18 from 0 - 5:30. Richard Long, a doctoral stunt at Peabody College of Vanderbilt Univerty will be the guest speaker. Richard has rked with the Department of Rehabilitation d specialized in the blind, multihandiped adult. He will give his insights how to prepare our students for the future ttings. On Thursday, February 19 at the e time "community involvement" will be cussed for the Louisville area.

The rough draft of the Community Resource ide will be distributed, deficits will be identified and a plan for compensation will be generated. Guest speakers will present information on their community agencies appropriate to this population.

The next set of worksnops will be on March 11 and 12. The topics will be Methods and Materials for the multihandicapped, visually impaired. Sheri Bortner Moore will be the guest speaker for the materials workshop and will discuss her work at the American Printing House for the Blind.

## Community Happenings

Dr. Denton Edge is Director of the Parent Education and Resource Center at the University of Louisville. He is working with the Model Vision Project to ensure that parent involvement can continue. He will speak at the Model Vision Project workshop to teachers to give them ideas for working with parents. Model Vision Project will leave a complete set of materials for parents at the resource center. The center is located at 225 Computer & Systems Building and the phone number is 588-6426. The center is has much valuable information available to parents that can be checked out.

This center and many other valuable community resources will be listed in the Community Resource Guide for the multihandicapped, visually impaired and their families. The guide will be available in early March to families, schools, and community agencies in the effort to coordinate services to our population of children.

## School Highlights

Louisville - Tully

On February 17, the Bob Lawrence Quantet will present a concert for all the students. The Parent-Teacher Association will have a panel discussion on February 26. The topic will be the Tully School programs.

## ville

Carleen Asbury Dowell will lead a minar in Knoxville on Thursday afternoon, bruary 12 from 3:30 - 5:30 p.m. at the ertoma Learning Center. The topic for discussion will be tactile exploration. Anyone interested in attending should contact Carolyn Davis at 524-5553.

## Nashville Sounds

The Model Vision Project would like to introduce the newest member of our staff. Deborah Gilliam is our Materials Specialist. She comes to us from Dallas, Texas where she worked on another federal project. Debbie gets all the handouts together for the workshops, answers requests about the Model Vision Project, and is putting the Community Resource Guide into its final format. She also helps us evaluate how effective we are in helping our replication sites.

In January we had two visitors from New Jersey that are setting up a model school for the severely handicapped. In February Hedi Hochstrasser who is Director of a program for multihandicapped, visually impaired in Zurich, Switzerland will visit the Louisville schools involved with Model Vision and the Nashville schools that helped set up the original project.

Jean Reagan will present at the Indiana State Council for Exceptional Children in Indianapolis on February 13.

The Model Vision Project Advisory Council will meet on February 4.

You are a child of the
Universe,
No less than the trees
and the stars,
You have a right to be here.

HAPPY VALENTINE'S DAY!

FROM

THE MODEL VISION PROJECT
STAFF

## Summary of Model Vision Project's Parent Workshops

Knoxville

### First Workshop

Purpose of the meeting: to explain the purpose of the Model Vision Project.

1. Those who attended: (January 29, 1980)

    1. Norman Trivette
    2. Mrs. Trivette
    3. Elizabeth Eldridge
    4. Betty Oglesby (Foster mother for 2 MV children)
    5. Judy Matthews
    6. Gwen Stargel Social worker for the Dept. of Human Services

2. Those who attended the evening meeting:

    1. Nancy Doolittle Social Worker from Dept. of Human Services
    2. Betty Horner
    3. Linda Bacon
    4. Gail Newbold
    5. Mary Ellen Balleu
    6. Jean Maples
    7. Judy Mentzer
    8. Pam Kerbes

Parents Comments during and after the Meeting:

"We have a lot of questions we would like to have answered---We can't get good explanations from some of the doctors." "Some of the medical questions."

"We would like to have a meeting where the parents could all get together, divide into small groups and give each other ideas from our own experiences."

Social Worker Comments on the Meeting: (February 30, 1980)

"I have been at a loss to find needed services for these children ---please give me any follow up information you have". (Speaking on behalf of the foster mother with whom she works closely--"For future meetings for new parents, I would recommend not using a lot of academic terms (e.g.--cognitive development) simplifying terms would be helpful for the broad range of parents and non-professionals."

## Summary of Model Vision Parent Workshops

Knoxville

Second Workshop: Purpose of the Meeting: to explain Public Law 94-142.

1. Those who attended afternoon meeting:

    1. Nancy May
    2. Connie McGhee
    3. Linda Bacon

Comments following the meeting:

(Model Vision Teacher) "We had been trying to get one of the parents (who attended this meeting) to have contact with the school for three years--with no success. While attending this meeting this parent requested permission to observe some of the things the teacher was working on with her child.

(KAEC contact person) "This teacher was very excited about establishing contact with this parent and hopes to work jointly on certain areas."

2. Those attended evening meeting:

    1. Preston Maples
    2. Luther Woods
    3. Sharon Woods
    4. Frances Dahl
    5. Vicki Mierjewski
    6. Gwen Stargel (social worker)

Social Worker--"I especially enjoyed the informality of this meeting--."

Parent--"I missed having parent participation"

## Summary of Model Vision Project's Parent Workshops

Knoxville

Third Workshop: Purpose of the workshops: Behavior Management.

Those who attended:

1. J.D. Gibson
2. Louise Gibson
3. Preston Naples
4. Jerry Andrews
5. Carol Andrews
6. Christine Berry
7. Judy Mentzer
8. Luther Woods
9. Sharon Woods
10. Mike Mierjewski
11. Vicki Mierjewski
12. Fran Dahl

Comments related to the meeting:

Parent comment: "I liked the parent participation and small group discussion. A lot of helpful ideas came from the group."

Parent comment: "It's hard to say which was most helpful--the speaker's information about behavior or the group discussion. It really helps to hear other parents talk about their problems. It helps you know you aren't alone. It's better to get in small groups to talk--all I ever did before was to listen to the speaker and then go home."

May 26, 1980 (Follow up interview with same Social Worker)

"One of the most helpful parts to the parent workshop, was the recognition of the needs of visually handicapped children and also the accompanying emotional problems to be dealt with."

"Throughout the year one of the most helpful parts of the program has been the practical support provided through the trainers (Marcia Uselton) coming to the home to provide realistic pointers that help in relation to the vision problem."

"There has been a great deal of support provided through the cooperation of the MV staff and school staff. The community resource guide extremely valuable."

"We would like to have more of the same--in the future--in terms of meetings."

## Parent Suggestions for Future Parent Meetings

1. Self-Help Skills: techniques for training for independence

   a. The main theme from most parent requests was that the approach be one of offering practical tips and suggestions in the different areas requested.

      1. parents want to know what they can do to help their child learn to be more independent.

      2. Topics-- feeding, toileting, bathing were areas of special concern.

2. Positioning and Handling:

   a. Children with a great deal of physical involvement--parents of children with this particular problem felt they could benefit greatly from a program teaching them the best methods for lifting, moving, handling their children.

      1. Bathing problems--one mother is faced with the situation of bathing a 15 year old who weighs 70 lbs (the mother is 5'1" and small stature) the child needs to be supported while bathing and is very difficult for this mother to handle. When the child was younger the family had a special seat designed to support the child but have not been able to get a larger one designed at this present time.

3. Training in the care of the Eye and Eye Problems:

   a. "We would like to have ideas of things we can do at home to strengthen our child's vision. What are some games that we could do to encourage tracking and scanning?"

(Suggestions generated from telephone conversation with parents who had attended previous parent meeting, about 10 parents)

# FAMILY QUESTIONNAIRE
# And
# PROJECT EVALUATION

## Knoxville

## Summary of Results

1. Over the past few months, I have noticed the following changes in my child.

A. Self-Help Skills
   1. Feeding 2
   2. Eats Better 1
   3. Social Skills 2

B. Mobility
   1. Walks more with assistance 1
   2. Independant mobility 1
   3. Wants to be more active 1

C. Motor Development
   1. Improved gross motor skills 5
   2. Improved fine motor 5

D. Cognitive Development
   1. Does more new things 1
   2. Interest in learning 2
   3. Gestering 1
   4. Improved cognition 1
   5. More inquisitive 1
   6. More attentive 2
   7. Improved attutude toward school 1

E. Language Development
   1. More attempts to verbalize 5
   2. Gestering 1

F. Visual Development
   1. Better able to focus on objects held in hand 1
   2. Tracks more frequently 2

2. I am now involved in planning my child's education. Yes ____No____ (check one)
   If "yes", in what ways?

Yes 14 No 7

In what ways:

A. Educational Planning
   1. IEP development 5
   2. Educational planning 3
   3. M-Teams 2

B. Communication
   1. Parent input 1
   2. Discussion with teachers 4

C. Program Participation
   1. In OT and PT

3. I would like to be more involved in my child's education in the future.
Yes___No___ If "yes", in what ways?

Yes 20 No 1

In what ways:

A. Educational Planning
1. Development of IEP 5
2. Summer home program 2

B. Communication
1. Daily Reports 4

C. Program Participation
1. Observe child in school programs 4
2. Transportation 1
3. Involvement in speech program
4. Workshops for parents (in specific skill areas) 2

4. There are some factors that limit my involvement with my child's educational program. Yes___No___; If "yes", please list in order of importance.

Yes 14 No 7

A. Lack of transportation 3
B. Job 3
C. Other Children 6
D. Time and conflicts with commitments 4
E. Distance 1

5. My child's classroom teacher. Yes___No___
If "yes" in what ways have you learned from this person?

Yes 17 No 1 No Comment 3

In what ways:
A. Progress rep 6
B. Suggested home training activities 2
C. Parent-teacher communication 5
D. Positive teacher attitude toward child 2
E. Child development 2
F. Child independance 2
G. Behavior management 3
H. Functional vision 1
I. Learning her colors 1

6. Other people who work with my child (principal, occupational therapist, physical therapist, vision specialist, psychologist, Model Vision liaison, other, _____). If any of these persons were helpful, please tell how they were helpful.

A. Principal 3
B. Occupational Therapist 9
C. Physical Therapist 10
D. Vision Specialist 9
E. Psychologist 4
F. Model Vision Project Liaison 9
G. Spec. Therapist 1
H. Teacher 1

Helpful in what ways:
1. Establishing Specific goals 1
2. Working toward goals 1
3. Child progress 3
4. Feeding 1
5. Motor
   A. Gross Motor improvement 5
   B. Fine Motor improvement 4
   C. Improved physical development 1
   D. Physical Education 1
6. Vision
   A. Vision training 4
   B. Use of functional vision 2
7. Needed special equipment 2
8. Recc. for home training 2

7. Parent meetings. Yes___ No___ Could not attend ___
If they were helpful, ("yes") please tell us what you learned.

Yes 2 No 2 Could not attend 9

What was learned?

A. Child's progress 1
B. Hints for use at home 2
C. Understanding of Model Vision Project 4
D. Knowledge of the problems of other parents with handicapped children 6
E. The law and general resource information 4

8. The Parent Packet was: Very helpful___ A little helpful___ Unclear___
A waste of time___ (check one)

Items which were not helpful were:

The Parent Packet was:
1. Very helpful 16
2. A little helpful 5

Helpful items:

1. Community Resources 3
2. Tips for parents - 2
   A. Law 2
   B. Literature suggestions 1
   C. Tax and financial information 2
   D. Day Care List 1
3. Everything was helpful 4
4. Haven't reviewed total packet 2
5. Will save for future reference 1

Items not helpful:
1. Literature not relevant 1
2. Financial assistance 1

9. Specific Information that Parents are Willing to Share
   A. Patterning techniques 1
   B. Information and resources 3
   C. Ability to deal with severely handicapped children 1
   D. Dietary information 1
   E. Information about E.A.C.H.

Additional Comments

1. Concentration on partially sighted not totally blind.

2. Please advise parents about whether or not children are receiving services and what kind.

N = 10
(13 attended)

LOUISVILLE

MODEL VISION PROJECT

PARENT AND FAMILY WORKSHOPS

DATE: May 20, 1981

SESSION TITLE: Language and Cognitive Development

NAME (Optional) _____

This bief questionnaire is designed to assess your perception of the usefulness of this session. Please answer all questions by circling the appropriate number.

1. The content was:

| highly appropriate | | | | inappropriate |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |
| (5) | (3) | (2) | - | - |

Average response = 4.3

2. Participant involvement was:

| adequate | | | | inadequate |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |
| (3) | (3) | (3) | - | - |

Average response = 4.0

3. The knowledge skills acquired in the session will be:

| very helpful | | | | not helpful |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |
| (4) | (2) | (2) | (1) | - |

Average response = 4.1

4. My overall evaluation is:

| excellent | | | | poor |
|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 |
| (4) | (5) | (1) | - | - |

Average response = 4.3

5. Comments:
- Very open and the things discussed were things the parents can do easily with their child.
- I'm sure it will be very helpful for me to better understand my child.
- Film and comments were very enjoyable - useful information for parents.
- Lot of dedication.
- Information was very helpful for parents.

N = 13

Louisville

Model Vision Project
Parent and Family Workshops

Date: March 20, 1981

Session Title: Keys for Primary Caregivers

Please note your session leaders and session by placing checks in the appropriate spaces.

| | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| Knowledge of subject | 10 | 3 | | |
| Presentation of subject | 6 | 3 | 1 | |
| Awareness of participants' needs | 9 | 4 | | |
| Usefulness of materials | 8 | 4 | | |
| Satisfaction with sessions | 8 | 5 | | |

Please offer your comments or suggestions on:

a. This session:
- --should be offered for all aides
- --setting was both attractive and informative
- --presentations and demonstrations were very well done
- --handouts were very helpful
- --presentation needs to be a little bit tighter
- --I believe that the teacher's aid (also teachers) and all of the rest of the people in the workshop are excellent. I feel very good to have them take care of my boy. Thank you very much.
- --Was excellent. learned a lot.
- --Was very good. It taught me to be very close to the students
- --Was very useful in really telling us how to feed the resident
- --Was put together very well. I think a lot of people got a lot of good out of it.

b. Future sessions:
- --MORE!
- --Yes, I would love to attend.
- --I think it would be good to have more on feeding.

Model Vision Project
Parent and Family Workshops
1980-81
Evaluation Summary

Date: 2/24/81

Session Title: Daily Living Skills for Visually Impaired Students

Based on a Liekart Scale from 1 to 5 (5 highest) recorded from nine attending workshop

| | |
|---|---|
| 1. The content was (highly appropriate to inappropriate): | 4.78 |
| 2. Participate involvement was (adequate to inadequate): | 4.78 |
| 3. The knowledge/skills acquired in the session will be (very helpful to not helpful): | 4.22 |
| 4. My overall evaluation is (excellent to poor): | 4.2 |

EDDIT Work Evaluation
2/24/81

1. I believe the teacher and the one parent did a very good job. I also am thankful that they have workshops like this to help us parents so we can help our child.
2. The workshop seemed to be very appropriate for parents.
3. Available written materials will be of great help to me.
4. Enjoyed Mrs. Howe's presentation very much.
5. Six (6) no comments.

Model Vision Project-Outreach Phase

Parent Involvement Survey (Post)

The following is a summary of parent involvement post survey results. One should note that 14 teachers and ancillary personnel responded to the post survey while 28 responded during pre administration of the survey. As such, comparisons between pre and post survey results may be misleading.

1. How many students are in your class?

The number of students per class ranged from 2 to 11 with the overall average being 7.25 students per class. The following shows pre-post survey results of the average number of students per class:

| | Overall Average | Teachers of young children (3-12) | Teachers of older children (12-21) | Ancillary Personnel (3-21) |
|---|---|---|---|---|
| PRE (N=28) | 7.38 | 5.86 | 7.36 | 8.75 |
| POST (N=14) | 7.25 | 5.50 | 7.00 | 7.86 |

2. What is the age range in your class?

Students ranged in age from 3-21 years with the overall average age range of students being 7.01 - 16.86 years of age. During pre administration of the survey, students ranged in age from 3-21 years with an overall average age range of 8.54 - 15.68 years.

3. Estimate the number of parent contacts in each category which you have in an average month.

The following shows the average number of parent contacts reported during pre and post survey administration.

| Teacher Initiated | Telephone | Notes | Conferences at School | Home Visits |
|---|---|---|---|---|
| Pre | 9.35 | 21.4 | 4.15 | .65 |
| Post | 9.92 | 18.17 | 6.58 | .85 |
| **Parent Initiated** | | | | |
| Pre | 6.65 | 12.45 | 3.45 | .2 |
| Post | 4.67 | 7.75 | .92 | .1 |

4. For what 3 main purposes have you contacted parents?

Teachers and ancillary personnel most often cited student progress (5) permissions (4) behavior (3), IEP's (3) and to verify information (2) as the main reasons for contacting parents. Other reasons cited included skill descriptions, school activities, attendance, teacher complaints, transportation and solving problems. Pre-post survey results show that the main reasons cited for teacher initiated parent contacts were basically the same.

# FAMILY SURVEY

## MODEL VISION PROJECT-OUTREACH PHASE

## LOUISVILLE

Child's Name

Parents' Name

DATE

DIRECTIONS: Please read the following questions or statements carefully, check or fill in the appropriate answers for your family:

1. Are you now involved in planning your child's education? 12 yes 12 no
If "yes", in what ways? Parents indicated their involvement in terms of attending meetings (2), talking with teachers about their child's progress (3), working together with the teacher and/or staff (3), conferences, class visits, input to IEP's, signing permissions and by sending their child to school.

2. Would you like to be involved in your child's education in the future?
20 yes 3 no . If "yes", in what ways? Parents indicated that they would like to be more involved when changes in program are made, in observing classes (2), doing more at home, to plan for their child's future after age 21, in teaching their child things they need to know, and just any way they can (4). Other parents indicated that they would like to be more involved but don't know how because of lack of time, because they live out of state or too far away to travel when necessary (2), or because of father's illness.

3. Are there any factors which limit your involvement with your child's educational program, such as transportation, time of meeting, other? The limiting factor most often cited by parents involved transportation or the distance from their homes (11) with some parents indicating that they did not drive (2). Other limiting factors included their work (5), other children (4), night meetings (2), financial difficulties (2), lack of time, or an invalid spouse.

4. We have listed things that families are frequently concerned about. Does your family need information or training concerning any of the following areas? From you. experiences do you have any information about these areas to share with other parents. Please check any areas that apply to your family:

| | Services Currently Received | Services Needed | What Services Do You Want To Know about | Could Share Information |
|---|---|---|---|---|
| I. Medical and Diagnostic | | | | |
| 1. Medical Information (medication, surgery, general check-up) | 15 | | 1 | 1 |
| 2. Mechanical Aides (glasses, wheelchairs, leg braces) | 13 | 1 | 1 | — |
| 3. Orthopedic Services (physical therapy, etc.) | 13 | 1 | 4 | — |
| 4. Training in the Care of the Eye (common problems) | 8 | 1 | 3 | — |
| 5. Evaluation and diagnostic | 14 | | 2 | — |
| 6. Dental | 7 | 5 | 5 | — |

| | | | | | |
|---|---|---|---|---|---|
| 7. | Social Work Services | 10 | 1 | 3 | — |
| II. | Educational | | | | |
| 1. | Training in How Children Learn | 7 | 1 | 5 | — |
| 2. | Training in Self-Help Skills | 7 | 2 | 6 | — |
| 3. | Techniques in Managing Problem Behavior | 6 | 1 | 3 | — |
| 4. | Home-School Coordination | 8 | 2 | 1 | — |
| 5. | Evaluation and Diagnostic | 9 | 1 | 2 | — |
| 6. | Speech Therapy | 10 | 4 | 3 | 1 |
| 7. | Vocational Training | 6 | 1 | 2 | — |
| 8. | Nutrition | 6 | — | 4 | — |
| III. | Respite Care Services | | | | |
| 1. | Daycare | 3 | 1 | 1 | — |
| 2. | Overnight | 4 | — | — | — |
| 3. | Weekend | 3 | 1 | — | — |
| 4. | Residential | 3 | — | — | 1 |
| 5. | Orientation-Mobility | 2 | 1 | — | — |
| IV. | General Resources | | | | |
| 1. | Legal Services | 4 | 2 | 2 | — |
| 2. | Financial Services/ Information | 3 | 2 | 4 | — |
| 3. | Rights of Handicapped Individuals | 7 | 2 | 4 | — |
| 4. | Public Transportation to School | 13 | 3 | — | — |
| 5. | Family Counseling | 5 | 2 | 2 | — |
| 6. | Locating and Making Use of Community Agencies and Resources | 5 | 2 | 6 | — |
| 7. | Recreational Services for the Handicapped | 5 | 4 | 4 | — |

Is there any other information and/or services you are interested in not included in the above list? Are retarded children eligible for medicaid and social security? When he is 21? I would like to hear more from her eye doctor. Needs dental surgery and medical card does not cover it and I can't afford it. No agencies cover it.

5. Are you receiving information and services to your satisfaction concerning Public Law 94-142 (Rights of ~~the~~ Handicapped)? Yes = 9 No = 3

List any concerns: Her eyes.

6. What do you think would be the most helpful plan for parent/teacher contacts? Check one or more.

| | |
|---|---|
| 9 | Group meetings with information sharing (a speaker and then discussion) general topics of interest. |
| 4 | Small group discussion on topics selected by participating parents. |
| 12 | Periodic individual conferences between parent(s) and staff member (s). How often? Every few weeks, 1-2/yr., monthly (4), daily, 3 months when teacher thinks needed. |
| 5 | Workshops (making materials for use at home and at school, adapted toys, etc.) |
| 5 | Visits to families' homes by staff member |
| 10 | Classroom observation and participation by parents |
| — | I do not feel that parents should be involved in child's educational program. |
| — | Other: Anything teacher feels we need to do to help get good education./I think we should be able to feel that the child can benefit if we are not there to help because we can't be there all the time./I'd like to do anything I can for my baby./A parent should be involved in child's education. |

Thank you very much for your cooperation. This information will be used by the school in planning for parent involvement, as well as in the research and technical assistance carried out by the Model Vision Project.

Family Survey

| Return Rates | |
|---|---|
| Willoughby (10/24) | 41.67% |
| Tully (7/10) | 70 % |
| Cerebral Palsy (½) | 50 % |
| Hazelwood (2/8) | 25 % |
| Churchill (2/24) | 8.3 % |
| Kentucky School for the Blind | 33.3 % |
| Overall (23/71) | 32.39% |

N = 8

Model Vision Project-Outreach Phase
Louisville
Family Questionnaire and Project Evaluation

1. Over the past few months, I have noticed the following changes in my child: (NR - 2)

--Child is becoming a little more alert. He is also raising his arms now. He couldn't before.
--He seems to see at further distances.
--S's condition seems stable--hasn't been sick as much as used to--very alert at times and will turn head to look in direction of speaker--still gives sweet smile occasionally.
--She wants to talk more, she's more independent.

2. I am now involved in planning my child's education. Yes (5) No (2) (check one) If "Yes," in what ways?

--I'm trying. His teacher and I have goals set for C. He is attaining some already.
--Home program.
--Each year when school starts, usually meets with school counselor, teacher, physical therapist, nurse, and vision teacher and so forth, working with S. We decide new goals--each talks about what's best for S. I agree/disagree. Able to express opinions about decisions.
--She has a savings account.

3. People who work with my child: teacher (3) principal (1) occupational therapist (1) physical therapist (2) vision specialist (2) psychologist (1) Model Vision liaison (2) other ____ Draw a circle around those who were helpful. If any of these persons were helpful, please tell how they were helpful. (NR - 2)

--Teacher's ideas about S and things she could share with me about dealing with him. Good because she saw him through eyes of teacher not parent. Physical Therapist very helpful, tried to find ways to get him to relax when extended. Worked with me on ways to handle, lift, etc. Vision teacher helpful--continued work with him seemed to make him more aware. Model Vision liaison helpful, available to answer questions.
--Bent over backwards to help us find things that would help. Information that they thought would help, they were sure I received it or knew where to get it. Given me more ideas to work with and help our child which would improve her learning ability as well as ours.

4. Newsletter. Yes (3) No (2) If "Yes," in what way has it helped you?

--Seeing the progress being made.
--Hasn't really helped that much other than being informative.

5. Parent meetings. Yes (1) No (3) Could not attend (4)
If they were helpful ("Yes"), please tell us what you learned.

--Only by phone, it has helped.
--Not able to attend but think helpful because you can share experiences with other parents.
--How Mith was being helped.
--After first one, but received information from meeting that would apply to our daughter.

6. The Parent Packet was: Very helpful (3) A little helpful (1) Unclear ____
A waste of time ____ (check one)
(NA - 1)
Items which were not helpful were:

--All were helpful.
--Really have not gone through thoroughly.

7. Community Resource Guide was: Very helpful (3) A little helpful ____
(NA - 1) (NR - 1) Unclear ____ A waste of time ____ (check one)

Items which were not helpful were:

--All were helpful.
--Very glad to get Community Resource Guide, although have not used service. Thankful been able to meet S needs and so far fortunate enough to pay for needs.

---

3 - 7

--Have not been able to use services, been only available to it the last couple of months.

Dear Parents,

This case study journal has been divided into four (4) sections which are listed below to facilitate on-going record-keeping for your child; a similar record is being kept at school. It is our hope that when the information from both journals is compiled, we will have a better understanding of your child's environment--both at home and at school--and of the needs of families such as yours.

The areas on which we are most interested in collecting data correspond to the following four (4) sections of the journal:

1. Weekly Observations;
2. Community Contacts;
3. Model Vision Project-Outreach Phase Contacts;
4. School Contacts.

Forms have been provided in each section along with a more detailed explanation of the section. An evaluation sheet has been included at the end of the journal. Before turning the journal in to us, we ask that you take the time needed to complete the form and give us your feedback on the project. Your help is most appreciated. If further information is needed, please do not hesitate to contact Edith Ethridge at 456-3476.

Sincerely,

Carleen Asbury Dowell

Model Vision Project-Outreach Staff
Carleen Asbury Dowell, Project Manager

Dear Teachers,

This case study journal has been divided into four (4) sections which are listed below to facilitate on-going record-keeping for your student; a similar record is being kept at the child's home. It is our hope that when the information from both journals is compiled we will have a better understanding of your student's environment--both at home and at school--and of the needs of teachers working with this population.

The areas on which we are most interested in collecting data correspond to the following four (4) sections of the journal:

1. Weekly Observations;
2. Community Contacts;
3. Model Vision Project-Outreach Phase Contacts;
4. Parent Contacts.

Forms have been provided in each section along with a more detailed explanation of the section. An evaluation sheet has been included at the end of the journal. Before turning the journal in to us, we ask that you take the time needed to complete the form and give us your feedback on the project. Your help is most appreciated. If further information is needed, please do not hesitate to speak with Beth Noble or Jean Reagan during consultation time.

Sincerely,

Carleen Asbury Dowell

Model Vision Project-Outreach Phase Staff
Carleen Asbury Dowell, Project Manager

## Weekly Observations

This section of the book has been set aside for you to record weekly observations of this child. Two pages have been provided for each week with an understanding that your observations will vary in length from week to week. Other than the date on the page, there is no format to follow. It is our hope that you will note changes in what your child is able to do or see as well as any additional information you would like to share or think that we should have. Each week reread the previous entry and then comment on any differences since that time. Two sample entries are included below for your information.

Week of September 5-12, 1980

Brett is looking at a flashlight shown in a dark room much more consistently. If he is posthoned in a prone position over a bolster, he pulls his head up to see the light and holds it about 10 seconds. In the classroom, he is still very inconsistent visually. Sometimes he really seems to be looking, but at other times there is no reaction. We've been keeping a bead attached with a velcro strip inside his palm, and it's kept his hand much looser and easier to manipulate. He brings his hand to his mouth and tries to bite the bead off.

We started changing Brett's position once every twenty minutes. He's alert much longer now. He especially likes lying on the rug. He giggles and rubs his face in it.

Feeding has been difficult because Brett keeps choking. The physical therapist showed me some ways to work on lip closure, and we bought a latex spoon.

Week of September 13-19, 1980

Feeding has been so much easier for us and Brett. He doesn't resist feeding as much and even laughs and makes noises at lunchtime. We've started using a piece of rug as a reinforcer by rubbing it on his hands when they are open.

Brett's come in very sleepy lately. I have a phone call in to his primary caretaker but I haven't heard from her yet. It's been hard to keep him awake for very long. He's most alert at lunchtime.

During vision stimulation, Brett's holding and turning his head when the light moves from left to right but not as consistently as last week. He tires out much sooner.

We've started holding Brett's hands over his eyes and weaving yarn through his fingers. The fingers stay relaxed, but he doesn't attend visually.

## Community Contacts

In an effort to help you record on-going information about this child, the Model Vision Project-Outreach Phase staff has developed the following form. The column headings that you will be using are listed and explained below. Contacts listed should include those made within the following areas: advocacy, social service, medical. (For institutionalized children, please include interagency contacts as well as parental contacts, for example, field trips, letters, visits, phone calls.) We have included two sample entries for your information.

1. Date--date of contact (month/day/year).
2. Type of contact--phone call, home visit, letter, meeting.
3. Reason for contact--referral, illness, communication about child's progress, etc.
4. Person/Agency contacted--include name, title, and address.
5. Person initiating contact--teacher, speech therapist, principal, doctor, parent. (Please include name and title when appropriate.)
6. Comments--please jot down any additional information that you feel would be helpful including any changes in your child's services that may have occurred as a result of the contact as well as any attitudinal change, or change in your child.

| Date | Type of Contact | Reason for Contact | Person/Agency Contacted | Person Initiating Contact | Outcome/Comments |
|---|---|---|---|---|---|
| 9/5/80 | phone call followed by letter | request for assistance in development of prevocational goals | Mary Doe Rehab. Counselor Dept of Rehabilitation Louisville, KY | Bob Williams, teacher Jones School Louisville, KY | Rehab. Counselor's response... "Too heavy a caseload to serve school-age children" Where do I go from here? |
| 9/23/80 | meeting | follow-up activities for physical therapy | Bob Williams teacher Jones School Louisville, KY | Ms Ferry Birth Defects Clinic General Hosp. Louisville, KY | Ms. Ferry talked with me and left me several hand-outs as well as a bibliography. It was nice to get support and specific ideas. |

## Model Vision Project-Outreach Phase Contacts

The following form has been developed to help you keep on-going information about this child. The column headings that you will be using are listed and explained below. Two sample entries are included for your information. Please include all contacts between you and others concerning the Model Vision Project-Outreach Phase (MVP-OP) program.

1. Date--date of contact (month/day/year).
2. Type of contact--phone call, home visit, letter, meeting.
3. Reason for contact--referral, communication about child's progress, parent meeting, etc.
4. Person/Agency contacted--include name, title, and address.
5. Person initiating contact--MVP-OP staff, teacher, parents.
6. Outcome/Comments--please include any additional information that you feel would be helpful including the outcome of the contact.

| Date | Type of Contact | Reason for Contact | Person/Agency Contacted | Person Initiating Contact | Outcome/Comments |
|---|---|---|---|---|---|
| 9/2/80 | note to home | Group Parent Meeting | John & Lee Smith, parents | Mr. Williams teacher Jones School Louisville KY | The Smiths replied that they will attend the meeting but need transportation and a babysitter |
| 9/21/80 | call | Invitation to consult with MVP-OP trainer | Don Long Speech Therapist Jones School Louisville, KY | Mr. Williams, teacher, Jones School Louisville, KY | Don was pleased about the invitation and said he would attend |

## Parent Contacts

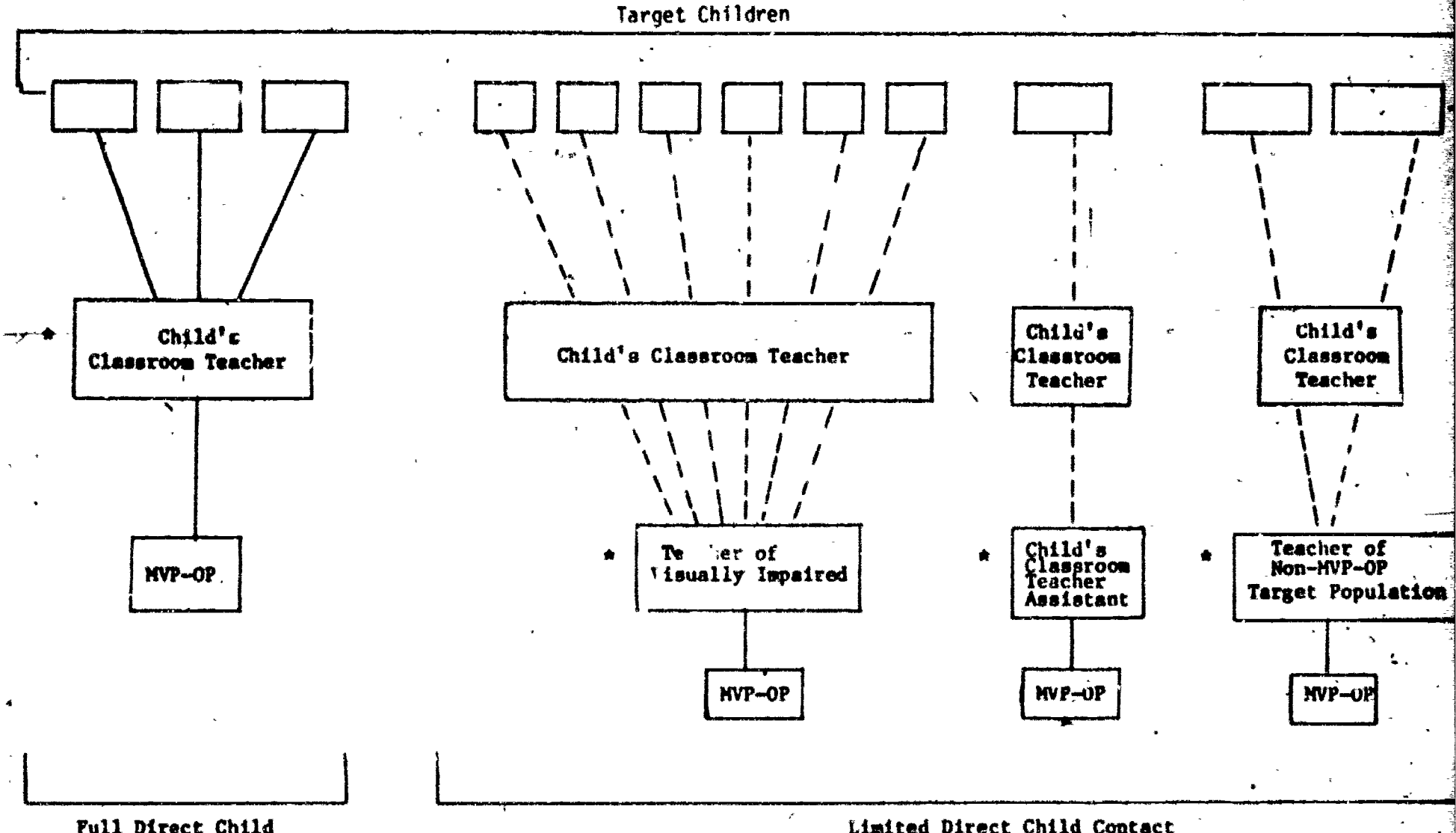
The forms within this section are to be used to record all contacts between you and the parents of the child on whom this journal is being kept. The column headings that you will be using are listed and explained below. Two sample entries are included for your information.

1. Date--date of contact (day/month/year).
2. Type of contact--phone call, home visit, letter, meeting.
3. Reason for contact--referral, communication about child's progress, parent meeting, absence/illness.
4. Person contacted--include name.
5. Person initiating contact--teacher, parent, principal, other school personnel.
6. Outcome/Comments--please include any additional information that you feel would be helpful, including attitudinal changes or changes in the student.

| Date | Type of Contact | Reason for Contact | Person Contacted | Person Initiating Contact | Outcome/Comments |
|---|---|---|---|---|---|
| 9/4/80 | phone | absence | Lee Smith, mother | Ms. Dennis principal Jones School Lousville, KY | Ms. Dennis expressed our concern about Joey's absence these last 3 days and was told it was due to a cold. Mrs. Smith said Joey would return next week. She was asked to let us know about any absences longer than 2 days. |
| 9/13/80 | phone | arrange parent/teacher conference | Bob Williams, teacher Jones School Louisville, KY | John Smith, father | Joey's parents were concerned about his tantrums. I invited them to observe the classroom and meet with me afterwards. |

APPENDIX F

MVP-OP Impact on Target Children
Through Level I trainees
Louisville, Kentucky
Twelve MVP-OP Target Children




*Level I Trainee

# IEP Rating Sheet

1978-1979

Chattanooga

Code Number - Teacher

Rater Name

Code Number - Student

Date

| PRE | POST | F | P |
|---|---|---|---|
| 1.36 | 1.72 | 3.58 | .0823 |

| Marker Event | Possible Ratings | Rater Number PRE | POST |
|---|---|---|---|
| 1. Review of Assessment | 4 | 3.0 | 3.5 |
| 2. Determine Potential Areas for Programming | 3 | 2.6 | 2.2 |
| 3. Specify Annual Goals | 4 | 3 | 1.7 |
| 4. Prioritize Annual Goals | 4 | 1.2 | .9 |
| 5. Short Term Objectives Stated in Measurable Terms | 3 | 1.7 | 3.0 |
| 6. Lists Initial Instructional Activities | 3 | .5 | 1.1 |
| 7. IEP Committee Assesses Individualization of IEP | 3 | 1.3 | 1.5 |
| 8. Parents Participate in Service Delivery | 4 | 1.4 | 1.2 |
| 9. Specify Criteria for Monitoring Progress on Short Term (ST) Objectives | 3 | 1.5 | 2.9 |
| 10. Review Progress Data | 3 | .2 | .4 |
| 11. Evaluate Progress in Achievement of ST Objectives and Annual Goals | 3 | .2 | 1.0 |
| 12. Review and Modification of IEP | 3 | .4 | 1.2 |
| TOTAL RATING | 40 | 16.3 | 19.9 |

7?/1/80

# IEP Rating Sheet

Knoxville
Code Number - Teacher

Rater Name

Code Number - Student

Date

| | PRE | POST MEAN | POST 2 MEAN | F | P |
|---|---|---|---|---|---|
| | 1.09 | 1.27 | 2.03 | 13.62 | .0003 |

| Marker Event | Possible Ratings | Rater Number 1979 PRE | 1980 POST | 1981 POST |
|---|---|---|---|---|
| 1. Review of Assessment | 4 | 1.571 | 1.714 | 3.5 |
| 2. Determine Potential Areas for Programming | 3 | 1.071 | 1.000 | 3.0 |
| 3. Specify Annual Goals | 4 | 1.42 | 1.929 | 3.0 |
| 4. Prioritize Annual Goals | 4 | .857 | 1.071 | 2.17 |
| 5. Short Term Objectives Stated in Measurable Terms | 3 | 2.000 | 2.000 | 2.33 |
| 6. Lists Initial Instructional Activities | 3 | .643 | .357 | 1.33 |
| 7. IEP Committee Assesses Individualization of IEP | 3 | 1.214 | 1.500 | 1.83 |
| 8. Parents Participate in Service Delivery | 4 | 1.071 | 1.071 | .83 |
| 9. Specify Criteria for Monitoring Progress on Short Term (ST) Objectives | 3 | 1.571 | 1.714 | 1.00 |
| 10. Review Progress Data | 3 | .500 | .857 | 2.00 |
| 11. Evaluate Progress in Achievement of ST Objectives and Annual Goals | 3 | .571 | 1.00 | 1.67 |
| 12. Review and Modification of IEP | 3 | .642 | 1.071 | 1.67 |
| TOTAL RATING | 40 | 13.142 | 15.285 | 24.17 |



11/1/80

N=12

# IEP Rating Sheet

1980-1981

Louisville
Code Number - Teacher

Rater Name

Code Number - Student

Date

| | PRE | POST MEAN | F | P |
|---|---|---|---|---|
| | 1.44 | 2.02 | 2.7 | .1256 |

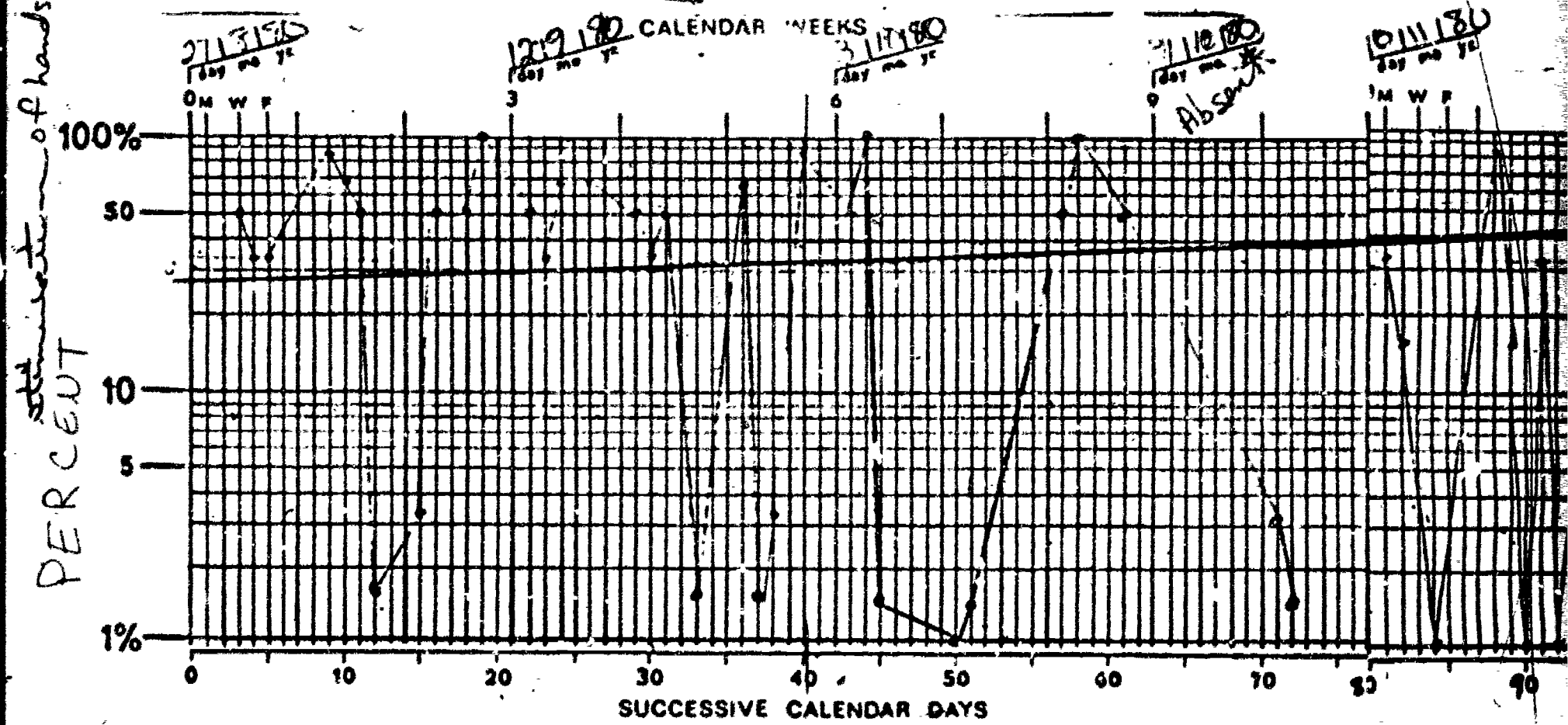
| Marker Event | Possible Ratings | Rater Number Pre | Post |
|---|---|---|---|
| 1. Review of Assessment | 4 | 2.09 | 2.00 |
| 2. Determine Potential Areas for Programming | 3 | 3.0 | 2.00 |
| 3. Specify Annual Goals | 4 | 3.18 | 3.25 |
| 4. Prioritize Annual Goals | 4 | 2.82 | 1.92 |
| 5. Short Term Objectives Stated in Measurable Terms | 3 | 2.0 | 1.92 |
| 6. Lists Initial Instructional Activities | 3 | .36 | 1.42 |
| 7. IEP Committee Assesses Individualization of IEP | 3 | 1.45 | 2.26 |
| 8. Parents Participate in Service Delivery | 4 | .45 | 1.08 |
| 9. Specify Criteria for Monitoring Progress on Short Term (ST) Objectives | 3 | 1.91 | 1.42 |
| 10. Review Progress Data | 3 | 0 | 2.42 |
| 11. Evaluate Progress in Achievement of ST Objectives and Annual Goals | 3 | 0 | 2.33 |
| 12. Review and Modification of IEP | 3 | 0 | 2.17 |
| TOTAL RATING | 40 | 17.27 | 24.18 |

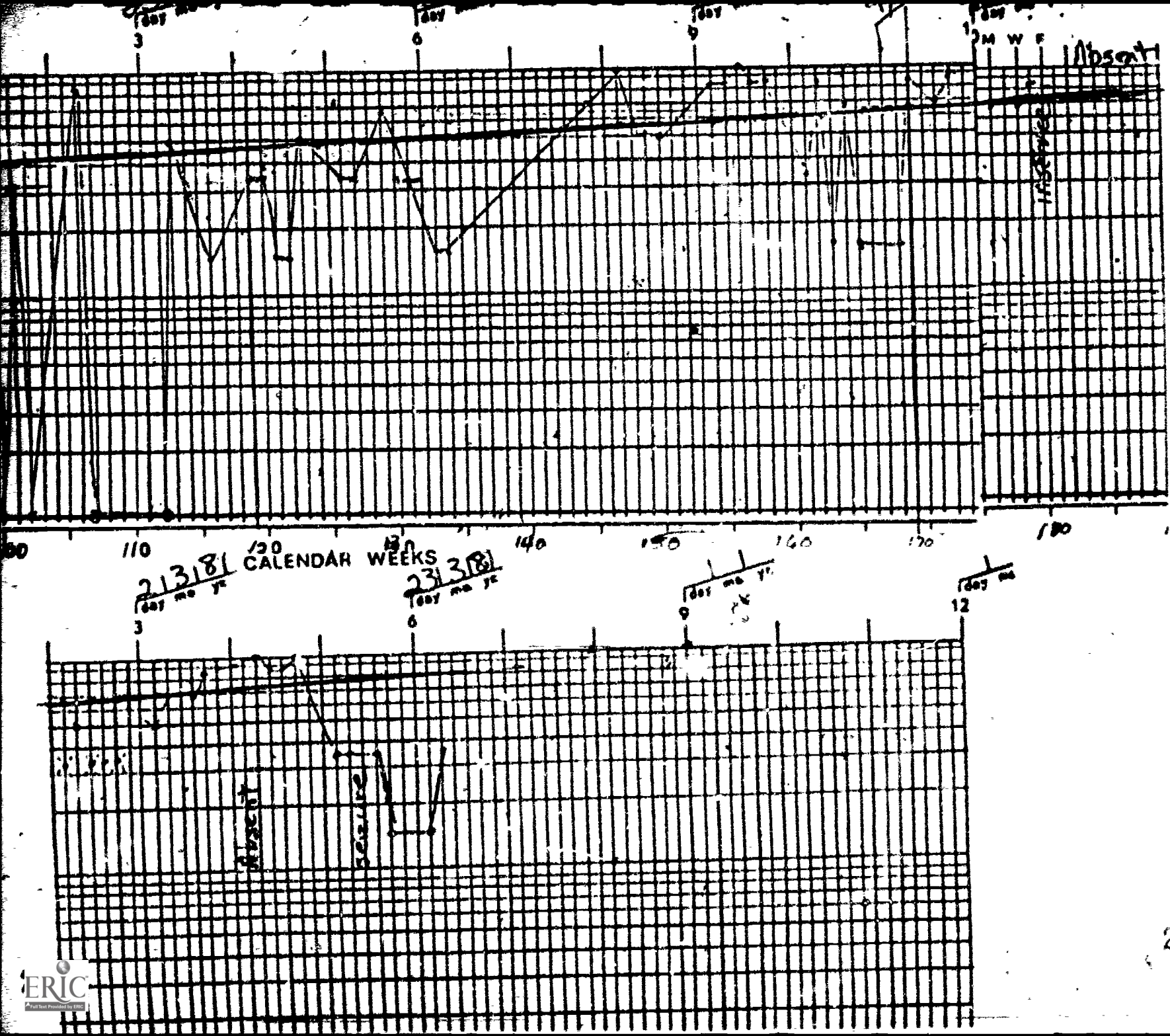
**Objective:** **Tactile Stimulation - Hands**

Eve will respond appropriately when her hands are stimulated for 10 seconds with various stimuli, 100% of the time on 3 out of 4 consecutive days.

Appropriately - any movement that is made with her hands during or up to 10 seconds after they are stimulated.

Stimuli - firm pressure, wooden peg, stroking, feather duster, rough texture, and vibrator.




3
6
9
12
M W F
Absent
110
120
130
140
150
160
170
180
CALENDAR WEEKS
3
6
9
12
Absent
Tardy

KNOXVILLE

Types of Parent-Teacher Contacts

PRE-TRAINING - JANUARY
POST-TRAINING - MAY

| TRAINING PROFILE | JANUARY N=21 | MAY N=21 |
|---|---|---|
| 4. FOR WHAT THREE MAIN PURPOSES HAVE YOU CONTACTED PARENTS? | JANUARY | MAY |
| A. MANAGEMENT/COMMUNICATION--(sickness, absence, reminders of meetings, etc.) TOTAL | 31 | 21 |
| B. INQUIRY - CHILD BEHAVIOR --(school problems, discipline child's improvement, inquire about eye program, understanding child, extra activities for home) TOTAL | 14 | 20 |
| C. INQUIRY - LIAISON TO/FROM SERVICES -- (home training, services, asking for medical reports, suggested services needed) TOTAL | 12 | 26 |
| 5. FOR WHAT THREE MAIN PURPOSES HAVE PARENTS CONTACTED YOU? | | |
| A. MANAGEMENT/COMMUNICATION --(sickness, return/borrow equipment, absence, schedules of visits, meetings) TOTAL | 15 | 12 |
| B. INQUIRY - CHILD BEHAVIOR --(asking about child progress, occurances at school questions about a procedure, home training ideas, planning) | 20 | 24 |
| C. INQUIRY - LIAISON TO/FROM SERVICES -- (problems in the home, asking about services, transportation problems) TOTAL | 8 | 8 |

KNOXVILLE

Trainee Perceptions of Carryover at Home

#8 Do you feel there has been much success with parent carry-over at home for your students?

| Yes, some | | No | |
|---|---|---|---|
| January | May | January | May |
| 57% | 75% | 33% | 25% |

| If not, what do you see as reasons? | January | May |
|---|---|---|
| A. Logistics (lack of financial resources, transportation, home pressures) TOTAL | 11 | 14 |
| B. Knowledge (stage of awareness, not enough practical suggestions from teacher) TOTAL | 2 | 6 |
| C. Attitude (feels that it is too late, don't perceive importance of problem, unwillingness) TOTAL | 18 | 15 |
| TOTAL COMMENTS | 31 | 35 |

EXAMPLE OF COMMUNITY CONTACT SHEET IN CASE STUDY - CHILD C

| Date | Type of Contact | Reason for Contact | Person/Agency Contacted | Person Initiating Contact | Outcome/Comments |
|---|---|---|---|---|---|
| October 7, 1980 | Visit | Pick up brace | K. Brace Shop | Mother | They adjusted head piece on brace. We brought it home with us. It looked good. |
| November12, 1980 | Visit | S. was sick with temp of 102.6 degrees. | Dr. D. Family Physician | Mother | S. was getting an infection - probably in his lungs. We just got to it early. He got a shot. |
| December10, 1980 | Visit | S. was sick | Dr. D | Mother | S. was sick, had bronchitis. He got a shot. |
| December18, 1980 | Visit | S. had a mole removed. | Dr. D. | Parents | S. had mole removed, he had 3 little stitches in his back from surgery. |
| December23, 1980 | Called | Results of test. | Dr. D.'s nurse at his office. | Mother | Everything was fine. The mole was not malignant. |

| Date | Type of Contact | Reason for Contact | Person/Agency Contacted | Person Initiating Contact | Outcome/Comments |
|---|---|---|---|---|---|
| December30, 1980 | Visit | Checkup | Dr. N. Pedidonist | Mother | S. had a good dental checkup. |
| January 2, 1981 | Call | Needed to ask some questions | Dr. M. Neurologist | Mother | S. has been having a lot of seizures. He wants me to have blood levels taken. |
| January21, 1981 | Call | Question | Dr. N. | Mother | I wanted to know if molars were very painful while coming in. |
| February14, 1981 | Visit | Blood work | Children's Hospital | Mother | S. had blood levels taken. |
| February16, 1981 | Call | Needed to find out S. blood levels. | Dr. M. | Mother | S.'s phenobarbital was fine but his dialitin level was too low. He increased the dialitin by ½ a tablet a day. Also the medicine was not harming any vital organs. |

Case Study
Evaluation
of
Parent
of Child C

1. How did the instructions included in your journal facilitate choosing the appropriate section for your entry?

   It was quite easy to understand.

2. How much time was involved in keeping the journal current? How difficult was it to set aside this amount of time?

   It really didn't require that much time, but sometimes I would forget about it.

3. Describe the relevance of the categories included in this journal to the actual day-to-day interactions between this child and his/her environment.

4. What impact has this journal had on this child and your relationship with him/her?

5. Comments; please include any other reactions to the journal that were not addressed above.
   To sum up on questions 3 to 5. I really don't know how to answer question 3, but this journal has not made any difference in my relationship with my son. I've always loved my son dearly and I think he loves me, too. However, as I read back through this journal, it has made me realize the importance of keeping data on him. Sometimes I think I can see some sort of pattern. I really would like to know what you can find out about my son from this study.

Case Study
Example of Entries of Teacher
Child A

October 13-17

Absent due to temprature, sore throat. On antibiotics and on observation in the institution ward.

October 20

B. did a great job after being out for a week. He was very alert, smiling and turning his head in the direction of sounds.

October 21-22

Absent due to the fact that the doctor was waiting for the results of a throat culture.

October 23-24

B. was back at school again. The results of throat culture were negative. He is still very alert.

October 27

B. was sitting in the bean bag. I put various textures of materials and yarn on B.'s arms, legs, hands, and head. He was very unhappy. He didn't smile or make any sounds.

October 28

Nurse came to the classroom to put some ointment on B.'s right eye. The eye was red and irritated.

October 29

B. was dirty today. He must not have had a bath before school. He had a medium sized, mustard colored, runny bowel movement.

October 30

Mr. R. stopped by classroom to visit B. This was my first meeting with B.'s father. He stayed for about an hour. Mr. R. and B. seemed to have a good rapport.

Case Study
Example of Entries of Parent
Child B

January 10-16

Back to school this week after illness. R. feeling a lot better - getting into things again - I believe she thinks she always has to go somewhere at all times - she's been bringing her coat to me every time I turn around - then cries if I put it back up. Hate to let her outside with the others - it's been so cold.

January 17-23

R. did real well, up till Friday. Then she caught the old cold again. Sure will be glad when spring finally arrives. R. did decide to wash her own face this week with soap. Sometimes I let her play with some tub toys for a while. She really enjoys it. I couldn't believe it when she had the soap all over her.

January 24-30

R. went to Doctor this week - he said she had an ear infection. I guess that's why she has been so cranky. By end of week, she was getting back to herself again. Seeing how many things she could get into. She awoke early Thursday morning, before her sister, and tore up her homework papers. That didn't go over too well. She's really getting around now. She's learned how to move a stool around to climb onto higher things.