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ABSTRACT
               Containing content and materials for 14 workshops,
this training guide has been developed to assist Head Start programs
in developing and implementing individual service plans (ISPs) for
high-risk preschool children. Differing from the public schools'
individual education programs, the ISP addresses all educational
needs of the child as well as needs in other component areas, such as
health, nutrition, parent involvement, and social services. The first
four workshop topics cover screening, diagnosis, educational
assessment, and component assessment procedures. Development of the
ISP is subsequently covered in workshop material concerned with (1)
writing a rationale for the ISP; (2) conducting ISP conferences and
related home visits; (3) writing statements of the child's current
level of functioning; (4) establishing long term goals for each area
of development; (5) writing short term objectives and instructional
objectives in behavioral terms; and (6) completing ISP sections
having to do with special services, materials, person(s) responsible,
evaluation criteria, and time lines. ISP implementation is covered in
workshop material focusing on analyzing tasks, writing activity
charts, and planning the classroom environment and schedule. The
final workshop focuses on "transitioning" (i.e., helping handicapped
children make the transition into the public school system). Six
appendices provide references, excerpts from related books, guides to
screening and assessment activities, and directions for developing
ISP packets and videotapes. An ISP for use in training activities is
included in the last appendix. Forms useful for developing ISPs are
provided throughout the training guide. (RH)
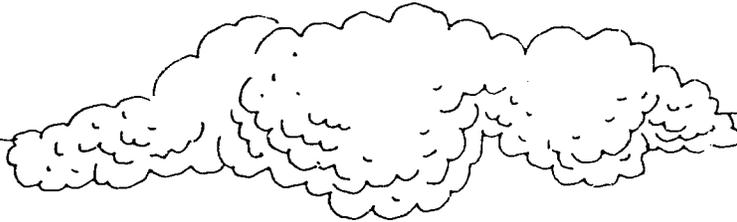
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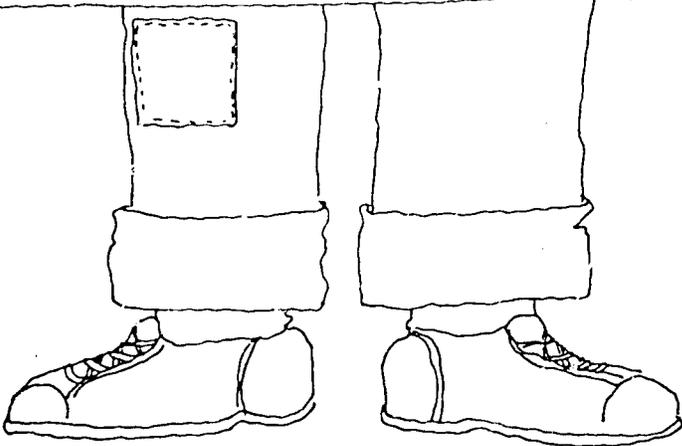# Development and Implementation of the Individual Service Plan in Head Start

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TEACH

Training for Educators and Administrators of Children with Handicaps.

Portage Project TEACH (Training for Educators and Administrators of Children with Handicaps) was funded by the Region V Head Start office in 1979. TEACH staff was charged with the task of providing training and technical assistance to Head Start programs in Region V on development and implementation of Individual Service Plans (I.S.P.s). In the first year, a comprehensive needs assessment survey was conducted to determine what Head Start programs were already doing in this regard and to delineate additional training and technical assistance needs. As a result of the survey, an intensive four-day workshop was developed which covered the subject areas of screening, diagnosis, educational assessment, component assessment, development and implementation of the I.S.P. and transitioning into the public schools. In the first three years of its existence, over 1,000 Region V Head Start staff members representing over 120 agencies participated in the TEACH training. Follow-up efforts indicated that a large majority of the programs have implemented many of the suggested procedures. This training guide represents a further effort to disseminate information so that Head Start programs can continue to upgrade their capability of providing quality services to all children and specifically to children with handicapping conditions.

The Portage Project

OVERVIEW OF TRAINING CONTENT

This training guide has been developed to assist Head Start programs develop
and implement Individual Service Plans (I.S.P.'s). Screening, diagnosis,
educational and family assessment, development and implementation of the
Individual Service Plan, and transitioning are the subject areas covered.
The following synopsis offers a start-to-finish perspective of the entire
I.S.P. process.

Screening is an important and integral part of the Head Start program. All
children are screened in the areas of education and health. This occurs
prior to or upon entering the program. Screening is basically a detection
procedure through which we identify or "detect" children who may be in need
of further evaluation and special services because of physical, emotional
or developmental problems. The results of the screening test do not tell
why a child is delayed or what to do to help the child or plan curriculum.
The educational screening is a standardized test and can be administered
by teachers and/or teacher aides who have been trained in the screening
procedures. Health screening will generally be completed by nurses and/or
doctors.

Those children identified by the screening process as high risk are referred
for a diagnostic evaluation to a team of qualified professionals who are
trained in assessing handicapping conditions. Diagnosis provides a
comprehensive evaluation of the children referred. It determines if a
child has a handicap. These professionals are to use the legislated
categorical definitions and diagnostic criteria to report a child as having
a handicapping condition. They may not use testing instruments or procedures
which may penalize children with sensory impairment or youngsters with
different language or ethnic backgrounds and they are encouraged to use
functional, developmentally-based assessment tools.

The Administration for Children, Youth and Families requires that the
determination of a handicapping condition is the responsibility of the

professional diagnosticians, not local Head Start staff. This means that each Head Start program should request diagnostic information concerning a child with a handicapping condition in such a way that (a) it can be readily reported in the annual survey of handicapped children in Head Start in accordance with the categorical definitions and diagnostic criteria and (b) it includes recommendations on the basis of functional assessments in order that parents, teachers and others can best work with the child to enhance his/her potential.

After screening, all children receive an educational assessment. This assessment is a systematic evaluation procedure. The results outline information on the child's level of functioning in all developmental areas (cognitive, social/emotional, fine motor, gross motor, language, self-help). Assessment procedures help to identify a child's strengths and needs. Unlike screening procedures that yield a "thumb-nail" sketch of a child, assessment instruments yield more specific information that can be used to develop goals and objectives, to plan daily curriculum activities, and to monitor the child's progress on an on-going basis.

Component assessment is completed for each family in order to document and plan for expressed family needs in the areas of health, nutrition, social services, and parent involvement.

When screening and assessment procedures are completed, and if possible, the diagnostic evaluation, the Individual Service Plan can be written. This plan is a statement of the needs of a child and family and outlines the manner in which these needs will be met. All children need individual programs, but children with handicapping conditions require more detailed planning to meet their special needs.

Most public schools call this plan an I.E.P., or Individual Education Program. This plan covers the educational needs of the child specific to the area of the handicap. The plan in Head Start addresses all educational needs of the child, as well as nee.. n other component areas such as health,

nutrition, parent involvement and social services. Head Start Programs in different regions vary in what they call the plan. This training guide calls it the Individual Service Plan or I.S.P.

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

-Current Level of Functioning: this is a statement of the child's present strengths and needs in the educational area. It is a summary of information obtained during screening, assessment and diagnosis.

-Long-Term Goals: these goals indicate what the child and parent will be able to do by the end of the year. Goals are written for all component areas.

-Special and Related Services: a list of services to be provided to the child and/or family, such as speech therapy, counseling, medical services, etc., and who will provide these services.

-Initiation and Duration of Services: the date special services will begin and an estimate of the length of time those services will be received.

-Person(s) Responsible: list the person(s) who will be responsible for carring out or teaching each short-term objective.

-Evaluation Criteria: methods used to determine if the short-term objectives have been achieved.

-Time Line: dates indicating when each objective was introduced and the date it was achieved, and the review date of the I.S.P.

-Parent Approval/Signature: a statement signed by the parent(s) indicating participation in the writing of the I.S.P. and approval of it.

-Short-Term Objectives: for each long-term goal a sequence of short-term objectives is planned. Accomplishment of each short-term objective leads toward meeting a long-term goal.

See the chart on page 6 for further delineation of these components.

aged to familiarize themselves with the I.E.P. format used in their local public school system and pattern their agency's form after it. This facilitates optimal transition into the public school system and enhances communication between the two agencies.

There are a number of ways to complete the I.S.P. Whatever the chosen process, it is essential that parents are deeply involved in each step. When parents are included in this procedure from the beginning, it is more likely that their participation in their child's education will be continued. This guide suggests a two-step model for completing the I.S.P.: a special home visit and an I.S.P. conference.

The purpose of the special home visit, usually made by the teacher, is to provide the parents with information necessary to ensure their full participation in the I.S.P. process. This information includes: the purpose of an individual plan, expectations and role of parents in the process, written information on parent rights, screening/assessment results. At this time also, areas of concern are pinpointed in each component area. The end result of this home visit should be informed parents who understand their roles and rights in this process, and have had all questions answered about the next meeting, the I.S.P. conference.

The purpose of the I.S.P. conference is to complete the I.S.P. in all component areas as a team. This is accomplished by sharing all pertinent information, to include screening/assessment results, diagnostic reports, health/medical reports, social service forms, etc. The parents, classroom teacher, and director (or designee) are key members of this team; individual circumstances dictate the inclusion of others, for example, public school personnel, component coordinators, diagnostician, etc. The parent always has the option of bringing an advocate to this meeting. In addition to the writing of the I.S.P., a review date is set.

The next step is implementation of the I.S.P. which includes task analysis,

individual activity charts, record keeping, classroom environment and
scheduling.

Last, transitioning into the public school system is explored. This
section covers survival skills, factors that influence a smooth transition,
and ways to assist parents and children in their transitioning.

From start to finish, a comprehensive, logical and systematic plan will
greatly enhance the delivery of quality services to children with handi-
capping conditions. We sincerely hope this guide will be of assistance
to you in this endeavor.

The Individual Education Plan
(I.E.P.)

PUBLIC LAW 94-142*	PRESENT LEVEL of EDUCATION	ANNUAL GOAL	SHORT TERM INSTRUCTIONAL OBJECTIVES	RELATED SERVICES	EVALUATION PROCESS AND SCHEDULE
HEADSTART PERFORMANCE STANDARD				SPECIAL AND RELATED SERVICES	EVALUATION CRITERIA
PART II TN 75.11 **	TN 75.11NOD				

Description of where the child is now in all areas of growth and development

parent's observations

teacher's observation

comprehensive reports

evaluations by specialists

screening reports

developmental assessment

---

what you expect the child to accomplish over the entire year

goals too high can lead to frustration and disappointment

goals too low cause

staff to lower their expectations and underestimate the child

---

represent step-by-step analysis of what is necessary to help child reach long-term goals

avoid outcomes such as "will understand" "will learn" "will know"

Ingredients of Activities

1. what the child will do:
-cry   -floss
-match -button
-sort
-put away
-grasp with

2. aids:
-what materials
-with whom
-when   -where

3. how well:
-how well do you want the child to do it?

---

rehabilitative, corrective, or preventive services

any additional services needed to enable the child to participate as fully as possible

transportation

speech therapy

physical therapy

occupational therapy

family counseling

psychological services for the child

schedule modification

special equipment

---

modifying the program when needed

teacher's observations

parent's observations

progress reports from specialists

developmental assessment reports

component reports

team meeting reports

Portage Project-TEACH-Region V

HOW TO USE THIS GUIDE

This training guide contains content and materials for fourteen workshops. Each workshop is divided into these sections:

1. Overview: provides a summary of and goals for the workshop.

2. Background for the Trainer: provides additional sources of information on workshop topics. These readings are referenced in Appendix A. (Consider making these resources available to your staff.)

3. Pre-Workshop Tasks: lists tasks and decisions that need to be attended to before preparations for the workshop can begin.

4. Preparing for This Workshop: lists equipment, handouts, transparencies, etc. that are needed to conduct the workshop, reference materials that need to be read, and audio visual materials that need to be ordered.

5. Directions for Conducting This Workshop: outlines the step-by-step procedures for presenting the content of the workshop.

6. Reference materials, masters of handouts, overhead transparencies, worksheets and task cards are found at the end of each section.

This guide also contains six appendices. See the Table of Contents for the information contained in each Appendix.

The cost of presenting these workshops is limited to producing handouts and overhead transparencies, and equipment rental if necessary (video tape recorder, audio tape recorder, overhead projector, transparency markers, slide projector).

These workshops can be scheduled in many ways, for example, all at one time (a total of five days), in ten ½-day sessions, etc. The important thing to remember is to present the workshops in sequence. The following is a list of approximate lengths for each workshop: Screening, 2 hours; Diagnosis, 1 hour; Educational Assessment, 2 hours; Component Assessment, 1 hour; Rationale, 2 hours; Two-Step I.S.P. Process, 2 hours; Current Level of Functioning, 3 hours; Long-Term Goals, 3 hours; Behavioral Objectives, 2 hours; Short-Term Objectives, 3 hours; Task Analysis, 3 hours; Activity Charts, 2 hours; Classroom Environment and Schedule, 1 hour; Transitioning, 2 hours.

It is helpful to participants to have an agenda outlining the material that will be covered for each workshop. Use adult-sized tables and chairs, provide nutritious snacks, and have fun!

The following pages contain information to assist you in providing quality training to your staff.

Although much still remains to be discovered and proved about the process of adult learning, great strides have already been made. It is widely recognized that adults - within a wide range of mental capacities - retain their learning capabilities throughout their life spans. The argument that "you can't teach an old dog new tricks" is very much outmoded. A far more accurate view, as one educator has said, is that "there are many tricks that only an old dog can learn." Some knowledge that is necessary and important for teachers is effectively learned only after sufficient experience has been acquired through living and working.

Research indicates that any person who has had the basic intelligence to learn certain varieties of knowledge and skill at age 20 will be equally able to acquire knowledge and skill of similar types at age 50, 60 or more. He may take longer to do so, but the acquisition hinges not on his age but rather on the pattern of interests, motivation, and personal values that has become part of his personality over the years. *The key to adult learning is the desire to learn that is brought to the educational situation.* Consequently, this learning situation should be designed to nurture that desire in every feasible way.

In-service training, to be effective, needs to be constructed on the basis of principles of learning. The following pages state and discuss those principles.

PRINCIPLE 1: LEARNING DEPENDS ON MOTIVATION

The desire to learn must come, ultimately, from the learner him/herself.
What the trainer and administration can and should do is to set up a motivating training situation and then maintain these motivating factors as the training program continues.

The following factors can greatly influence the motivation of the participants:

1. administrative support of the training content;

2. involvement of participants in planning the training;

3. a comfortable physical facility;

4. small group (20 or less) instruction;

5. stress on the future utility of the ideas and skills being presented and practiced;

6. frequent communication of "how things are going" during the meeting;

7. efforts, built into each session, to relate new learning to things already known; and

8. an affect of challenge and variety produced by the use of the exercises, discussions, role play and worksheets.

PRINCIPLE 2: LEARNING DEPENDS UPON A CAPACITY TO LEARN

Educational planning for adult employees must proceed on the assumption that *people retain their capacity to learn at any age.* An optimistic and positive view should be taken of the mental equipment each person brings to the learning situation. Few adults who are performing adequately in handling their job assignment are incapable of new learning.

It is also realistic to assume that there will be trouble spots - occasions when one or more participants might not grasp the meaning of an idea, or might fight off trying to change a way of thinking, or might show other signs of learning difficulty. The level of difficulty and the pace of presentation should be based on faith in the capacity of the participants to move forward steadily.

PRINCIPLE 3: LEARNING DEPENDS UPON PAST AND CURRENT EXPERIENCE

Our training design assumes that *adults will exhibit marked differences in the individual resources they bring to a learning situation.* These differences are more pronounced among adults than among school children, because life experience has a scattering effect - that is, each person's total experience will differ increasingly, over time, from the total experiences of other

persons. Consequently, in the development of adult educational program,
trainers must be ready to cope with a wide range of capabilities among
the participants in each group.

Readiness to cope with variations in learning capacities is essential, and
can be demonstrated in several ways. Discussions and exercises pull par-
ticipants together, drawing upon what is most likely to be familiar to all
of them as a result of their work background. Ample opportunities for
feedback serves to keep the trainer posted as to the degree to which the
group is moving along together in absorbing the training content. Worksheets
provide a measure of the learning range within the group, and furnish use-
ful clues for modifications of training in future sessions.

Some persons may feel less informed and less experienced than others in the
group, and may tend to hang back in order to avoid embarrassment. A friend-
ly and informal atmosphere helps to counteract this tendency. The trainer,
of course, has the responsibility for drawing these people out and for main-
taining reasonably even progress among the participants.

PRINCIPLE 4: LEARNING DEPENDS UPON ACTIVE INVOLVEMENT OF THE LEARNER

Active involvement in the learning process is even more important for effec-
tive learning in adults than it is in children. *Action is fundamental in
the creation and maintenance of interest in learning new knowledge and skills.*
When adults are kept in a passive, dependent role, in which the teacher tells
them what they should know, their interest rapidly dwindles.

However, it is important to recognize that activity is not something to be
carried on just for its own sake. If teachers are called on to be active,
they will profit from the specific activity only to the extent that it makes
sense to them. The essence or central idea behind the activity must relate
to what the teachers themselves perceive as their interests and needs, either
as they exist at present or as they are foreseen for the relatively near

future. When the activity is perceived as relevant, the knowledge that it intended to convey is learned much more quickly and permanently than that which is absorbed passively.

Activities involving problem solving, application of new skills, role play, and writing provide an opportunity to test out the thinking of the participants, and to explore whether the learning could be used in their work and, if so, how this could be done. The preliminary homework assignment is also viewed as having an active function, inasmuch as it would increase the capacity of each participant to enter into the discussion. The trainer's role is also active. Unless the materials provided present variety and challenge, the trainer is just as subject to loss of interest and decline in performance as are the participants.

PRINCIPLE 5: LEARNING IS ENHANCED BY PROBLEM SOLVING

Adults are continually confronted, of course, by problems of varying difficulty and importance in all areas of their lives. Teachers will expect the training program to deal with problems relevant to their everyday concerns, and to provide an experience that would help them in coping with future job challenges. *The training content and format, therefore, must be realistic and consequential, offering opportunities to work out problems they will encounter in their jobs.* In this type of training situation the participants can try out and appraise the recommended new knowledge or skill, checking it against what they already know and deciding for themselves whether it makes sense.

PRINCIPLE 6: LEARNING EFFECTIVENESS IS DEPENDENT UPON FEEDBACK

Feedback should be understood to mean the information by which the learner determines what is going on and how well he/she is doing. He/she gathers clues and indications from what the trainers say and do, from the behavior of other participants, from the reading of handouts, and from his/her own reflections on the events taking place.

The basic intention of feedback is to motivate learning. Feedback accomplishes this by rewarding the learner through: 1) recognizing his/her contributions to the meeting; 2) validating that he/she is on the right track; and 3) helping him/her to identify the additional knowledge or skills to enhance both self-satisfaction and value as an employee.

To achieve these ends, the learning situation must be constructed with liberal opportunities for feedback. The trainer has the critical responsibility for developing these opportunities. Your tone and manner in providing feedback should be positive and encouraging; sarcasm or ridicule is virtually always fatal to effective learning. Adults will learn under such treatment, but their learning processes will be directed away from, rather than toward, the objectives of the program. They will learn that meetings are punishing experiences which are to be avoided or resisted by any feasible means.

The trainer must choose activities that build in a variety of feedback avenues. All such activities are directed toward the establishment and maintenance of two-way lines of communication between a trainer and participants and among the participants themselves.

PRINCIPLE 7: LEARNING IS ENHANCED BY AN INFORMAL ATMOSPHERE AND THE FREEDOM TO MAKE MISTAKES

Training planners need to be aware that the meeting atmosphere will be pre-conditioned by the quality of the relations that exist generally in the agency and specifically among the participants. Such relations may range through many graduations, from the stiff, distant, and suspicious to the easy, close, and friendly. Whatever their quality, they will be brought into the meeting room. For the trainer, *one of the most immediate key objectives is to ensure feelings of comfort and acceptance among participants.* This is done much more by deed than by word. The leader must act to make the situation one in which people may speak out, fumble for answers, argue freely, and so on, without embarrassment or scolding.

The trainer is obligated to make the training situation pleasant but purposeful. *Informality and democratic treatment are not ends in themselves; they are conditions that permit productive learning to occur more readily.*

PRINCIPLE 8: LEARNING IS AUGMENTED BY NOVELTY, VARIETY, CHALLENGE

Engaging and maintaining the interest of participants is fundamental to any effective educational meeting. It is frequently observed that children have short attention spans; the same characteristic is also common among adults. *To hold the interest of participants, novelty, variety, and challenge must be deliberately employed by trainers.*

Social motivation or interest can be augmented by an informal atmosphere and scheduled coffee breaks. At any point during the meeting the trainer might, of course, make use of questions, move to new materials, or select whatever activity and pace her/his sense of the situation calls for. Interest can also be maintained by the fact that each session involves new subject matter but is built on what has gone before.

Source: Hospi al Continuing Education Project. Training and Continuing Education: A Handbook for Health Care Institutions. Chicago: Hospital Research and Educational Trust, 1970.

The basic premise upon which this training is based is "learning by doing". Active involvement in the learning process is even more important for effective learning in adults than it is in children. Lecture, demonstration, small group discussion, simulations, and brainstorming are used throughout these training sessions. The role play technique is used to practice the skills needed to write an Individual Service Plan.

Role plays draw from real-life events, present factual information about persons in a true-to-life situation, and require active involvement of participants. The general objective of the role play technique is to develop more effective on-the-job behavior. For the workshops on current level of functioning, long-term goals, and short-term objectives, each participant will be assigned one of the following roles: teacher, parent, handicap coordinator, social services/parent involvement coordinator, or health/nutrition coordinator. Assuming their new role and using information about one child and family, these team members move realistically through the process of writing an I.S.P.

Providing adequate and appropriate information about an individual child and family is critical to the success of this role play. After roles are assigned, a packet of information must be provided for each participant and should contain the information that the person in that role would normally have. This training guide contains sample packets of background information on an individual child, Michael Jones, and his family for use in the role play of an I.S.P. conference (Appendix F). However, you may wish to personalize this training by using information on a child and family from your agency.

Appendix E outlines the steps necessary to develop your own I.S.P. packets including: compiling all available screening (health and developmental), assessment (educational and component), and diagnostic information available on one child and family; dividing this information into packets for teacher, parent, health/nutrition coordinator, handicap services coordinator, and social service/parent involvement coordinator, and as an option, developing a video tape that demonstrates the screening and assessment processes.

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DISCUSSION STRATEGIES

BRAINSTORMING

Brainstorming is a creative problem-solving exercise used to collect a large number of responses in a short time. An idea, topic, situation or problem is given to participants as individuals or small groups. The goal is to generate as many responses as possible in the allotted amount of time. All responses should be recorded.

The key to successful brainstorming is to encourage all ideas and responses no matter how small or inconsequential they may seem. No comments, judgements or discussion should be made during the brainstorming session. Encourage participants to be as creative and imaginative as possible and remind them that any response might be just the one to initiate a chain of new thoughts and ideas from others.

ROUND ROBIN

Divide into small groups (3-8). Have each group choose a recorder. After a topic or problem is given to the group, a time limit is set (usually 5-10 minutes). The group then brainstorms ideas while the recorder transcribes all responses. Announce when one minute remains.

The recorders from each group then stand and, one at a time, they share one of the responses stated in their group. If any of the other groups have the same response, they cross it off of their list. Once all of the ideas on a list have been shared, the recorder sits down. The last recorder standing shares any remaining ideas on his/her list.

This can also be done without dividing into groups by having participants individually brainstorm and list their own responses. All participants stand and take turns sharing until their lists are exhausted.

1. Count off by 2's, 3's, 4's, etc. depending on desired group size.

2. Group by color of training folders or by numbers placed inside each training folder.

3. Hand out cards with pictures, stickers or numbers. Participants match cards and group accordingly.

4. Distribute single parts of 4-6 piece puzzles. Groups are formed as puzzles are assembled.

5. Tell participants the number of people you want in each group; participants form groups themselves.

6. Have exact number of tables and chairs set up. As participants fill the room, they will be seated as a group.

7. Put pictures or names of objects that can be classified on cards; e.g., different kinds of furniture, clothing, animals, toys, etc. Each participant chooses a card from the "hat" and joins a group with others whose cards contain the same category of objects. This can also be done by putting the pictures or names of objects inside each training folder.

8. For teams of two, place the names of words that go together on separate sheets of paper. Have participants draw a name and find their partners. Examples of words that go together are: fish/chips; fine/dandy; high/dry; fiddle/faddle; ball/chain; free/easy; milk/honey; ham/eggs; thick/thin.

Periodically during the training session, you will need to give partici-
pants a boost. The following energizers have been successful in renew-
ing enthusiasm and generating group spirit among participants. This
list is only a start, add to it with ideas of your own.

1. Name Game Bingo
   Make and duplicate the Bingo sheet below, one per participant;
   adjust the number of boxes to one less than the total number of
   participants and include yourself in the count. The game is
   played by asking each player to find other players who fit the
   scription in each box and having them write their name in the
   appropriate box. A different name must be used for each box;
   players do not sign their own name to their bingo sheet. The
   first one who fills every box yells "Bingo." After all players
   are seated, start with the "winner" and have the other players
   tell what they know about him or her by reading the box that has
   that person's name in it. Repeat this with each player.

Name Game

Has met a celebrity	Is a creative cook	Drinks more than six cups of coffee per day	Has an idol
Has been to the Grand Canyon	Has used an outhouse	sings with a group	Has a claim to fame
Is a good joke teller	Has won a trophy	Has teenage children	Has been to Portage, Wisconsin
Has more than four bad habits	Plays a musical instrument	Has had palm read	Will do any-thing for chocolate

2. I Saw A Bear
   There are three lines and 4 actions to this activity. Have partici-
   pants stand shoulder to shoulder in a line facing in the same direction.
   The leader is positioned at one end of the line. As leader, you say
   to the person next to you "I saw a bear." She/he will then ask you
   "Where?" You then answer "Over there." At this point you will perform
   an action. This same routine will be repeated by the next two people
   in line - the person next to you and the person next to him/her. This
   will continue until the entire line of players has repeated the lines
   and action(s). There are four rounds in this game: the lines are the
   same for each round, but each round will ADD another action to the
   previous actions; therefore, by round four, each player will be doing
   all four of the actions.

Lines: "I saw a bear." "Where?" "Over there."
Actions:
    Round 1: raise your right arm up and out to the side as if you
              were pointing to something in the sky;
    Round 2: raise your left arm up and out to the side;
    Round 3: look up (raise your head straight up);
    Round 4: kneel down on your knee;

As the last person gets into this final position, the leader says
"I saw a bear" and after the response of "where?" pushes with his/her
hip to knock the line over. Since participants are close to the
ground, they usually fall over like a row of dominoes. Ask any individ-
uals with physical disabilities or limitations to sit this activity out.

3. Elephant/Giraffe
    Ask participants to form a circle. One person (the leader for the
    first round) stands in the middle of the circle. This person
    extends one arm with pointer finger extended, closes his/her eyes,
    turns around, stops, opens eyes, and says either "Elephant, 1,2,3"
    or "Giraffe, 1,2,3." The person being pointed at does one of two
    things: for "Elephant 1,2,3", the person fists both hands, placing
    them one on top of the other and bringing them to his/her nose; for
    "Giraffe 1,2,3," the person clasps hands together and raises them
    directly over head. This is to simulate the trunk of an elephant
    or the long neck of a giraffe. The persons on either side of the one
    pointed to are also involved. For "Elephant," the persons fan out
    their hands and place them by the ears of the middle person, to
    simulate big ears. For "Giraffe," the persons on either side bend
    down and grasp and hold the ankles of the middle person, to simulate
    long legs. The last of these three persons to assume the correct
    position becomes "it," and stands in the middle. Remember: players
    have only until the count of three to get into position, and the
    person who is "it" must remember to count to three after the animal
    is named. Animals can be added to increase the complexity, confusion,
    and fun!

4. Scavenger Hunt
    This game is fun to play when the participants are being divided into
    I.S.P. teams for the first time. It gives them an opportunity to
    work as a team in a fun activity before the work gets serious. The
    procedure is to give each team a list of objects to collect and a
    time limit within which to collect everything. Ten minutes is usually
    enough time. Encourage teams to be creative. Here are some items
    that have proven to be fun to collect.

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a metal nail file	hair comb with decoration
pink kleenex	matches with advertising
aspirin	packet of sugar
rock or stone	movie ticket stub
red pen	band-aid
sugarless gum	driver's license (specific expiration date)
Sears credit card	flower
	Parking ticket

5. Either/Or
This is a forced choice exercise and requires that participants choose
the "either" or the "or" and move to one side of the room or the other
as designated by the leader. Once a choice has been made and partici-
pants have moved to the appropriate side of the room, ask each person
to pick one person on their side and share the reasons why they made
that choice. Then come back together as a large group for the next
forced choice. Here are some suggested questions to pose:

"Are you more like an sports car OR a cadillac?
San cisco New York?
a sp ro an eagle?
a daisy a rose?
ice cream popcorn?
piano a violin?
thunder lightning?
spring fall?
a mountain the ocean?

6. Ducks and Cows
This game requires a large open area. As a large group, practice making
cow and duck sounds. Encourage enthusiastic and whole-hearted repro-
ductions! Then leader tells each player secretly whether they will be
a cow or a duck. About half should be cows and half should be ducks.
Players will then close their eyes, and by making the sound of the
animal they were assigned they are to find all of the other cows or
ducks. The leader should supervise this activity so that no player gets
away from the group or bumps into anything. More animals can be added
to make the game harder to play.

7. The Queen With The Terrible Temper

Divide the group into six subgroups. Each subgroup has a special word, and when the leader reads the story each time their word is said, they make their sound.

> The Queen With The Terrible Temper – GRRR
> The Very Fat Son – KERPLUNK
> The Very Thin Son – WHEE
> The Very Handsome Son – AH-AH
> The Beautiful Princess – WHISTLE
> The Galloping Horse – (slap knees like galloping)

Long ago in a land far away The Queen With The Terrible Temper lived in a very elegant castle at the top of a mountain. Now The Queen With The Terrible Temper had three sons. A Very Fat Son, a Very Thin Son and a Very Handsome Son. The Queen With The Terrible Temper invited all the princesses of the land to come to her castle to meet her sons.

One day a Beautiful Princess came riding up to the castle on her Galloping Horse. The Queen With The Terrible Temper invited the Beautiful Princess inside. The Beautiful Princess said, "I have come to see your sons." Now The Queen With The Terrible Temper figured it would not be hard to find a wife for her Very Handsome Son so she decided to get her Very Fat Son and her Very Thin Son married off first. So she sent for her Very Fat Son. After the Beautiful Princess had seen the Very Fat Son, she said to The Queen With The Terrible Temper, "But don't you have another son?" So The Queen With The Terrible Temper sent for her Very Thin Son. After the Beautiful Princess had seen the Very Thin Son, she said to The Queen With The Terrible Temper, "But don't you still have another son?" The Queen With The Terrible Temper said, "My other son is not ready for marriage."

So the Beautiful Princess jumped on her Galloping Horse and rode away. But the Beautiful Princess was not happy. She had heard about the Very Handsome Son of The Queen With The Terrible Temper.

That night the Beautiful Princess came back to the castle on her Galloping Horse. She snuck into the castle, tiptoed all around, discovered the Very Handsome Son and proposed to him right on the spot. The Beautiful Princess and the Very Handsome Son rode off. And The Queen With The Terrible Temper had an even worse temper for she never saw her Very Handsome Son again.

And that is the story of The Queen With The Terrible Temper, her Very Fat Son, her Very Thin Son, her Very Handsome Son, The Beautiful Princess, and her Galloping Horse.

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Introduction 20

These questions are designed to give the trainer feedback as to the quality of this workshop. Your assistance in completing this form will help to modify and improve content and method presentation.

Today's Date:_____   Workshop Title:_____

Trainer:_____

Overall the workshop was: ___Excellent   ___Good   ___Fair   ___Poor

Content of Workshop:

	Strongly Disagree	Disagree	Somewhat	Agree	Strongly Agree
1. I feel the information presented in this workshop will help me in my work with young handicapped children in Head Start.	1	2	3	4	5
2. The format or organization of the workshop was appropriate.	1	2	3	4	5
3. The methods (group experiences, worksheets, role play, lecture, brain storming) used during this workshop were helpful for increasing my knowledge and understanding of the material.	1	2	3	4	5
4. The A.V. aids (transparencies, video tapes, slide tapes, films) were useful as an instructional tool.	1	2	3	4	5
5. The handouts were useful as an instructional aid.	1	2	3	4	5
6. The trainer demonstrated a thorough understanding of the subject(s) discussed.	1	2	3	4	5
7. The trainer individualized to meet my needs.	1	2	3	4	5
8. The trainer established and maintained rapport with trainees.	1	2	3	4	5
9. The trainer presented material in a clear, concise manner.	1	2	3	4	5
10. The trainer demonstrated effective speaking style.	1	2	3	4	5
11. The trainer encouraged questions and answered them sufficiently.	1	2	3	4	5
12. The trainer took an interest in my understanding of the subject matter.	1	2	3	4	5

2ɔ

Overall:

1. What did you like best about the workshop?

2. List recommendations you would make to improve the training content or format:

3. What will you implement as a result of the workshop?

4. What additional training do you feel you need in order to implement suggested procedures?

5. Additional comments:

SCREENING

OVERVIEW

Screening is a fast and efficient process that helps to determine which
children should be referred for further evaluation. In Head Start, there
are two different types of screening: health and educational.

Health screening is given to all children and must be completed within
90 days of program entrance. The health screening battery includes a
growth assessment, vision testing, hearing testing, urinalysis, hemat-
ocrit/hemoglobin determination, tuberculin testing, other community -
appropriate screenings, assessment of current immunization status and
a speech evaluation. This is done by trained medical professionals.

Educational screening is given to all children and it too must be com-
pleted within 90 days of program entrance. The educational screening
generally covers the areas of language, cognition, motor and social-
emotional development. It can usually be administered by trained para-
professionals. For the purpose of this workshop, we will concentrate on
educational screening because it is in this area that the education staff
is most actively involved.

Standardized educational screening instruments are used to provide an
"overview" of the child's skills and give guidelines that determine if
a child should be referred for a more in-depth evaluation. The in-depth
evaluation will determine whether or not the child has a handicapping
condition and will specify necessary special services and program recommen-
dations. The resulting early identification of children with special needs
can help prevent and/or correct some handicapping conditions.

As a result of this workshop participants will:
1. define and state a rationale for screening;
2. review testing techniques; and
3. critique the administration of a screening tool.

BACKGROUND FOR TRAINER

In preparation for this workshop, the following readings are recommended as sources of information about screening. They are referenced in Appendix A.

> Identifying Handicapped Children: A Guide to Casefinding, Screening, Diagnosis, Assessment, and Evaluation, Chapters 3, 8 and 9;

> Screening, Assessment, and Educational Programming for Pre-School Handicapped Children: A Primer, pages 1-5.

Additional information about Screening is found in Appendix B, pages 23-38, of this training guide.

PRE-WORKSHOP TASKS

1. If your program does not have a standardized screening instrument, is considering a different instrument, or would like to evaluate the instrument presently being used, read the articles in Appendix C entitled, Choosing a Screening Instrument and A Selection of Screening Instruments.

2. If your staff has not been trained to administer your agency's screening instrument, or if you would like to review what should be included in such a training, read the article in Appendix C entitled, Training Others to Use a Screening Instrument. The training outlined in Appendix C may be presented in combination with the workshop outlined here.

PREPARING FOR THE WORKSHOP

1. An important part of this workshop is a demonstration of the administration of a screening tool. This may be accomplished in one of the following ways:
   a. prepare a videotape of your screening tool being administered to a child (see Appendix E);
   b. arrange a live demonstration of a screening administration with a child;

<center>3<i>i</i></center>

c. arrange for participants to role play the administration of
your screening tool; or

d. borrow the videotape entitled TEACH-Screening Techniques
from your Resource Access Project (RAP). This videotape
will demonstrate administration of the Denver Developmental
Screening Test.

2. Obtain the slide tape entitled "Screening, Diagnosis and Educational
Assessment." This slide tape may be purchased for $45.00 from:

> Chapel Hill Training-Outreach Project
> Lincoln Center
> Merritt Mill Road
> Chapel Hill, NC 27514

It may also be borrowed free of charge from your Resource Access Project.

3. Duplicate the transparencies and handouts from the masters found at the
end of this section.

4. Have available an overhead transparency projector, movie screen, trans-
parency marking pens, slide projector, and cassette tape recorder.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This workshop is presented in four parts:

1) a slide-tape presentation entitled "Screening, Diagnosis and Educational
Assessment;"

2) review of the definition and rationale for screening;

3) a presentation of testing techniques;

4) critique of the administration of a screening tool.

1. Introduce this session by showing the slide tape "Screening, Diagnosis
and Educational Assessment."

2. Display Transparency #1 and review the definition and rationale for
educational screening. Emphasize the fact that standardized tests
must be given the same way each time. They require that the examiner
follow the manual procedures exactly. Review the fact that all children
in Head Start receive a health and educational screening within 90 days

of entrance into the program. The educational screening is best administered by trained teachers and aides. This provides the teacher and aide with an opportunity to observe the child's skill level in various developmental areas and to see how she/he interacts with the parent, materials and with teaching staff. Further, it gives the teacher an opportunity to establish a working relationship with the parent and child.

3. Display Transparency #2. Participants can take notes on corresponding Handout #1. Explain that the testing techniques that will be presented are used in combination with the instructions in the screening manual. These testing techniques will further assist the tester in obtaining valid and reliable screening results. Discuss each testing technique with participants.

TESTING TECHNIQUES

a. Building rapport/setting the tone. Spend time talking with the parent. Explain what you will do and why. Make it clear that the screening instrument is not an I.Q. test nor can it diagnose a handicapping condition. Tell the parent that his/her child will be asked to do some things she/he has already learned and some things she/he has not yet learned. If the screening instrument includes a parent interview form, fill it out at this time. Reiterate that the screening will only indicate if a more in-depth evaluation is necessary. Invite the parent to sit in on the session, if appropriate, but ask him/her to not prompt the child. Explain that although the child may be able to do some things at home that she/he may not do here, this is normal behavior. You want to find out what the child can do in other settings with different adults, and the fact that she/he can do it at home means she/he is close to mastering the skill.

Before the testing begins, talk and play with the child and allow him/her to explore the test materials. Make a smooth transition into the actual test items.

3ა

b. **Presenting each item.** Use child-sized table and chairs. Have all materials necessary for screening ready and accessible. If the parent is present, position him or her next to or slightly behind the child to minimize distraction. Be sure materials are at a comfortable position for the child to see and manipulate. Present materials such as scissors and pencils, at midline, giving the child the choice of using either hand. Present only one material at a time; keep all other testing materials cleared away. If all the necessary materials are not contained in the screening kit, use the following suggestions to select materials: be consistent within your program with size, shape, color and type of items; use primary colors; use same colored blocks when presenting items such as stacking and imitating a bridge. When presenting items to the child, tell the child to perform the task, don't ask.

c. **Distractions.** Remove as many distractions as possible from the screening area. Select a quiet area and position the child so as to minimize any visual distractions. Remove pictures or objects which might be distracting and place a sign on the door "Quiet please, screening in session." Make sure there is enough space to do the gross motor activities.

d. **Reinforcement.** Reinforce the child's effort, not the correct response. Do this by giving the same reinforcement for correct and incorrect responses, such as "good trying", "nice going", "you've really worked hard". If more than one trial is given on an item, reinforce after all attempts have been completed.

e. **Arrangement of items.** Begin and end the session with tasks the child can be successful in completing. Try to arrange items so the child does not have to sit too long.

f. **Length of session.** Attempt to schedule the screening session during the time of day when the child is most alert. Observe the child for signs of fatigue and change the routine or stop testing, if necessary. Screening may be scheduled for two days for very young children or for children with very short attention spans. If the child has a great deal of difficulty staying on task, ask the parent if this is

typical behavior and note the response. Also consider your own fatigue point. Limit or vary your schedule so you can be as fresh as possible for each new child and parent.

g. Problem situations. If a child is very shy or non-verbal, begin the screening with items that do not require verbal responses. You may also wish to begin the session with a simple game and/or low level items that require only imitation responses. This will help build in success and will encourage higher level performance as testing continues. If you are unsure whether or not the child passed an item, you may ask him/her to repeat the response. If the parent continually intervenes in the test process, you may ask him/her to sit in a place that is removed from the testing situation but from which she/he can observe. Assure him/her that you will answer any questions or listen to any concerns after the test is finished.

4. Have participants observe a screening either on video tape or in an actual demonstration.

5. Have participants list five good and five bad testing techniques observed during the demonstration or video tape presentation and have them additionally note informal observations about the child. Suggest that participants include such things as what activities the child showed a preference for, attending skills, interaction between child and parent or child and teacher. Encourage participants to be specific in describing their observations, i.e., "the child smiled when she was given the blocks" rather than "she likes blocks."

6. After the demonstration have participants share and discuss their responses. Clarify any questions or concerns they may have about the screening process.

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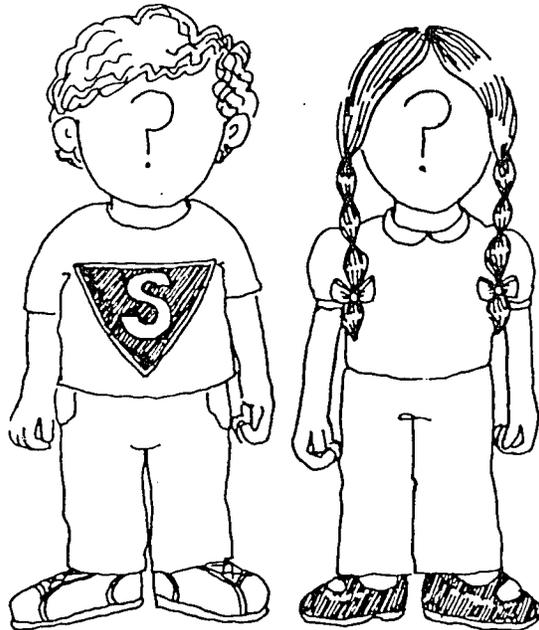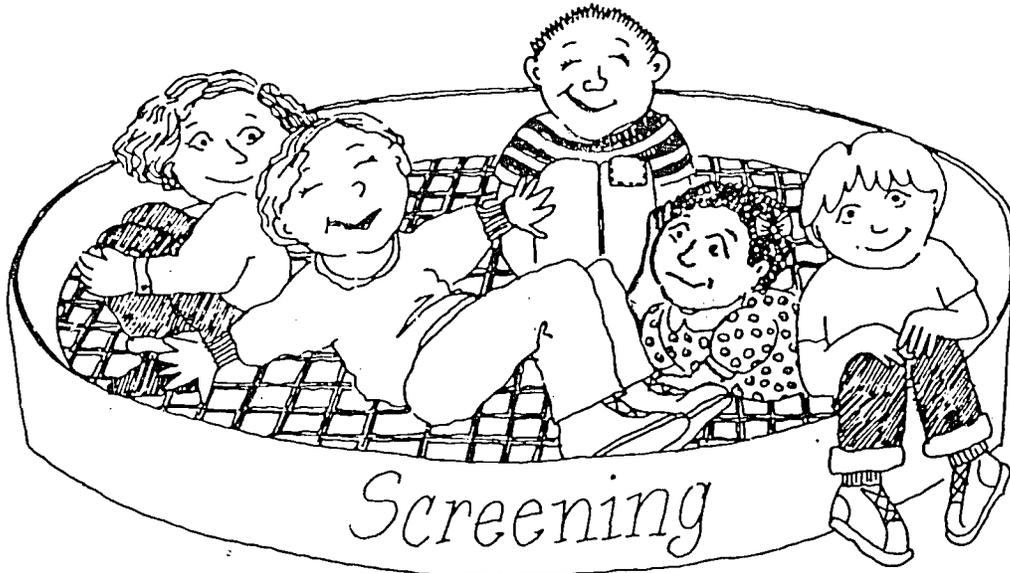
Screening IS DESIGNED TO BE A FAST, EFFICIENT TECHNIQUE FOR IDENTIFYING CHILDREN WITH POTENTIAL HANDI-CAPPING CONDITIONS.

Screening RESULTS PROVIDE AN OVERVIEW OF THE CHILD'S EDUCATIONAL PERFORMANCE.

Screening INSTRUMENTS ARE NORM REFERENCED (THEY COMPARE THE CHILD'S PERFORMANCE WITH THE PERFORMANCE OF OTHER CHILDREN IN HIS/HER AGE GROUP) AND THEREFORE MUST BE STANDARDIZED.

TESTING TECHNIQUES

1. BUILDING RAPPORT/SETTING THE TONE

2. PRESENTING EACH ITEM

3. DISTRACTIONS

4. REINFORCEMENT

5. ARRANGEMENT OF ITEMS

6. LENGTH OF SESSIONS

7. PROBLEM SITUATIONS

DIAGNOSIS

OVERVIEW

Diagnosis is the determination by professionals of whether or not a child has a handicapping condition. This is sometimes done by an individual professional but using a multi-disciplinary team is preferable. The professionals will each see the child and conduct an in-depth evaluation of the child's development in his/her area of expertise.

The purpose of this diagnostic evaluation will be:
   1) to determine whether a handicapping condition exists;
   2) to clarify the cause of the identified condition;
   3) to develop a medical and/or educational treatment plan; and
   4) to determine the appropriate services needed.

It will be necessary for the professional diagnostician(s) to obtain all available information about a child in order to formulate an accurate diagnosis. This information can be included in the referral and may include screening results, observations, assessment results, information about the family and home environment, health information and other pertinent knowledge from anyone involved with the child.

The diagnosis, or naming of a particular handicapping condition, may be relatively simple and easily understood, or may be a name used to cover a complicated set of factors. In either case, once a diagnosis has been made, it is important that everyone working with the child understands the strengths, needs, expectations, limitations and recommendations for planning and working with the child.

This can best be accomplished at a staffing or case conference attended by the diagnostician(s), appropriate Head Start staff and parent(s). If necessary, the services of a diagnostician or special education consultant should be available to assist the Head Start staff in developing and implementing an Individual Service Plan.

As a result of this workshop, participants will:

1. state the definition of diagnosis;
2. review the diagnostic process and discuss the teacher's responsibilities in the diagnostic process;
3. define high risk signs and list six areas in which high risk behaviors can be observed;
4. review the 10 Head Start diagnostic categories and the statutory requirements of each one.

BACKGROUND FOR TRAINERS

The following readings are recommended as further sources of information about diagnosis. They are referenced in Appendix A.

> Identifying Handicapped Children: A Guide to Casefinding, Screening, Diagnosis, Assessment, and Evaluation, Chapter 4; and The Diagnostic Process.

You will find additional information about diagnosis in Appendix B, pages 23-38, of this training guide.

PREPARING FOR THIS WORKSHOP

1. Read Handout #1, The Diagnostic Process. If necessary, change any information that does not correspond to your agency's procedure in the diagnostic process. If changes are made, substitute transparency #2 and Handout #1 with your own diagnostic process.
2. Duplicate the handouts and transparencies using the masters found at the end of this section.
3. Have available an overhead transparency projector, and a movie screen.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

1. Display transparency #1. Review with participants the four purposes of diagnosis.
2. Display transparency #2 and refer participants to Handout #1. Review each step of the diagnostic process with participants. Steps 1, 4 and 8 are the steps in which the teacher has a part in the diagnostic

process. Further discuss with the participants responsibilities of the teacher in these 3 steps. Include the following information:

STEP 1: the teacher is responsible for collecting information on a child to help determine a need for a referral. This may be done by observations, screening results or assessment results. The teacher will observe the child and collect information that can be used as part of a referral. This can be done by writing anecdotal notes, a diary or narrative description, collecting data on a specific behavior, completing an observation checklist or rating scale, or gathering a child's work examples. See the Section in this guide entitled Education Assessment for more information in each of these procedures. The teacher should also be aware of high risk signs (Handout #2). High risk signs are behaviors that may indicate a child has a problem and may need further evaluation. A child may periodically demonstrate any one of these high risk behaviors and not necessarily warrant referral. If several of these behaviors are continually observed over a period of time and in different situations, a child should be re-referred for further evaluation.

The teacher is also responsible for administering the screening instrument to all children and reporting any screening results that indicate a need for referral to the Handicap Services Coordinator. The last thing the teacher is responsible for in Step #1 is completing an educational assessment tool on each child. A common criteria used for referral from an assessment tool is when approximately a 25% or more delay exists in one or more educational areas. If teachers have a concern about a child's ability or behavior, encourage them to request that the Handicap Services Coordinator or any other qualified person come into the classroom to observe in order to verify the teacher's findings.

STEP 4: The teacher's responsibility in Step 4 will be to provide the information discussed in Step 1 to the Handicap Services Coordinator. This information is used to aid the diagnostician in evaluating the child.

STEP 5: The teacher will receive information directly from the diagnostician (if possible) or through the Handicap Services Coordinator. The information that is shared will pertain directly to the child's educational performance to include the functional assessment and the child's strengths and needs. It will also include other pertinent information such as restrictions or limitations placed on the child. This information will be used to plan the child's educational program.

3. Display transparency #3 (Handout #3). Review with participants the 10 diagnostic categories used in Head Start.

   Explain to participants that the diagnostician(s) will fill out a diagnostic reporting form. This will verify that a child meets or does not meet one or more of the Head Start diagnostic criteria. The form is then returned to the Handicap Services Coordinator.

   The diagnostic reporting form is used for the annual handicap survey to report the number of children in each category that the program is serving. Stress that this form is used for no other purpose and therefore is not shared with the teachers or passed on to the Public School.

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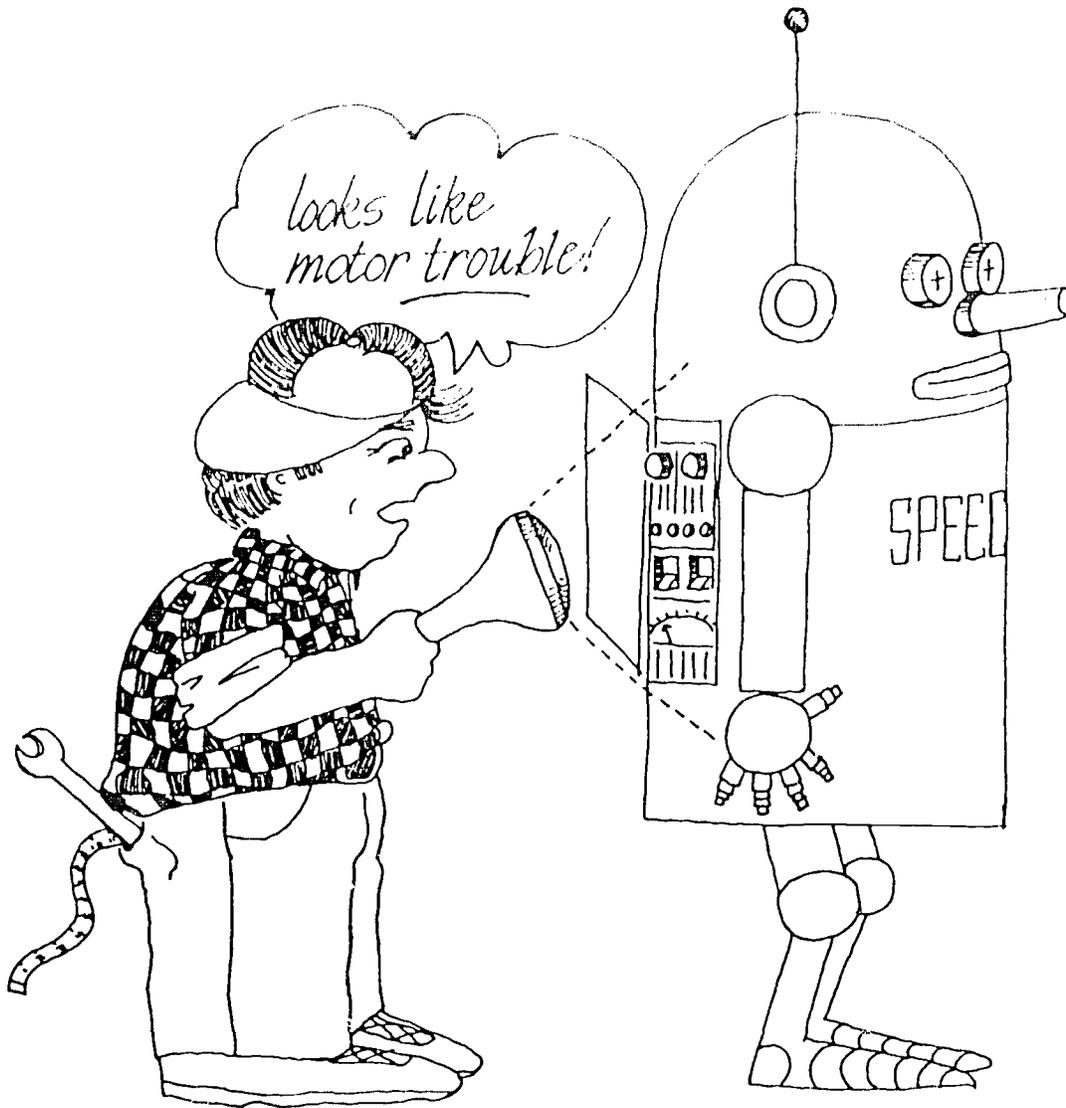
DIAGNOSIS

INVOLVES LOOKING AT A CHILD AND HIS/HER ENVIRONMENT IN-DEPTH
FOR 4 PURPOSES:

1. TO DETERMINE WHETHER A HANDICAPPING CONDITION EXISTS.

2. TO CLARIFY THE CAUSE OF THE IDENTIFIED PROBLEM (IS
    THE CHILD NONVERBAL DUE TO A HEARING IMPAIRMENT,
    MENTAL RETARDATION OR LACK OF VERBAL STIMULATION?).

3. TO DEVELOP A MEDICAL AND AN EDUCATIONAL TREATMENT
    PLAN.

4. TO DETERMINE THE APPROPRIATE SERVICES NEEDED.

THE DIAGNOSTIC PROCESS

STEP 1:   DETERMINE THE NEED FOR A REFERRAL.

STEP 2:   DISCUSS CONCERNS WITH PARENT(S).

STEP 3:   CHOOSE THE APPROPRIATE DIAGNOSTICIAN(S).

STEP 4:   MAKE A REFERRAL.

STEP 5:   CONTACT THE DIAGNOSTICIAN(S).

STEP 6:   ATTEND THE EVALUATION.

STEP 7:   OBTAIN THE DIAGNOSTIC RESULTS.

STEP 8:   SHARE THE DIAGNOSTIC RESULTS.

The Diagnostic Process

STEP	WHO	HOW
Step 1. Determine the need for a referral.	Handicap Services Coordinator/ Teacher/ Parent	Some children will be enrolled in Head Start with a previous diagnosis or an obvious handicap (such as the severely involved child or a Down's Syndrome child) and can be referred to the appropriate diagnostician immediately for a categorical diagnosis. Other children may be referred as a result of the following four methods:

1) Observation: Adults who are working with the child will observe the child's behavior and abilities in many areas. They will note how the child learns, performs tasks, interacts socially, communicates, etc. They should be attuned to high risk signs (Handout #2) as they conduct this informal evaluation.

2) Screening: A standardized educational screening instrument will be administered to every child within 90 days of entrance into the program. Results of the screening will indicate those children in need of further evaluation.

3) Assessment: All children will participate in a more in-depth evaluation that provides information on a child's skills and deficits in the developmental areas of motor, language, self-help, socialization and cognitive/academic skills. A common criteria used for referral is when approximately a 25% or more delay exists in one or more of these areas.

4) Parent Referral: Many parents will note differences in the development of their child in relation to others. If these concerns are an early indicator of a problem, a referral may be made.

STEP	WHO	HOW
Step 2. Discuss concerns with parent(s)	Handicap Services Coordinator	A home or center visit will be conducted with the parent(s). Parent(s) are to be informed of screening results, assessment information or any other data collected to support the reason for a referral. The purpose and procedure of a diagnostic evaluation and parental concerns are to be discussed at this time. Have some activities in mind that the parent can do to assist the child. Parental permission for a diagnostic evaluation must be obtained.

STEPS	WHO	HOW
Step 3. Choose the appropriate diagnostician(s)	Handicap Services Coordinator/ Parent	After it is established that a child will receive an indepth evaluation and parental permission has been obtained, the appropriate diagnostician(s) are determined according to what the suspected handicapping condition is. The list below may serve as a guideline for selecting the primary diagnostician.

Suspected Handicapping Condition	Primary Diagnostician
Hearing Impaired/Deafness	Physician/Audiologist/ Otolarynologist
Speech Impaired	Speech Therapist/Speech Pathologist
Mentally Retarded	Psychologist/Psychiatrist
Learning Disabilities	Special Educator with specific training in learning disabilities/Psychiatrist/Psychologist
Visually Impaired/Blindness	Physician and/or Opthalmologist/Optometrist
Emotionally Disturbed	Child Psychiatrist/Psychologist
Physically Handicapped	Physician/Orthopedist/ Neurologist
Health Impaired	Physician/Pediatrician/ Neurologist

Note: It is the responsibility of Head Start to ensure that the professionals used are appropriately certified and/or licensed within that state to make a diagnosis for educational purposes.

A professional diagnostic team can offer a comprehensive view of the child. The team approach is to be used whenever possible especially in cases of suspected mental retardation, learning disabilities and severe emotional disturbance. For example, in the case of suspected mental retardation, professionals that might be included are a speech therapist, psychologist, special educator, and physician. These professionals can offer a comprehensive medical and educational treatment program, each making contributions in his/her specific area of expertise. It is recommended that at least three professionals from different disciplines serve as members of the team. Whenever possible, linkages should be established with community agencies

STEPS	WHO	HOW
		who will provide free diagnostic services. University-affiliated facilities, speciality clinics, mental health clinics and public schools are often places to locate existing multidisciplinary teams. In any case make sure the diagnostician(s) have a background in diagnosing preschool handicapping conditions.
Step 4. Make a referral.	Handicap Services Coordinator/ Parent/Teacher	Once permission has been obtained from the parent, the referral process may begin. Below is a list of things that should be included in a referral form. 1) Identifying information to include: child's name, date of birth, parent(s)' name, address, phone number, date of referral, referring agency/individual; 2) Copy of "parental permission for diagnostic evaluation" signed by the parent; 3) A clear explanation of why the child is being referred. Include screening results, assessment data, observations, specific concerns or questions, developmental or health history, and/or any other information that might aid the diagnostician in evaluation of the child; 4) A copy of Diagnostic Criteria for Reporting Handicapped Children in Head Start (Transmittal Notice 75.11) and a diagnostic reporting form; 5) Services the child is presently receiving;
Step 5. Contact the diagnostician(s).	Handicap Services Coordinator	After the Diagnostician(s) are chosen, contact by the Handicap Services Coordinator will be necessary. This contact is essential for developing a good working relationship and for stating expectations. The diagnostician must be informed of the Head Start Diagnostic Criteria (Transmittal Notice 75.11), and told how the results will be used. It is vital that the diagnostician(s) have a good understanding of what the Head Start agency needs to obtain from him/her and the follow-up that will be necessary. The results expected from the evaluation should be discussed at this time and should include: a. determination of whether or not a handicapping condition exists based on the Head Start Diagnostic Criteria; b. instruments/procedures utilized to make the diagnosis (must be two or more); c. realistic expectations for the child;

STEPS	WHO	HOW
		d. list of any physical limitations, special considerations, special equipment, devices or modifications required for the child;
		e. a statement of strengths and needs; and
		f. a recommended treatment plan;
tep 6. ttend the valuation.	Handicap Services Coordinator/ Parent	It is essential that at least one parent be at this evaluation. Arrange transportation, babysitting, etc. to ensure this. The Handicap Services Coordinator may also wish to be present to provide support to the parent and to answer questions.
tep 7. btain the iagnostic esults.	Handicap Services Coordinator/ Parent	The diagnostic results are given to the parent(s) by the diagnostician(s). If there are any misunderstandings or additional information needed, the Handicap Services Coordinator will aid the parent in obtaining this.
tep 8. hare the iagnostic esults.	Handicap Services Coordinator/ Teacher	The Handicap Services Coordinator is responsible for sharing the functional assessment and other pertinent information with the teacher(s)

High Risk Signs

The following includes a sample of behaviors that may indicate a child is having a problem and may need further evaluation. A child may demonstrate any one of these behaviors and this is not necessarily a sign of a problem. If you continually observe several of these you should refer the child for further evaluation.

When using informal observation as an assessment, keep explicit records of the behavior including frequency, intensity, and duration.

Vision

-squint, tilt or turn head to look at angles
-closes one eye
-often bump into things or falls on the playground
-frequently rubs eyes or complains that eyes hurt
-has reddened, watering or encrusted eyelids
-sometimes or always crosses one or both eyes
-frequently holds book or other object too close to eyes

Hearing

-does not turn towards you when you call his name softly
-reaction upon a sudden noise
-attention during music or story time is less than 5 minutes
-observe childs speech
-use of gestures rather than words to communicate
-frequent earaches or running ears
-talks in a very loud or very soft voice
-turns the same ear towards a sound she/he wishes to hear
-does not respond when you call from another room

Social-Emotional

-interaction with others
 with adults - resist separation from parents
            shy away from new adults
            excessive number of attention-getting behaviors
 with other children - engage in solitary or parallel play only
            avoid certain children or latch on to one particular
             child
            disrupt other childrens' play
            over-react to unexpected stimuli (loud noises, sirens)
            have few coping and problem solving behaviors
-does not share and take turns by age 5
-does not play in group games such as hide and seek with other children by
 age 4
-toileting problems at least once a week by age 4
-self-abusive behavior
-self-stimulatory behavior
-repetitive behavior   46

Motor

-unable to balance on one foot for a short time by age 4
-cannot throw a ball overhand and catch a large ball bounced to him/her by age 5
-one side of body is more coordinated when walking or running
-hands are shaky or clumsy when doing fine motor tasks
-cannot cut with scissors by age 4

Language

-cannot repeat common rhymes or T.V. jingles by age 3
-is not talking in short sentences by age 4
-is not understood by people outside the family by age 5
-does not follow simple verbal directions
-echoes questions or other verbal material after the age of 3
-is not talking at all by age 2

Cognitive

-can not answer simple questions about a story by age 3
-does not give reasonable answers to such questions as "What do you do when you are sleepy?" or "What do you do when you are hungry?" by age 4
-does not seem to understand the meaning of the words "today", "tomorrow", "yesterday" by age 5
-does not demonstrate simple problem solving such as completing puzzles, following pattern for bead stringing by age 4
-does not demonstrate memory skills such as repeating short sequence of numbers or telling what's missing from group of objects by age 5

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

BLINDNESS

A child shall be reported as blind when any one of the following exist; (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT (HANDICAP)

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. *Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.*

DEAFNESS

A child shall be reported as deaf when any one of the following exist: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the State of residence.

HEARING IMPAIRMENT (HANDICAP)

A child shall be reported as hearing impaired when any one of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b' hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

PHYSICAL HANDICAP (ORTHOPEDIC HANDICAP)

A child shall be reported as crippled or with an orthopedic handicap if he/she has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases, these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Multiple handicaps: Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

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PEECH IMPAIRMENT (COMMUNICATION DISORDER)

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. *This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.*

HEALTH OR DEVELOPMENTAL IMPAIRMENT

These impairments refer to *illness of a chronic nature or with prolonged convalescence* including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

MENTAL RETARDATION

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in ada   behavior. *In any determination of intellectual functioning using standardized   that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation.)*

SERIOUS EMOTIONAL DISTURBANCE

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

SPECIFIC LEARNING DISABILITIES

Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. This disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. *For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included.* (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

EDUCATIONAL ASSESSMENT

OVERVIEW

This section will cover educational assessment and informal observation, both of which are important procedures for gathering information for the I.S.P. Educational assessment is a systematic process of collecting information on the child's level of functioning in various educational areas. The educational assessment generally takes the form of a developmental checklist which includes a list of skills that have been sequenced in the order that they are generally learned. The educational assessment may encompass such areas as receptive language, expressive language, visual perception, visual memory, auditory perception, auditory memory, readiness, pre-math, academic, cognitive, gross motor, self-help, socialization, pre-writing and adaptive behavior skills, depending on the assessment tool you use. The child should, at minimum, be assessed in the areas of language, cognitive, gross motor, fine motor, self-help and social skills.

The purpose of the educational assessment is to determine what the child can and cannot do in each developmental area. This information is then translated to goals and objectives and daily learning activities in each area of development. The educational assessment can also be used to monitor the child's progress on an on-going basis.

The educational assessment is administered to all children by the teaching staff. The assessment process is initiated immediately after screening procedures are completed. The assessment instrument will be filled out by directly observing the child as she/he attempts to do the activities listed. This may take place in the home, classroom, and/or outdoor environments. A comprehensive educational assessment will generally take 4-6 weeks to complete. This does not mean that all instructional time for this period will be spent completing the assessment, but rather that a brief amount of time daily will be spent engaging the child in assessment activities and recording her/his

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ability to do these activities in individual, small group and large group situations.

Once the assessment has been completed, it will be an invaluable planning tool. It will greatly assist in the development of goals and objectives for the I.S.P. for children with handicapping conditions, and in planning daily individually appropriate activities for all children.

While educational assessment tells what to teach the child, informal observation is a less structured procedure that will help determine how to teach the child. It will give information on the child's learning characteristics. Informal assessment must be done in an accurate, sequential and objective manner. The behaviors and events that are recorded must be specific, observable and factual. Informal assessment can enhance a teacher's ability to truly individualize for each child.

As a result of this session, participants will:
1) define and give a rationale for educational assessment;
2) take a quiz designed to review the definitions for screening, diagnosis and educational assessment;
3) review the definition and examples of informal observation;
4) state methods for record-keeping; and
5) as an option, review how to complete the educational assessment that your agency uses.

BACKGROUND FOR THE TRAINER

In preparation for this workshop, the following readings are recommended as further sources of information about educational assessment and observation. They are referenced in Appendix A of this training guide.

Developing Observation Skills;

Special Education for the Early Childhood Years; pages 60-103;

Screening, Assessment and Educational Programming of Preschool

Handicapped Children: A Primer; pages 2-25;

Identifying Handicapped Children: A Guide to Casefinding, Screening,
Diagnosis, Assessment and Evaluation;

Teaching Early Childhood: Exceptional Educational Needs: Ten
Resource Modules, module 2.

Additional information about Educational Assessment can be found in Appendix
B, pages 30-33.

PRE-WORKSHOP TASKS

1. If you have not yet selected an educational assessment instrument,
    would like to re-evaluate the instrument you are presently using, or
    would like to choose a new instrument, read the articles in Appendix D
    entitled "A Selection of Preschool Educational Assessment Instruments"
    and "Choosing an Educational Assessment Instrument."

2. If you have selected the Portage Guide to Early Education as your
    assessment tool, refer to the article entitled "Instructions for Use
    of the Portage Guide" in Appendix D for information or a review on
    how to properly utilize this instrument. This article contains a
    sequence of activities, overhead masters and handout masters that may
    be used to train staff to use the Portage Guide.

3. If your agency uses an assessment other than the Portage Guide to Early
    Education, then before conducting this workshop, or in combination with
    it, staff members should be trained to use your chosen instrument.

4. If you have decided to write an Individual Service Plan for Michael
    Jones, the child for whom information is provided in this training guide,
    then you will need to train your staff to use the Portage Guide so they
    can interpret the educational assessment results for him. Use the
    article entitled "Instructions for Use of the Portage Guide" in Appendix
    D to accomplish this. You may also wish to borrow the video tape
    entitled TEACH-Educational Assessment from your Resource Access Project.
    This video tape shows Michael as he attempts the activities in the motor
    area of the Portage Guide checklist. It can be used to practice filling

out the Portage Checklist and/or to provide a chance to informally
observe Michael.

PREPARING FOR THIS WORKSHOP

1. Duplicate the handouts and transparencies from the masters provided
    at the end of this session.
2. Have available an overhead transparency projector, transparency mark-
    ing pens and a movie screen.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This workshop will be conducted in three parts:
1) a review of the definition and rationale for educational assessment;
2) a presentation and corresponding activities covering the proper
    use of a specific educational assessment; and
3) a discussion and activities designed to highlight informal obser-
    vation procedures.

1. Display and discuss transparency #1. Review the fact that an educational
    assessment generally takes the form of a developmental checklist which
    includes a list of skills that have been sequenced in the order that
    they are generally learned. The educational assessment serves as the
    curriculum for a child in that it helps to plan daily activities that
    are individually appropriate for each child. The teaching staff ad-
    ministers the assessment to all children. The assessment process is
    initiated immediately after screening procedures are completed. The
    assessment instrument will be filled out by directly observing the
    child as she/he attempts to do the activities listed. A comprehensive
    assessment typically takes 4-6 weeks to fill out and gives excellent
    baseline information on the child's level of functioning at the beginning
    of the program year. It is then used to develop goals and objectives
    for the I.S.P. for children with handicapping conditions, and to plan
    daily activities for all children. Children are periodically reassessed
    throughout the year so that their progress can be monitored and new

activities can be planned. Refer to your agency's educational assessment and review its developmental areas and sequence of skills.

2. Display transparency #2, the quiz. Ask participants to fill in each blank with either an S for screening, D for diagnosis, or A for assessment. Remind them to select the answers that best define each procedure. After enough ime has elapsed for each participant to complete the quiz, write the answers on the overhead. Answers are as follows: 1. screening, 2. diagnosis, 3. assessment, 4. assessment or screening, 5. screening, 6. diagnosis, 7. screening, 8. diagnosis, 9. assessment or screening. Answer any questions that may arise at this point.

3. If you have selected the Portage Guide to Early Education as your educational assessment and/or if you will be using the information on Michael Jones to write the I.S.P., refer to the article entitled "Instructions for Use of the Portage Guide" in Appendix D. This article contains a script, handouts and transparency masters and should be used for teaching and/or reviewing the use of the Portage Guide at this point. If you have selected a different educational assessment and/or will be using information from it to write the I.S.P., review how to fill it out with staff at this point. You may wish to use the content, activities and sequence from the article on the Portage Guide as a model for training in your own assessment instrument.

4. Display Transparency #3. Read the definition and purposes of observation. Explain that systematic observation is the process that provides us with the information we need to plan appropriately for each child and to help determine when a referral should be made. We first use observation when we administer the screening and educational assessment instruments. By watching and listening to the child we determine exactly what the child is and is not able to do. Screening and assessment tools give us record sheets on which to record these observations. We can then use the information from screening to determine whether a referral for in-depth evaluation should be made and the information from educational assessment to plan activities to teach. By completing an assessment we know <u>what</u> to teach the child.

Informal observation on the other hand is less structured and can be recorded in a variety of ways. Informal observation will help us determine how to teach the child. It will give us information on the child's individual learning style and may yield evidence of high risk signs which indicate a need for referral. It must be done in an accurate, sequential and objective manner. The behaviors or events we record must be observable and factual. Objective observations do not include what the observer thinks happened or what the observer is thinking or feeling, rather they are limited to what the observer sees or hears.

5. Display a blank overhead transparency. Ask participants to state observations that they've made about you or about some other person who is familiar to all participants. Record each statement as it is given. When 12-15 observations have been given, go through the list and read each statement. Have participants decide whether the statement is a Fact (if so, place an F next to the statement) or an opinion (place an O next to the statement). Factual statements are those that are measurable and observable; that is, you can see or hear the behavior. If a statement is an opinion, ask participants to reword it to make it factual. (An opinion statement would be: "You like to wear jewelry." This could be changed to a factual statement by saying, "You have on earrings, a watch, a necklace and three rings. You change your jewelry daily to match the clothes you are wearing.")

6. Display and discuss Transparencies #4-6, (Handout #1). Explain that these are examples of informal observations that should be noted to help teaching staff determine how the child learns. Read through each statement and give examples where appropriate.

7. Display Transparency #7. Explain that this activity involves examining a common classroom object and deciding:

    1) What specific activities could be assessed by using this object? These are educational assessment-related items that determine what a child can and cannot do.

    2) What informal observations could be made as you observe the child doing the activities? These are observations that would help determine how the child learns.

    3) What are some high risk behaviors that might be observed as the

child does the activities? These are behaviors that might cause
concern and that would warrant further observation to determine
their frequency and whether they occur in other situations.
Have participants suggest 10-15 entries for each column. They may use
the educational assessment instrument to assist with column 2; and the
handout entitled "High Risk Signs" from the Diagnosis section of this
training guide to assist with entries in column 3. The following are
suggested entries for each column:

MATERIAL: CHALKBOARD

ACTIVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS
Draw person	Attention span	Talks in very loud voice
Draw horizontal line	Handedness	Eyes close to chalkboard Eyes crossed
Draw vertical line	Ability to follow directions	Rubs eyes
Finish incomplete figure	Frustration level	Drops chalk and eraser frequently
Name colors, shapes, numbers	Compliance	Aggressive and non-compliant
Draw shapes	Response time	
Write name	Type and amount of reinforcement needed	Squints or tilts head to work at board
Write letters, numbers	Task completion	Closes one eye consistently
Trace lines, shapes	Sentence length	Rubs eyes frequently
Trace path	Vocabulary	Can't follow simple verbal directions (by age 3)
	Grammar	No sentences (by age 4)
		Cannot understand speech (by age 5)

8. After the transparency has been completed, divide participants into
   groups of 3-5 and distribute Transparencies #8-12, one transparency per
   group and transparency marking pens. Instruct participants to use the
   same procedure as in the previous activity to fill in the three columns.
   After each group has finished, share the results with the group.

9. Optional Activities: Use one of the following suggestions to provide
    a "hands on" experience with observation. A) If you decide to have par-
    ticipants write an I.S.P. on a child from your program, prepare a video
    tape of this child participating in assessment activities. See Appendix
    E for suggestions on preparing such a video tape. Have participants fill
    out your educational assessment as the child attempts the activities and
    at the same time record informal observations on a separate sheet.
    B) If you decide to use the information on Michael Jones that is pro-
    vided in this training guide to write an I.S.P., you may borrow the
    video tape entitled TEACH-Educational Assessment from your Resource
    Access Project. This video tape will show Michael as he attempts the
    activities in the motor area of the Portage Guide to Early Education.
    It will come with erasable copies of the Portage Checklist so you may
    have participants fill out the Portage Checklist as they observe
    Michael. They should also note informal observations on a separate
    sheet. C) Ask participants to make informal observations on a child in
    their classroom for a one week period. Have them record their observa-
    tions and share them with you or with each other when completed. D)
    Have participants watch a television show and select one cast member to
    informally observe. Have them record their observations and share them
    with the group or with each other when completed.

10. Display Transparency #13, steps in the observation process. Explain that
    the first step in the process is to determine the purpose for the obser-
    vation. This includes determining who will observe, who or what will
    be observed, where the observation will take place and when the obser-
    vation will be recorded. The second step is to determine how to record
    the observations.

11. Display Transparency #14, (Handout #2), methods to record observations.
    These are suggestions for how to record what we observe. Observation
    done without record keeping is futile. It is simply not possible to keep
    all the information about children in our heads to be recalled at a later
    date. Review each method as follows:
    Tape Recordings or Video Tapes: these involve recording a child's
    actions and interactions for specified time periods. They are

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especially useful when you want a permanent record of language production or interactional behaviors. They can yield a good record of progress if done periodically throughout the year. In addition, they allow other specialists to objectively see and/or hear the child and to come to their own conclusions.

Collection of Work Samples: these involve collecting representative samples of a child's work. They are especially useful for obtaining a record of fine motor and/or worksheet-related skills. They can yield a record of progress over time and will allow other people to objectively evaluate the child's skills.

Frequency Counts and Time Sampling: this involves clearly defining an observable behavior and tallying the number of times it occurs in a specified time period or the length of time the behavior continues to be performed by the child. It is an effective means of recording such behaviors as duration of on-task behavior, length of time a child remains seated, length of crying spells, length of time needed to dress for outdoors, number of tantrums, number of hitting behaviors, number of times child asks for help, number of self-stimulating behaviors, etc. The time periods used may be for a whole day or week for low frequency behaviors, or for brief periods at various times during the day for high frequency behaviors. These observations can be recorded on tally charts or in graph form.

Teacher Observation Checklists: like the educational assessment, an observation checklist specifies certain behaviors to be observed. It can be developed for specific behaviors in addition to those that are on the educational assessment and for which there is need to simply indicate whether or not the behavior is present. Examples of these behaviors might be: tracks with eyes horizontally, uses firm grasp, establishes eye contact, completes assigned tasks independently, responds to voice tone, etc.

Rating Scales: these allow an observer to make systematic judgements about the quality of behavior observed. Rating scales usually consist of a list of behaviors to be observed and judged, and some kind of scale representing different degrees of the behavior under observation.

Handout #3 is an example of a rating scale. It represents a list of
potentially high risk behaviors and gives an opportunity for teachers
to judge the frequency and intensity of these behaviors.

Anecdotal Records: these are brief accounts of specific incidents.
They might be thought of as a "word picture" of an incident, behavior
or event that occurred. They should contain a factual description
of what happened, when it happened, where it happened, the stimulus
for the activity, the child's reactions, and how the action ended.
Good anecdotal records are free of the observer's feelings or inter-
pretations. They should be limited to recording behaviors that can't
be assessed by other means since they are time consuming and because
it is difficult to maintain objectivity when writing them. Handout #4
is an example of good anecdotal records.

Narrative or Diary Descriptions: these are day-to-day observations
which usually record successive steps in growth and behavior. Diary
descriptions often have an interpretive element. They should provide
a summary or diary of everyday events and development for children.
Since they are time consuming and tend to be subjective, they may be
used when other forms of recording are inappropriate.

Impartial Observer/Recorder: this is when an impartial person is asked
to observe a specific child and/or event. This person may use any of
the above-named methods of recording to document his/her observations.
The outside observer can help control error in teacher's observations
by providing the objectivity that a person removed from the situation
may bring.

12. Summarize this session by reviewing that the purpose of this workshop
was to discuss educational assessment and informal observation. Both
of these processes are critical in the information-gathering phase
of the I.S.P. development. They give us information on what the child
can and cannot do, how the child learns, and provide the data necessary
for planning goals and objectives and daily learning activities for the
child.

Educational Assessment IS A SYSTEMATIC PROCESS OF
COLLECTING INFORMATION ON THE CHILD'S LEVEL OF FUNCTIONING
IN THE EDUCATION AREAS OF COGNITION, SOCIALIZATION, SELF-
HELP, MOTOR AND LANGUAGE SKILLS.

Educational Assessment DETERMINES WHAT A CHILD CAN
AND CANNOT DO IN EACH DEVELOPMENTAL AREA. IT ALSO HELPS DE-
TERMINE STRENGTHS AND NEEDS AMONG DEVELOPMENTAL AREAS.

Educational Assessment IS USED TO DEVELOP GOALS AND
OBJECTIVES IN SPECIFIC AREAS OF DEVELOPMENT. THESE ARE USED
T PLAN DAY-TO-DAY LEARNING ACTIVITIES FOR THE CHILD.

Educational Assessment CAN BE USED TO MONITOR THE
CHILD'S PROGRESS ON AN ON-GOING BASIS.

Q U I Z

_____ IS DESIGNED TO IDENTIFY CHILDREN WITH POTENTIAL
HANDICAPPING CONDITIONS.

_____ DEVELOPS A MEDICAL AND/OR EDUCATIONAL TREAT-
MENT PROGRAM.

_____ A VEHICLE FOR PLANNING SPECIFIC CURRICULUM
ACTIVITIES.

_____ HELPS TO PROVIDE INFORMATION ON A CHILD'S
LEARNING STYLE.

_____ HELPS TO SORT OUT CHILDREN WHO ARE SUSPECTED
TO HAVE SOME TYPE OF MEDICAL, PHYSICAL OR
EDUCATIONAL PROBLEM.

_____ DETERMINES WHETHER A HANDICAPPING CONDITION
EXISTS.

_____ A FAST, EFFICIENT TECHNIQUE USED TO DETERMINE
WHICH CHILDREN SHOULD BE REFERRED FOR INDEPTH
EVALUATIONS.

_____ DETERMINES THE CAUSE OF A PROBLEM.

_____ DETERMINES EDUCATIONAL STRENGTHS AND NEEDS.

OBSERVATION

OBSERVATION IS THE PROCESS OF LOOKING AT A CHILD'S

ACTIONS AND INTERACTIONS, INCLUDING ANY SKILLS

WHICH ARE OBSERVABLE OR THAT HAVE AN END PRODUCT.

TWO PURPOSES OF OBSERVATION:

1. TO DETERMINE WHAT ACTIVITIES/SKILLS THE
    CHILD CAN AND CANNOT DO. (EDUCATIONAL
    ASSESSMENT AND SCREENING)

2. TO DETERMINE HOW TO TEACH THE CHILD AND
    TO WATCH FOR HIGH RISK SIGNS. (INFORMAL
    OBSERVATION)

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INFORMAL OBSERVATIONS

1. HOW DOES THE CHILD GRASP OBJECTS? IS THE GRASP FIRM OR
    WEAK?

2. HAS THE CHILD ESTABLISHED EYE, FOOT, HAND DOMINANCE?

3. IF THE CHILD HAS A PHYSICAL HANDICAP DOES S/HE COMPENSATE
    WITH OTHER BODY PARTS?

4. DOES THE CHILD EXPLORE THE ENVIRONMENT? IF SO, HOW?

5. WHAT INTERACTIONS OCCUR BETWEEN PARENT AND CHILD, CHILD AND
    PEERS, CHILD AND OBJECTS OR MATERIALS, CHILD AND TEACHING
    STAFF?

6. DOES THE CHILD ESTABLISH EYE CONTACT?

7. WHAT IS THE CHILD'S REACTION TO PHYSICAL CONTACT?

8. HOW DOES THE CHILD EXPRESS EMOTIONS SUCH AS FEAR, ANGER,
    FRUSTRATION, SADNESS, CONTENTMENT?

9. CAN THE CHILD FOLLOW DIRECTIONS?

10. AT WHAT LEVEL OF PLAY DOES THE CHILD OPERATE (SOLITARY, ON-
    LOOKER, PARALLEL, ASSOCIATIVE, CO-OPERATIVE)?

11. HOW DOES THE CHILD TRANSITION BETWEEN ACTIVITIES?

12. WHAT TASKS MAINTAIN ATTENTION?

13. HOW LONG IS THE CHILD'S ATTENTION SPAN FOR VARIOUS
     ACTIVITIES?

14. ARE THERE THINGS WHICH CREATE DISTRACTIONS?

15. HOW DOES THE CHILD PROBLEM SOLVE?

16. WHAT IS THE CHILD'S FRUSTRATION LEVEL? WHAT DOES THE
     CHILD DO WHEN FRUSTRATED?

17. WHAT REINFORCES THE CHILD?

18. HOW OFTEN MUST THE CHILD BE REINFORCED?

19. WHAT IS THE LENGTH OF RESPONSE TIME ONCE A DIRECTION HAS
     BEEN GIVEN?

20. DOES THE CHILD COMPLY WITH REQUESTS? WHAT MUST BE DONE TO
     ACHIEVE COMPLIANCE?

21. DOES THE CHILD COMPLETE TASKS?

22. WHAT ARE THE CHILD'S PREFERRED ACTIVITIES?

23. WHEN DOES THE CHILD PERFORM BEST?

24. HOW DOES THE CHILD COMMUNICATE? WITH BODY LANGUAGE?
     GESTURES? FACIAL EXPRESSIONS? WORDS?

25. DOES THE CHILD RESPOND TO VOICE TONE?

26. WHAT IS THE AVERAGE LENGTH OF THE CHILD'S SENTENCES?

27. CAN THE CHILD ASK, ANSWER, AND RESPOND TO QUESTIONS?

28. DOES THE CHILD USE PLURALS, PRONOUNS, PRESENT AND PAST
     TENSES?

29. HOW LARGE IS THE CHILD'S VOCABULARY?

30. DOES THE CHILD LEARN BEST BY SEEING, HEARING, MANIPULATING
     OR A COMBINATION OF THESE?
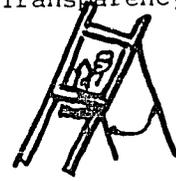
MATERIAL: **CHALKBOARD**

ACTIVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS
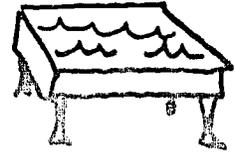
MATERIAL: WATERTABLE

ACTIVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS

MATERIAL: SNACK

IVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS

MATERIAL: BLOCKS
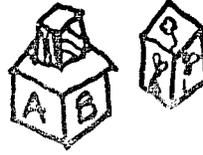
ACTIVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS

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MATERIAL: DOLL + CLOTHES

SKILLS	INFORMAL OBSERVATIONS	HIGH RISK SIGNS

Portage Project-TEACH-Region V

7₂
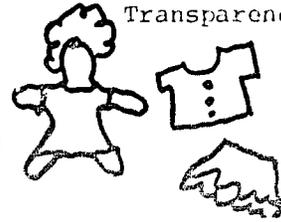
MATERIAL: **BALL**
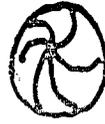
ACTIVITIES	INFORMAL OBSERVATIONS	HIGH RISK SIGNS

STEPS IN THE OBSERVATION PROCESS

STEP 1:   DETERMINE THE PURPOSE FOR OBSERVATION

-WHO WILL OBSERVE

-WHO OR WHAT WILL BE OBSERVED

-WHERE WILL THE OBSERVATION TAKE PLACE

-WHEN WILL THE OBSERVATION OCCUR

STEP 2:   DETERMINE HOW THE OBSERVATION WILL BE RECORDED

METHODS TO RECORD OBSERVATIONS

1. TAPE RECORDINGS OR VIDEO TAPES

2. COLLECTION OF WORK SAMPLES

3. FREQUENCY COUNTS AND TIME SAMPLING

4. TEACHER OBSERVATION CHECKLISTS

5. RATING SCALES

6. ANECDOTAL RECORDS

7. NARRATIVE OR DIARY DESCRIPTIONS

8. IMPARTIAL OBSERVER/RECORDER

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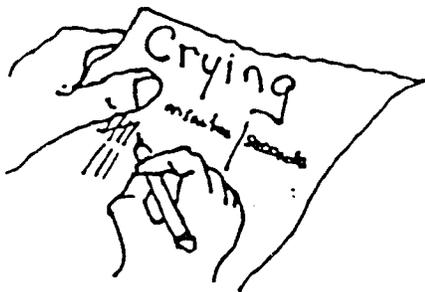
TEACHER RATING SCALE

Filled out by: _____   Name of Child: _____

_____   _____: _____

Date: _____   Center: _____

(Explain behavior in more detail on other side of page, including: time
of day and under what circumstances)

BEHAVIOR	INTENSITY				FREQUENCY			
	Mild	Moder-ate	Severe		Several Times Daily	Once Daily	At least once weekly	Once monthly	Never
Hits or Scratches									
Sits on floor and kicks									
cries									
Rocks back and forth									
Repeats what-ever is said									
stutters									
Tears up mate-rials or equipment									
Jumps up when others are sitting									
runs when others are walking									
speaks out when others are quiet									
stays awake when others are napping									
touches things he is not supposed to touch									
goes places he is not sup-posed to go									
trembles or shakes									
makes strange faces or gestures (describe)									

TEACHER RATING SCALE

BEHAVIOR	INTENSITY			FREQUENCY				
	Mild	Moderate	Severe	Several Times Daily	Daily	At least once weekly	Monthly	Never
Won't play with others								
Don't respond when talked to								
Pulls his own hair								
Goes off by himself								
Runs away								
Hides								
Falls asleep during lessons								
Stares into space								
Hits, kicks, or bites others								
Has convulsions or "spells"								
Has headaches								
Vomits								
Wheezes								
Clings to teacher								
Wets pants								
Soils pants								
Laughs when no one else is laughing								

OTHER COMMENTS:

7₁

Student: Joey Smith   Date: 9/15
Observer: B. Jones   Time: 11:15 A.M.
Setting: Playground

Joey and Pete were swinging. Pete was pushing Joey.
Joey said, "You're pushing too high." Pete said, "No,
you're just a scaredy cat." Joey started crying and
said, "Stop pushing me." Pete said, "Scaredy cat,
scaredy cat." Two other children came and asked Pete
to play and he went away with them. Joey continued
crying for 5 minutes until the children were called
back to the classroom.

Student: Joey Smith   Date: 9/20
Observer: B. Jones   Time: 10:00 A.M.
Setting: Classroom

Joey was playing with blocks. Pete came over and
picked up a truck which was near Joey's block construc-
tion. Joey hit Pete and said, "No, no, no!" Pete
put down the truck and walked away.

Student: Joey Smith   Date: 9/28
Observer: B. Jones   Time: 9:30 A.M.
Setting: Classroom

Joey arrived late for school this morning. He has
been late 4 times in the last two weeks. He said
nothing when he did arrive, just joined the other
children at the breakfast table. During playtime
I heard him say to Sarah, "One of the big kids was
picking on me. He makes me be late."

COMPONENT ASSESSMENT

Completing a component assessment tool is a critical part of the information-gathering phase of the I.S.P. process. It provides a systematic way to record the expressed needs of a family in the areas of health, nutrition, social services, and parent involvement. The information gathered is translated into long-term goals and short-term objectives which are designed to meet these expressed needs. The component assessment tool is filled out by the parent(s) and a component staff person. This process provides the opportunity for the parent(s) to identify their needs and concerns.

As a result of this training participants will:
1. define and state the rationale for a component assessment tool;
2. review a component assessment tool.

PREPARING FOR THE WORKSHOP
1. If your program is presently using or would like to develop a component assessment tool that covers the areas of health/nutrition, social service and parent involvement, then it can be substituted for the Family Service Plan presented in this section. If this is done, make a handout (one per participant) and transparencies of the agency's tool.
2. Make handouts and transparencies from the masters at the end of this section if your program tool is not substituted.
3. Have available an overhead transparency projector, transparency marking pens, and a movie screen.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

1. Introduction
   "The component assessment tool provides a systematic way of gathering information on a family's expressed needs in the areas of health/nutri-

tion, social services and parent involvement. Completing the component

assessment tool is a critical part of the information-gathering phase

of the I.S.P. process. The expressed needs of the family are trans-

lated to long-term goals and short-term objectives that will meet

the needs of the family.

Gathering information on a family is done differently than for a child.

As you will recall, to gather information in the educational areas

for a child, you either observed the child or asked the parent if the

child could do a specific task or skill. Information on the component

assessment tool is gathered by having the family determine what their

own needs are. These are called the expressed needs of the family.

These needs must first be identified by the family members themselves.

The component assessment tool is usually filled out by the social serv-

ices coordinator during registration. This can also be done by the

teacher or a component coordinator at the Special Home Visit (dis-

cussed in the workshop entitled Two-Step I.S.P. Process).

2. Display the transparencies of the component assessment tool. (Either

use the Family Service Plan presented in this section or the tool

your program has developed.) Review each section with the participants.

3. Review the following points with participants if they will be respon-

sible for filling out the component assessment tool.

A. When gathering information, do not make value judgements. Respect

parent's values and attitudes and do not attempt to impose your

values on them.

B. Build a trust relationship and good rapport with the family.

Follow through on activities you indicate you will do or services

you will provide.

C. Family needs will change as the year progresses. Think of the

component assessment tool as an on-going opportunity for parents

to identify and express their needs throughout the year.

D. Keep in mind that the purpose of the component assessment tool

is for parents to identify their own needs. The short-term

objectives in the component areas of the I.S.P. will then be

written to assist parents in planning strategies to meet these needs.

E. Information shared by parents is confidential. If another agency needs to assist in meeting the family's expressed needs, get written parental permission before sharing any information with them.

F. For parents who have low reading levels or difficulty writing, you may wish to read through the component assessment tool with them and transcribe their responses for them.

Family Service Plan

This Family Service Plan is to introduce you to the different components of the Head Start Program. The information you provide will help us to better know your needs and help us to acquaint you with some of the many opportunities, experiences and services available through the program and community.

EDUCATIONAL COMPONENT

1. Has your child gone to nursery school or been in day care before? _____
   If so, which one? _____ When? _____

2. Is your child comfortable with adults? _____ other children? _____
   Who does he/she usually play with? _____
   How does he/she act when you leave him/her with someone other than a family member? _____

3. How do you guide your child when you feel he/she has to change his/her behavior?

   ___take TV time away   ___give extra TV time   ___scold   ___spank

   ___give food treats   ___send to room   ___take meals away

   ___take toys away   ___leave behind when taking others out

   ___take out by himself without other children   ___hug

   ___yell at him   ___tell him how much you care   ___sit him in a corner

   ___love him up

   If you have tried any others, please write them _____

   _____

   Have any of these worked? _____

   Which of them have not? _____

4. How does your child show that he/she is angry? _____

   hungry? _____ afraid _____ needs to

   use the bathroom? _____ Can your child do these

   things alone? wash up before meals _____ brush teeth _____ use the

   bathroom _____ get dressed _____

5. Is there anything about your child or that has happened to your child that we should be aware of in order to help him/her? _____

   _____

6. What is your child good at doing? _____

   _____

7. What are the most important things you would like us to try to accomplish with your child? _____

   _____

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1. Are there [...] things you feel are important that your child's teacher
should know that would help plan for your child? _____

_____ _____

_____ _____

PARENT INVOLVEMENT

1. Ways I would like to participate in Head Start:

____ A. [...]
____ B. [...] to and from school
____ Making classroom games and toys
____ Assisting on field trips
____ Constructing, repairing, painting equipment
____ Sewing curtains, paint [...], etc.
____ Sharing cooking or craft skills
____ Attending monthly Center Committee Meetings
____ Attending monthly Policy Council Meeting
____ Being a representative for my center
____ Helping with money raising projects
____ [...] projects/activities
____ Babysitting for program activities
____ Being a Sub Committee member:
_____ Health
_____ Education
_____ Social Services/Parent Involvement
____ Other: _____

2. There is an attempt within the classroom to instill ethnic and racial pride
with all children. Do you have [...] family traditions you would
like share? _____

_____

3. I would come to parent meetings if they were held: (circle) morning
afternoon   evening. The best day would be: (circle) Monday
Tuesday   Wednesday   Thursday   Friday   any evening

4. The areas of education I would like help/information on:

____ Receiving my High School Diploma/G.E.D.
____ Attending (circle one) – vocational School/College/Drivers Education
____ Classes   Other: _____
____ Grants offered by the Community College
____ Classes offered by the Community College
____ *My areas of interest are _____

_____

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NUTRITION HEALTH COMPONENT

1. Are you concerned about any nutritional or health needs? _____

_____

_____

SOCIAL SERVICE COMPONENT

1. I would like to attend workshops in the following areas:

___ Gardening   ___ Make 'N Take Workshops
___ Nutrition   ___ Food Co-op
___ Health   ___ Peoples Action for Change
___ First Aid   ___ Sex Education
___ Weight Control   ___ Housing Repairs
___ Alcohol and Drug Education   ___ Preparation for Interviews
___ Assertiveness Training   ___ Career Development
___ Parent Discussion Groups   ___ Other _____
___ Behavior Management
___ Fire Safety

2. Current family needs for service or information:

• need a larger place to live
___ need information on tenants' rights and landlord responsibilities
___ would like my name on the Housing list
___ need information on Fuel Rebate Program
___ need information on the Winterization Program
Other housing needs _____

_____

___ child development   ___ personal counseling
___ family planning   ___ marriage counseling
___ spouse abuse   ___ children's behavior management
___ child abuse   ___ budget help
___ immunizations   ___ tax help
___ Supplemental Security Income   ___ legal aid
___ Aid to Families of Dependent   ___ W.I.C. Program
      Children   ___ homemaker services
___ day care   ___ Emergency Medical Services
___ financial assistance
Other concerns _____

_____

Date _____

Interviewer _____

Interviewer _____

RATIONALE FOR WRITING INDIVIDUAL SERVICE PLANS

OVERVIEW

When screening and assessment procedures are completed, and if possible,
the diagnostic evaluation, the Individual Service Plan can be written.
This plan is a statement of the needs of a child and family and outlines
the manner in which these needs will be met. All children need individual
programs, but children with handicapping conditions require more detailed
planning to meet their special needs.

Most public schools call this plan an I.E.P., or Individual Education Plan.
This plan covers the educational needs of the child specific to the area
of his handicap. The plan in Head Start addresses all educational needs
of the child, as well as needs in other component areas such as health,
nutrition, parent involvement and social services. Head Start programs
in different regions vary in what they call the plan. This training guide
calls it the Individual Service Plan, or I.S.P. Although the name of the
plan may vary, the content remains the same. The Individual Service Plan
must contain the following components: a current level of functioning
(functional assessment), long-term goals, short-term objectives, special
and related services, initiation and duration of services, person(s) re-
sponsible, evaluation criteria, and parent signature.

This workshop is designed to help participants understand the need for
writing Individual Service Plans for children with handicapping conditions
and to familiarize them with the I.S.P. form used by your agency. The
usual approach to instituting a new procedure or policy, for example, writing
Individual Service Plans, is to send out a memo or hold a meeting to explain
the details. This workshop adds one step before discussing the essential
components and form of the I.S.P. Utilizing a simulation activity to demon-
strate the rationale for writing I.S.P.s, participants, through experience
with failure, are helped to empathize with children who have learning prob-
lems and to understand the need for individualization in teaching.

As a result of this section, participants will:

1. ... the rationale for developing and implementing an individual ...
2. ... the essential components of an ISP.

RECOMMENDED READINGS

The following readings are recommended as additional sources of information about Individual Service Plans. They are referenced in Appendix A.

Screening, Assessment, and Placement ... Plan of Preschool Handicapped Children: A Primer, Parts ... II;

Early Childhood Developmental Disabilities, A Self-Paced Course for Training Staff to Identify and Integrate Children with Handicapping Conditions Into Preschool Programs, Part 2, Unit 4;

Working With the Young Exceptional Child: A Training Guide, pages 149-185;

Writing and Implementing an I.E.P.: A Step by Step Plan;

"Developing Individualized Education Programs for Young Handicapped Children," *Teaching Exceptional Children*;

"Public Law 94-142 and Section 504: What They Say about Rights and Protections," *Exceptional Children*.

You will find additional information about Individual Service Plans in Appendix B, pages 39 -56, of this training guide.

Also, familiarize yourself with your state handicap laws and collaborative agreements between Head Start and local and state educational agencies. For more information, contact your state Handicap Service Advocate or your Resource Access Project (RAP). (See Appendix A).

PRE-WORKSHOP TASKS

If your agency does not have an I.S.P. form, use the sample TEACH form provided here or develop an I.S.P. form that includes the essential components described in this section. A format similar to that used in your

local school system can be used also. Many of the references listed in background for the Trainer contain sample I.S.P. forms.

PREPARING FOR THE WORKSHOP

1. Read the Reference entitled, "LRNG to Read: A Simulation for Teacher Training" found at the end of this section.
2. Prepare 44 flashcards, front and back, for the reading simulation exercise as described in Reference.
3. Duplicate the transparencies and handouts from the masters at the end of this section. Duplicate 9 copies per participant of Handout #4, page 5. Staple all pages of Handout #4.
4. If you are not using the I.S.P. form provided here, make overhead transparencies and handouts of your selected form.
5. Have available an overhead transparency projector, a movie screen, and transparency marking pens.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This workshop will be conducted in two parts:
1) trainer will conduct a reading simulation exercise and discuss why individualization is necessary for handicapped children; and
2) trainer will present and discuss the I.S.P. form.

1. Distribute all handouts.
2. The first activity is a reading simulation exercise. Conduct the exercise as described in the article "LRNG to Read: A Simulation for Teacher Training."
3. After the exercise is completed, elicit from the participants:
   a. their feelings about themselves, the "teacher" and the teaching situation;
   b. what was wrong with the teaching; and
   c. what could have been done to improve each person's performance.
4. Summarize the discussion by pointing out that:
   a. a child with a handicapping condition who is not learning believes

that it is prov... he/she is at fault and not that the teaching
is inadequate or inappropriate;

3. all children can have successful learning experiences;

4. individualized instruction is a way to ensure success in learning;

5. an I.S.P. is the first step in providing successful instruction.

Using overhead transparency #1. The purpose of this true/false
activity is two-fold: 1. to serve as an ice-breaker; and 2. to provide
basic information about Individual Service Plans. Ask the group to
respond to each statement as true or false. Summarize the activity
by reviewing the true statements (#3, 4, 5, 8 and 9), underlining
key words in each statement. Direct participants' attention to Hand-
out #3, a summary of these points.

Display overhead transparency #2 (Handout #3), and go over each of
the elements of an I.S.P.

Overhead transparencies #3-12 describe and give a humorous* example of
each element. Display and review with participants.

The last activity in this section is to examine the I.S.P. form used
by your agency. (If you are using the sample TEACH form, use over-
head transparencies #13-16.) Display transparencies of the form,
pointing out and labeling each component part.

*Be sure to emphasize that the following overheads are humorous.

8_

TRUE OR FALSE

1. I.S.P. STANDS FOR INITIATE SOME MORE PAPER WORK.

2. WRITING AN I.S.P. IS A NEW FORM OF TORTURE (CRUEL AND INHUMAN TREATMENT) USED BY THE FEDERAL GOVERNMENT.

3. THE TERM "INDIVIDUAL SERVICE PLAN " MEANS A WRITTEN STATEMENT FOR EACH CHILD WITH A HANDICAPPING CONDITION AND HIS/HER FAMILY DEVELOPED BY HEAD START STAFF AND PARENTS.

4. WRITING AN I.S.P. IS THE PROCESS OF PLANNING A SEQUENCE OF SKILLS BASED ON A CAREFUL EVALUATION OF THE LEARNER'S INDIVIDUAL STRENGTHS AND NEEDS.

5. THE I.S.P. REFLECTS THE CHILD'S AND FAMILY'S PARTICIPA-TION IN THE FULL RANGE OF HEAD START COMPREHENSIVE SER-VICES AND DESCRIBES THE SPECIAL SERVICES NEEDED TO RESPOND TO THE CHILD'S HANDICAP.

6. ONCE YOU'VE WRITTEN AN I.S.P., PUT IT AWAY. YOUR MANDATED TASK IS COMPLETE AND IT IS OF NO FURTHER USE.

7. THE MOST EFFECTIVE WAY TO WRITE AN I.S.P. FOR EACH CHILD IS TO MAKE ONE MASTER I.S.P. AND XEROX IT — CHANGING ONLY THE NAMES.

8. AN I.S.P. INSURES APPROPRIATE PLACEMENT AND PLANNING FOR EACH CHILD WITH A HANDICAPPING CONDITION.

9. A TEACHER WITHOUT AN INDIVIDUAL SERVICE PLAN (I.S.P.) IS LIKE A CARPENTER WITHOUT A BLUEPRINT.
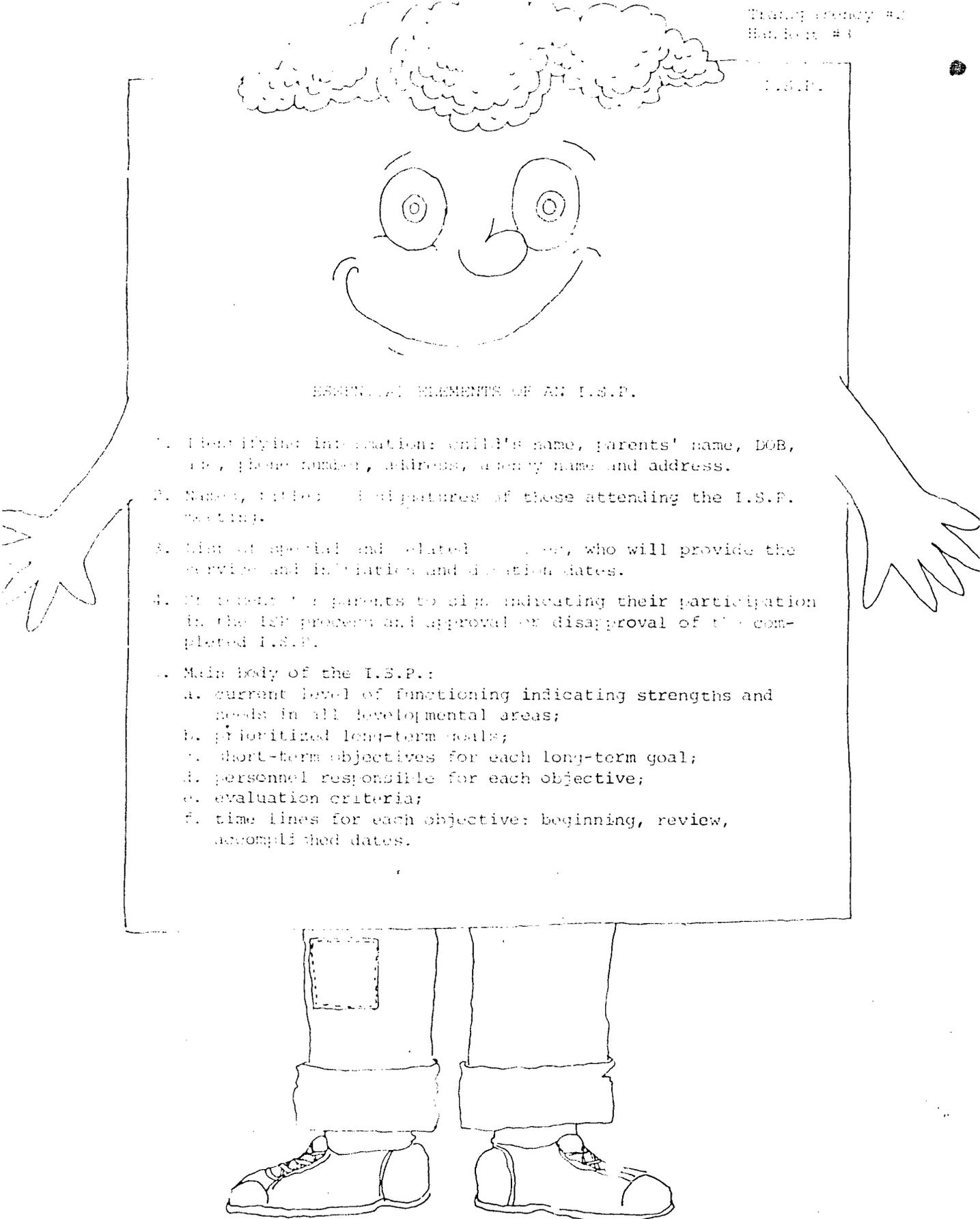
ESSENTIAL ELEMENTS OF AN I.S.P.

1. Identifying information: child's name, parents' name, DOB,
   age, phone number, address, agency name and address.

2. Names, titles and signatures of those attending the I.S.P.
   meeting.

3. List of special and related services, who will provide the
   service and initiation and duration dates.

4. Statement for parents to sign indicating their participation
   in the ISP process and approval or disapproval of the com-
   pleted I.S.P.

5. Main body of the I.S.P.:
   a. current level of functioning indicating strengths and
      needs in all developmental areas;
   b. prioritized long-term goals;
   c. short-term objectives for each long-term goal;
   d. personnel responsible for each objective;
   e. evaluation criteria;
   f. time lines for each objective: beginning, review,
      accomplished dates.

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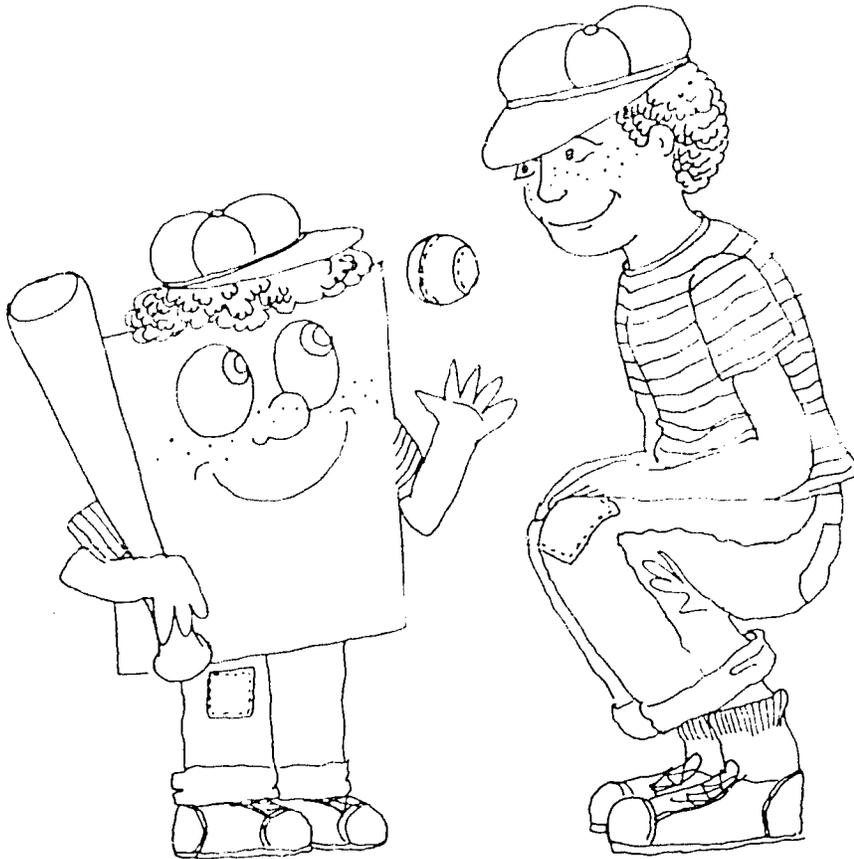
IDENTIFYING INFORMATION:

1. CHILD'S NAME, AGE AND BIRTHDATE

2. PARENTS' NAME, ADDRESS AND TELEPHONE NUMBER

3. AGENCY NAME

4. DATE OF I.S.P. CONFERENCE

5. SIGNATURES AND NAMES OF THOSE ATTENDING I.S.P.
    CONFERENCE

I.S.P.

CURRENT LEVEL OF FUNCTIONING:

On course

but holding---
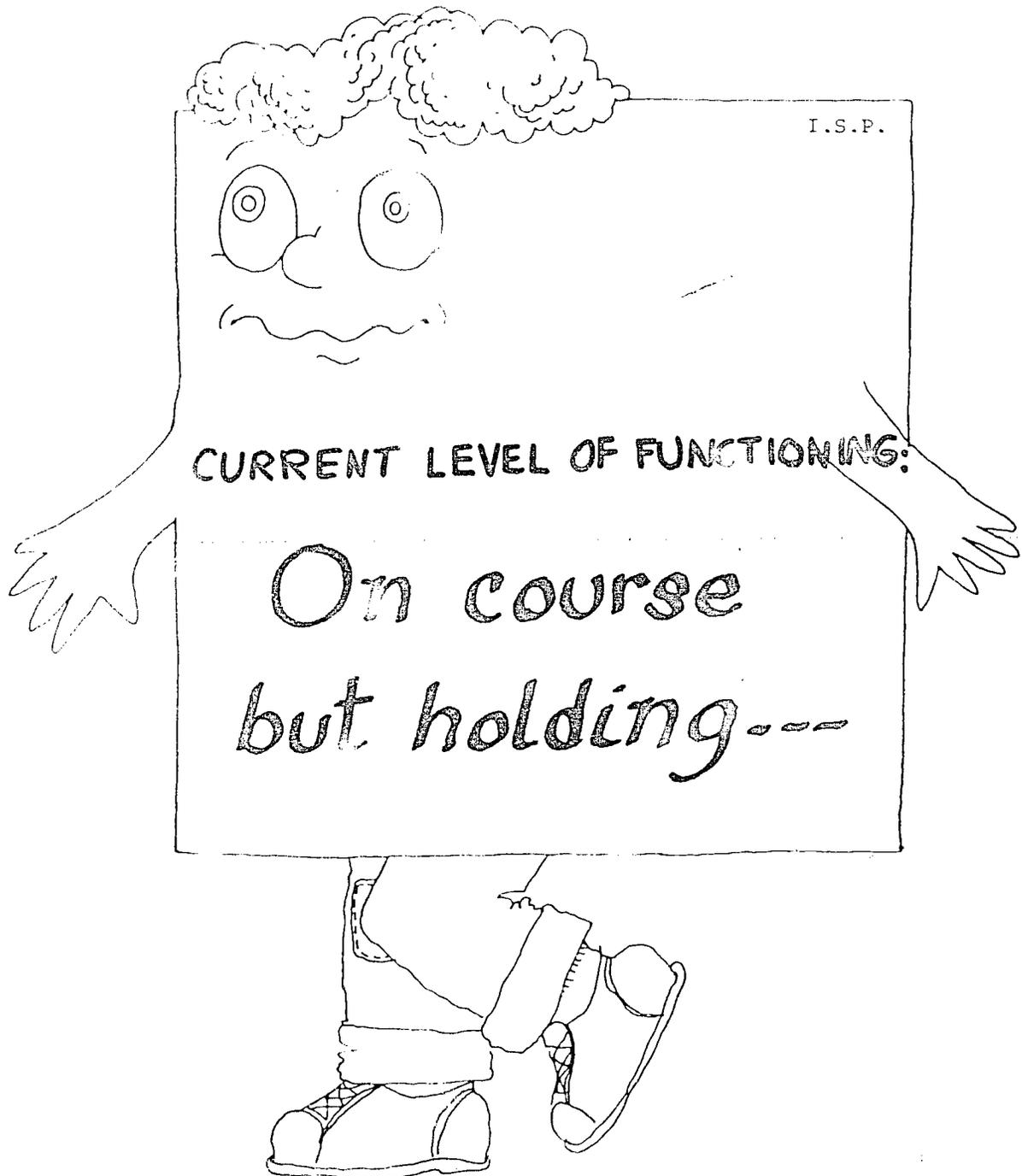
CURRENT LEVEL OF FUNCTIONING:

THE CURRENT LEVEL OF FUNCTIONING IS AN OUTLINE OF
THE CHILD'S STRENGTHS AND NEEDS. TO WRITE THIS,
YOU USE INFORMATION FROM SCREENING, THE EDUCATION-
AL ASSESSMENT, DIAGNOSTIC REPORTS, OBSERVATIONS,
AND PARENT INPUT. THIS STEP IS NECESSARY BEFORE
YOU CAN DEVELOP AN INDIVIDUAL SERVICE PLAN.
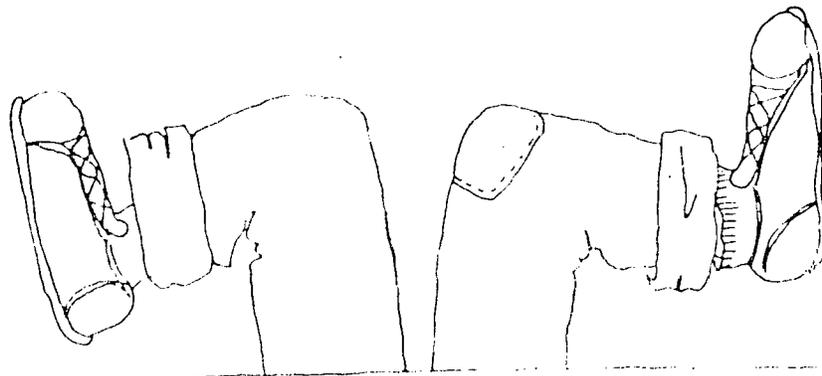
LONG-TERM GOALS:

1. Head of the class

2. Sharp as a tack

I.S.P.
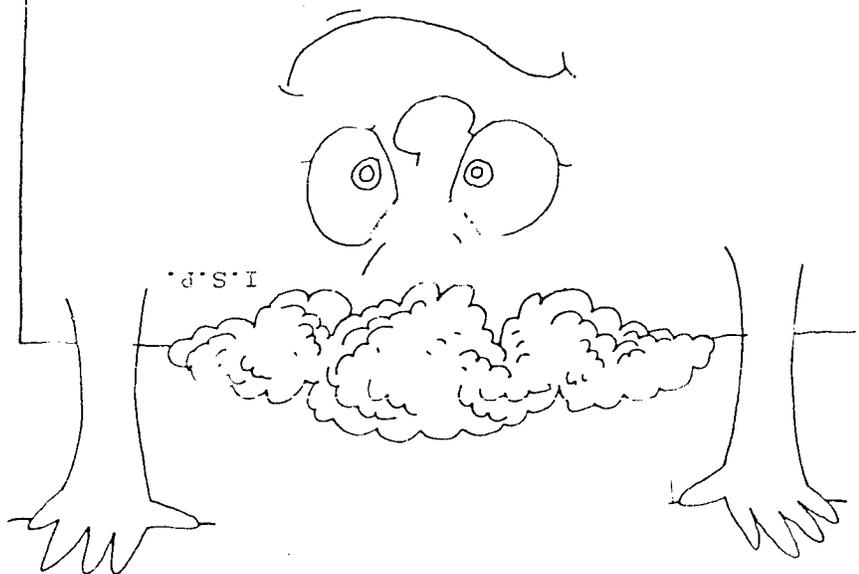
LONG-TERM GOALS:

Broad statements of what the child (and parent) will be able to do after you teach him/her. They are usually written for a school year.

I.S.P.

SHORT-TERM OBJECTIVES:

For the week beginning 10/13/82 Seymour will be bright eyed and bushy tailed each morning.
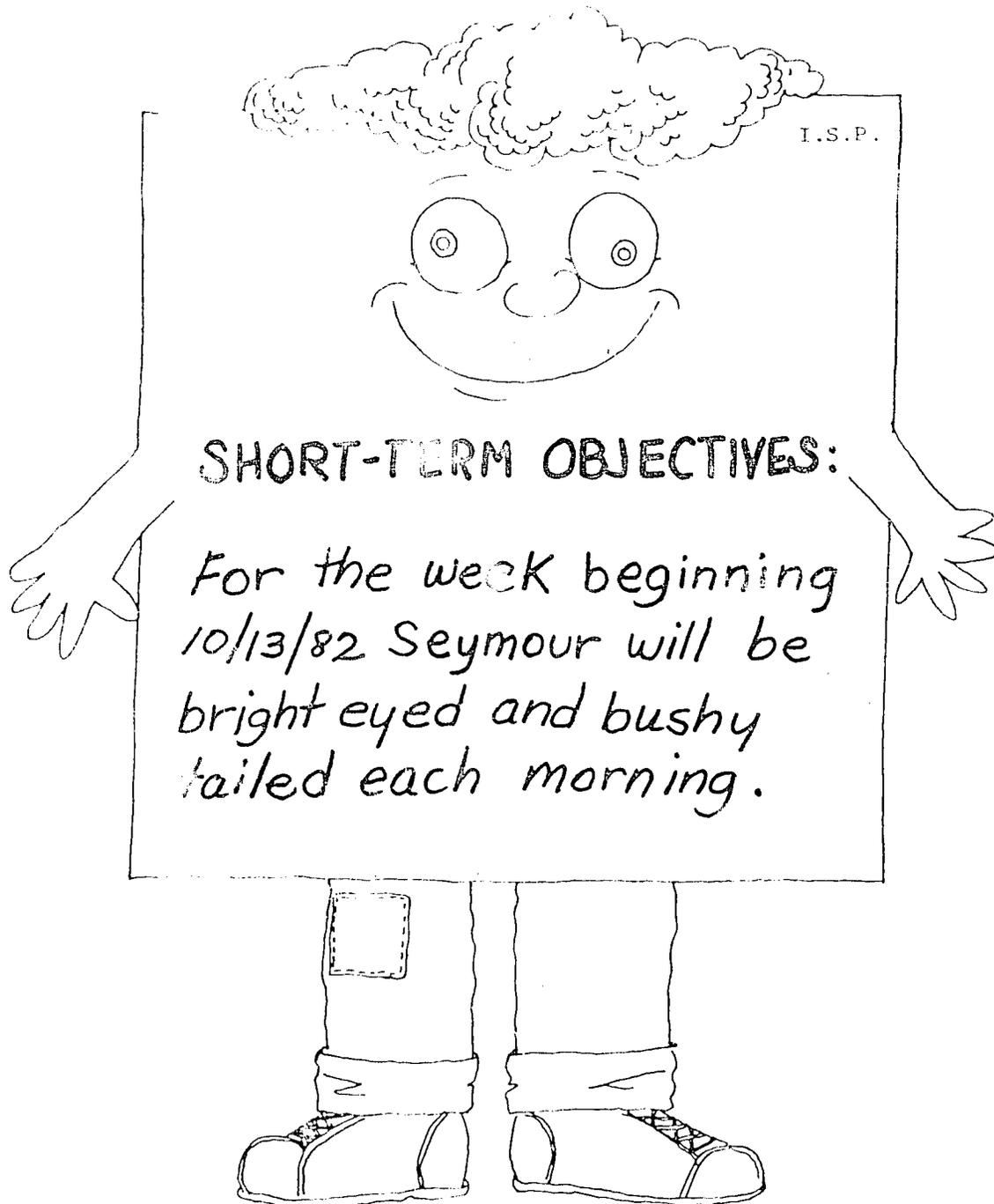
SHORT-TERM OBJECTIVES:

SMALLER TASKS AND SKILLS THAT LEAD TO THE ATTAINMENT
OF THE LONG-TERM GOAL. THEY ARE WRITTEN IN BEHAVIORAL
TERMS.

I.E.P.

SPECIFIC EDUCATIONAL SERVICES
   TO BE PROVIDED:

1. Remedial sand box play

2. Group sweeping.

3. Self contained table
    clean-up.
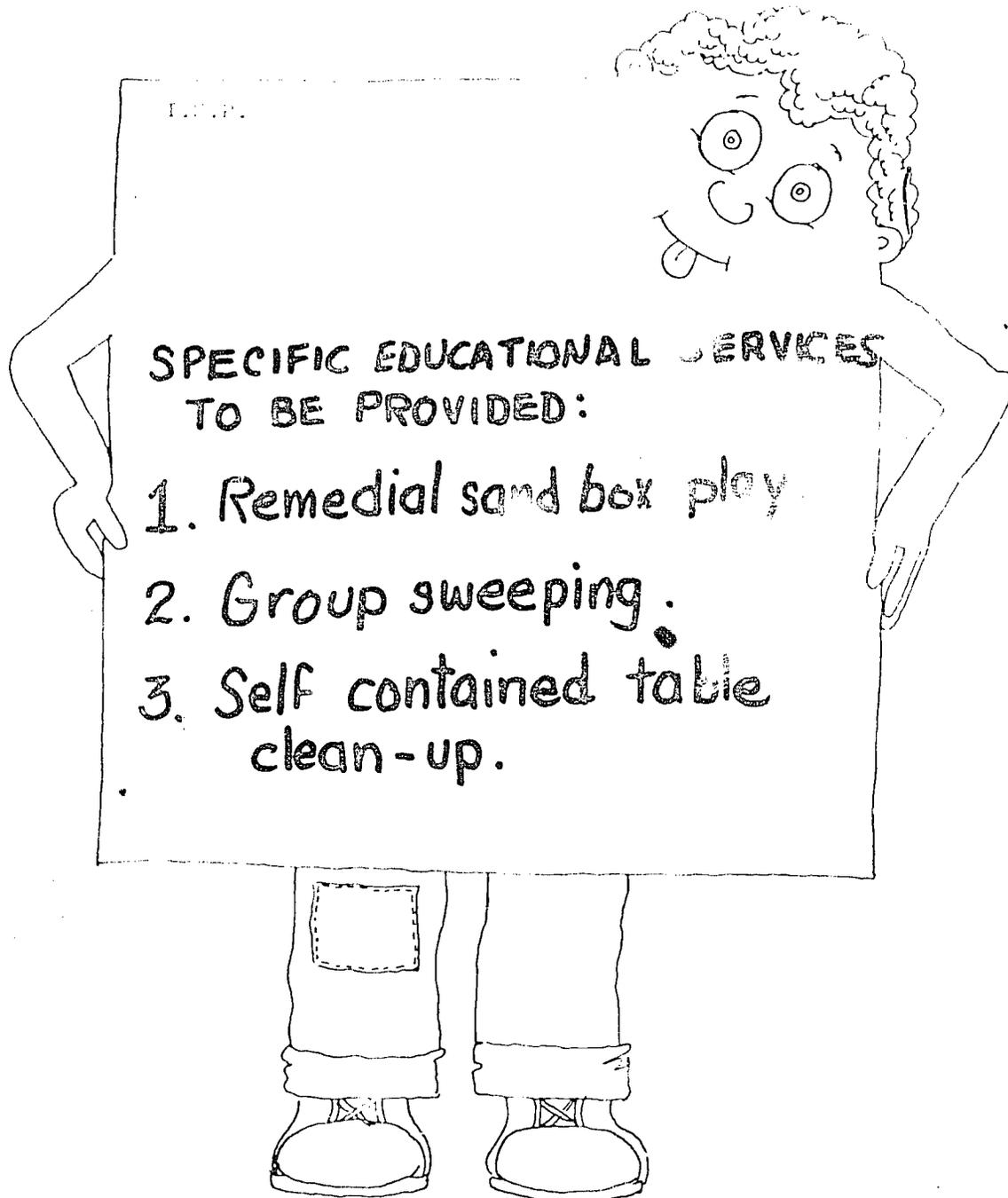
SERVICES TO BE PROVIDED:

SERVICES WHICH ENHANCE THE CHILD'S DEVELOPMENT:

STAFF/PARENT EDUCATION, MEDICATION, DIET, PHYSICAL, PSYCHIATRIC

OR SPEECH THERAPY, FAMILY COUNSELING, MEDICAL SERVICES, SPECIAL

MATERIALS OR EQUIPMENT, FACILITY MODIFICATIONS, TRANSPORTATION,

ETC.   Portage Project-TEACH-Region V

I.S.P.

INITIATION AND DURATION OF SERVICES:

INITIATION: 2 years ago!

DURATION: Doomsday!
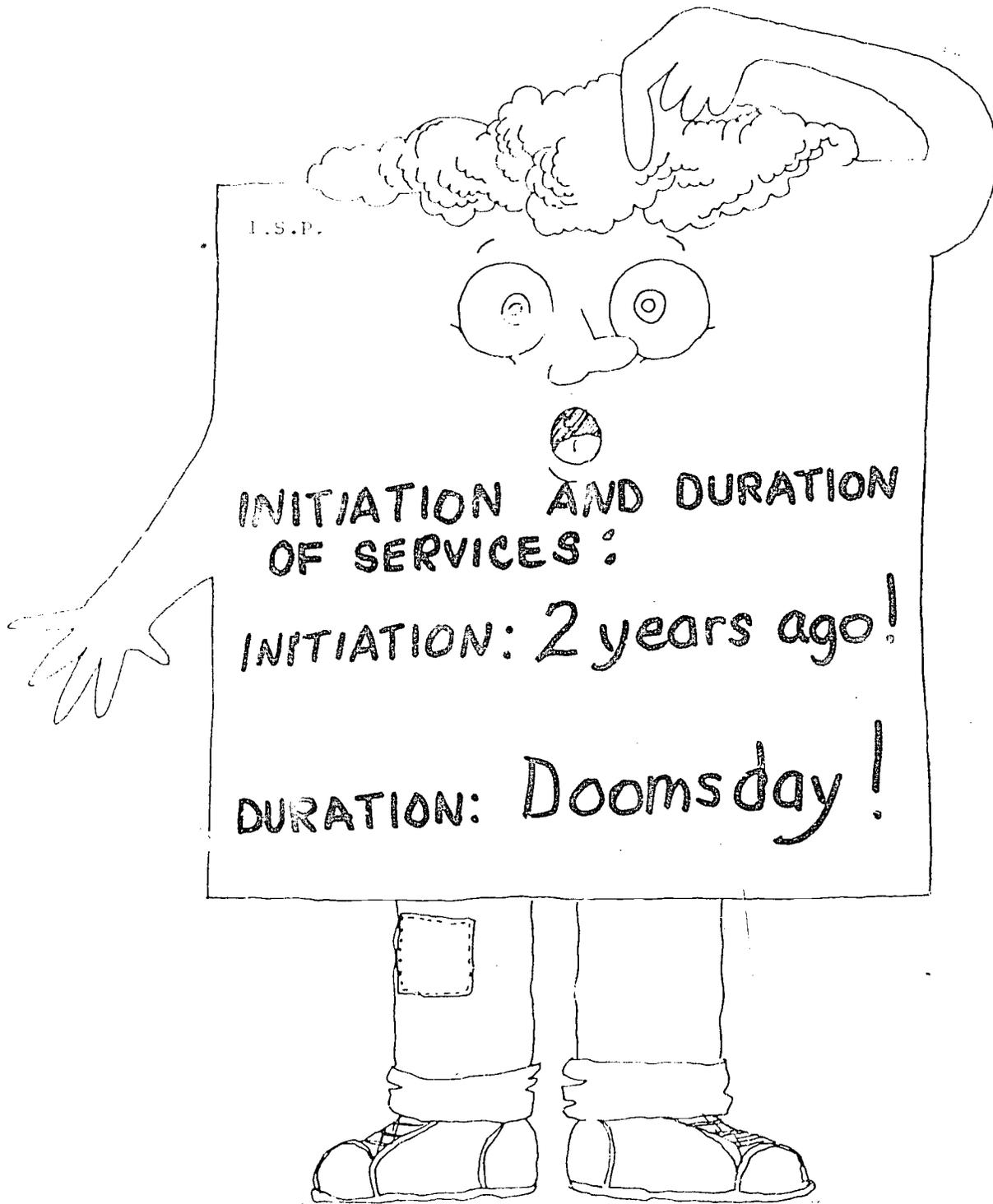
INITIATION AND DURATION OF SERVICES:

INDICATES WHEN THE CHILD WILL BEGIN TO RECEIVE SERVICES
AND AN ESTIMATE OF HOW LONG SHE/HE WILL RECEIVE THOSE
SERVICES.

PERSONS WHO WILL BE RESPONSIBLE FOR DELIVERY OF SERVICES:

TEACHER   PARENT

SPEECH THERAPIST   OUTSIDE AGENCIES

HANDICAP COORDINATOR   HEALTH COORDINATOR

PSYCHOLOGIST   PARENT COORDINATOR

SOCIAL SERVICE COORDINATOR

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I.S.P.

EVALUATION CRITERIA:

Seymour will eat
3 cookies in 1 minute
when chased by
Cookie Monster.
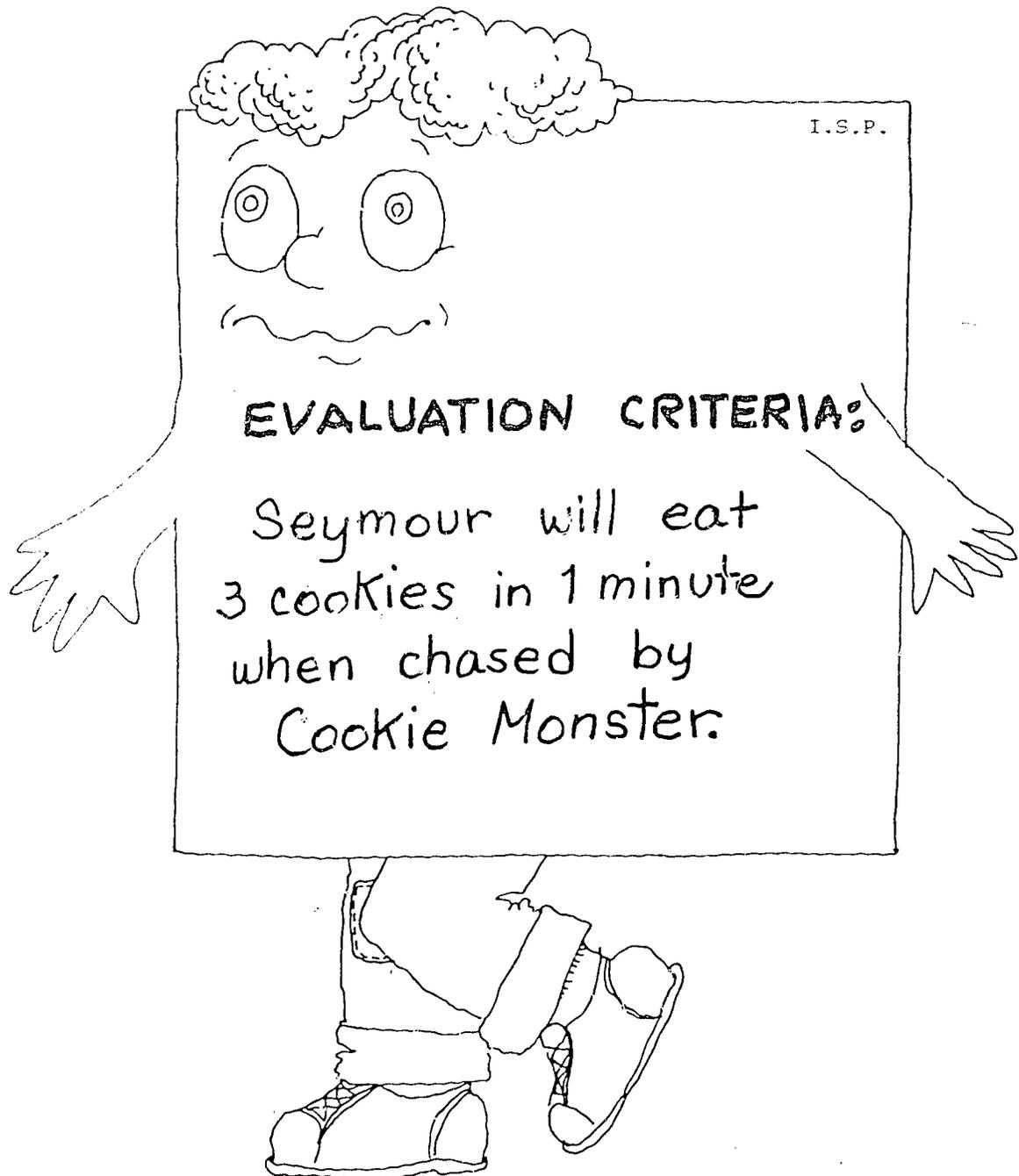
EVALUATION CRITERIA:

MAKE IT EASY TO DETERMINE WHETHER OR NOT THE

INSTRUCTIONAL OBJECTIVES ARE BEING ACHIEVED.

SCHEDULE FOR REVIEW:

Janember 33rd
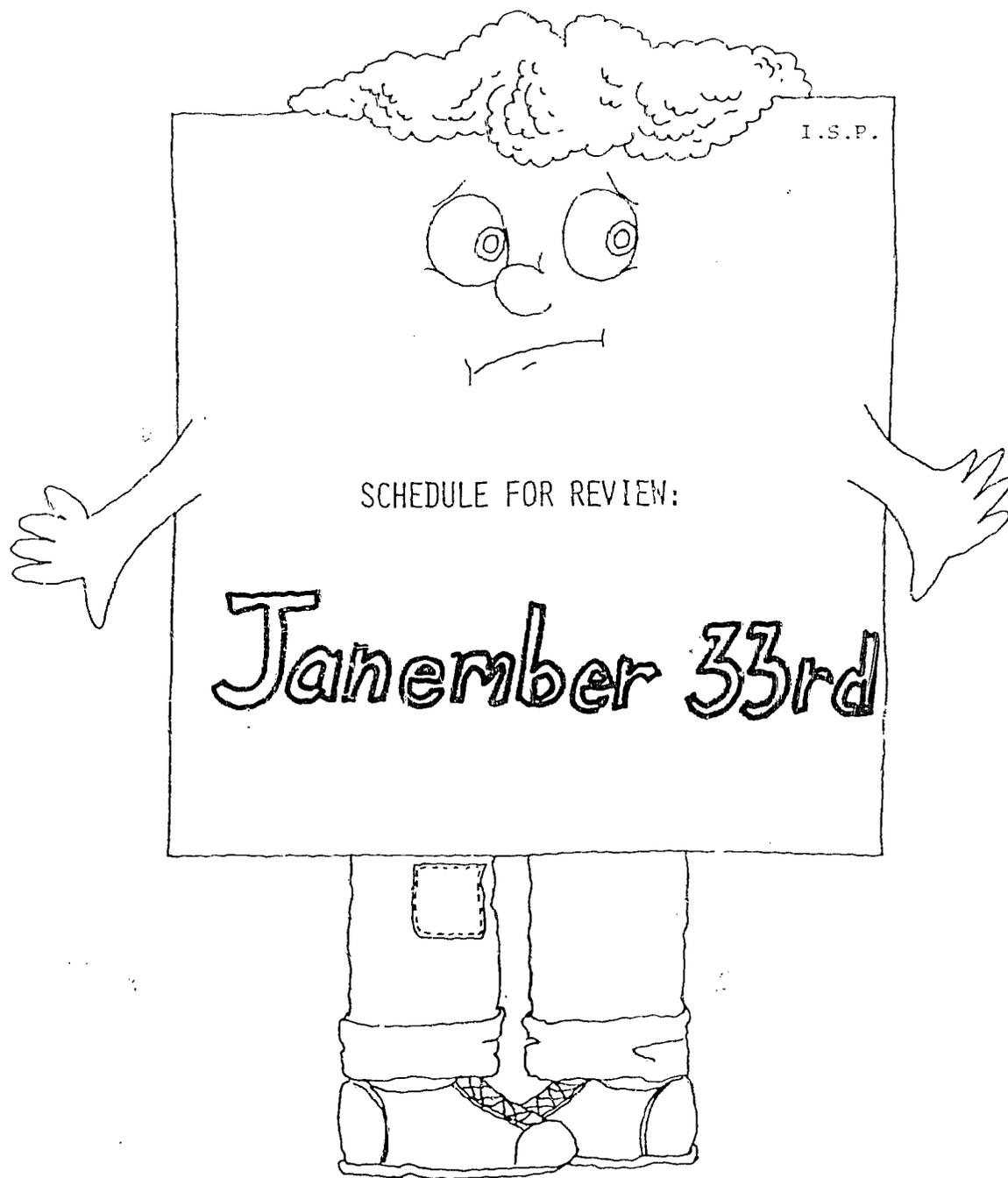
PERIODIC REVIEW:

A DATE SET MIDWAY BETWEEN THE I.S.P. CONFERENCE
AND THE END OF THE YEAR TO DETERMINE HOW THE
CHILD IS PROGRESSING AND IF HIS/HER PROGRAM IS
APPROPRIATE.

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Parent Signature

Seymour's Mom

INDIVIDUAL SERVICE PLAN

Student		I. .P. COMMITTEE	

	Name	Required:
's Name: _____		Teacher
5: _____ Phone: _____		Parent
_____ Age: _____		Chairperson
f Conference: _____		Optional:
		Health/Nutrition Coordinator
		Parent Involvement Coordinator
		Social Services Coordinator
		Mental Health Coordinator
		Others

Level of Functioning:

ion   Prioritized Long Term Goals:

/Nutrition, Social Services, Parent Involvement

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Special Services To Be Provided:

Services Required	Date Initiated	Duration of Service	Provider

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

    I agree with this Individual Service Plan. ☐

    I disagree with this Individual Service Plan. ☐

_____
    Date

_____
Parent's Signature

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INDIVIDUAL SERVICE PLAN FOR: _____

Short-Term Objectives

_____ Long-Term Goals: _____

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved

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READING LESSON

FA MKC 041852
13C SUN 01C MON
NEB EXCP PHNDL IA KANS NWRN MO.

CLDS AND WX STM CNTRD EXTRM NE COLO MOVG NEWD
TO SE SDKT AND INTSFYG BY 01C MON.

NEB EXCP PHNDL. CSDRBL LOW CLDNS AND FOG AND
SCTD RAIN OR DRZL WITH CIGS MOSTLY 8-15⊕ VSBYS OCNLY 2 TO 4.

SCTD AREAS CIGS BLO 5 HND AND VSBYS BLO 1
STG NLY WNDS 30 TO 40 KTS WITH VSBYS 1 TO 3 SNW
SPRDG OVR WRN AND CNTRL PTNS FLWG STM CNTR BY MIDN.

KANS. CIGS 10-15 ⊕v⊕ SCTD R OCNL CIGS 8⊕ R-F OVR
ERN PTN TO 15-20 ⊕v⊕ WRN PTN. CNDS BCMG MOSTLY 10-20
⊕OCNL R EXTRM WRN PTN BY LATE AFTN CHNG TO SNW
ERLY EVE BCMG 5-10⊕ AGL VSBYS 1 TO 3
SNW OCNLY BLO 1 MI. STG NLY WNDS 30-40 KNTS
BY ERLY EVE. FEW WDLY SCTD TSTMS OVR ERN PTN
DRG AFTN AND ERLY EVE HRS. STG NLY WNDS AND
SNW SPRDG THRU MOST OF EXTRM WRN AND NW
PTNS BY MIDN. SLY WNDS 25-35 KTS. ERN KANS.

I.S.P.
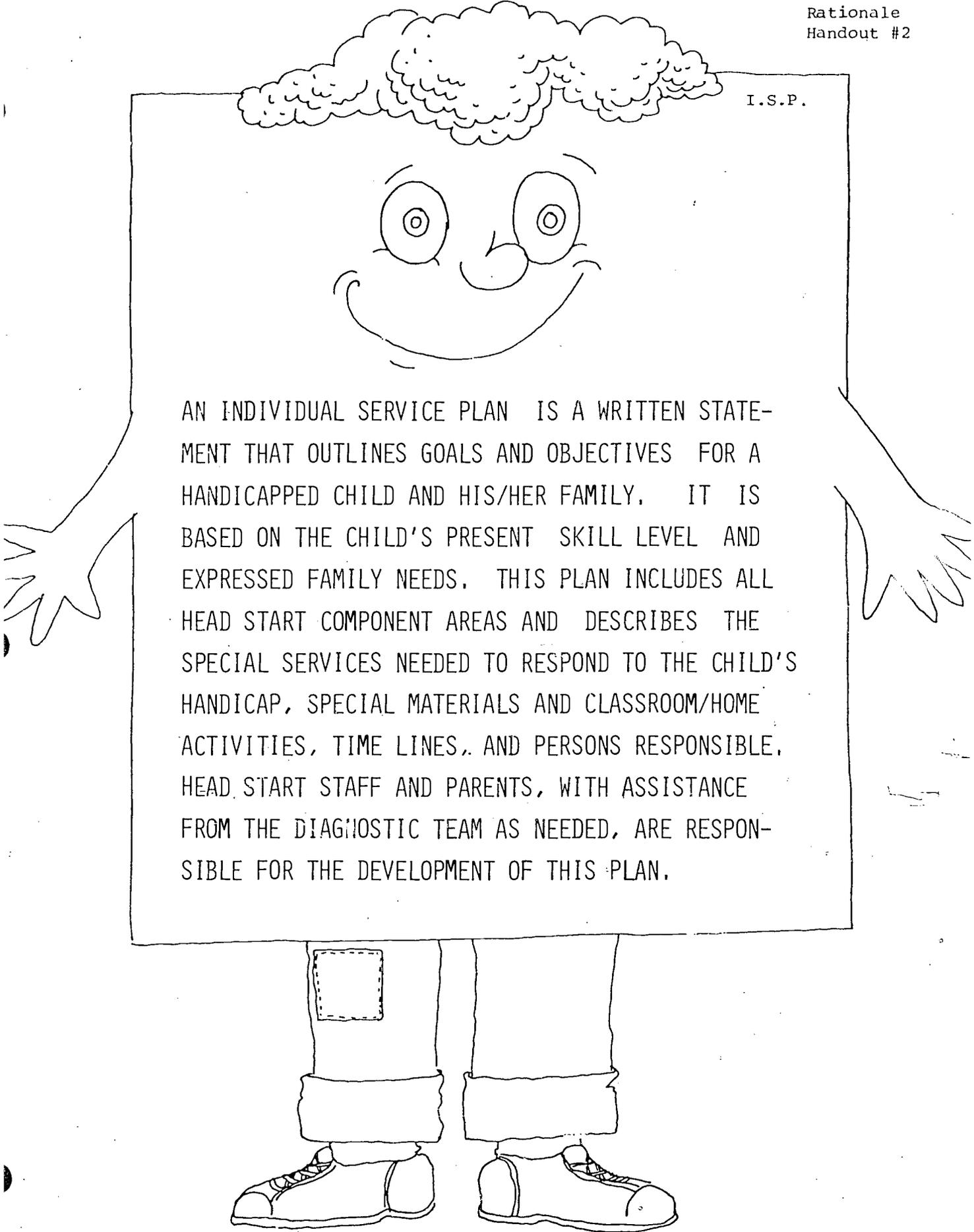
AN INDIVIDUAL SERVICE PLAN IS A WRITTEN STATE-
MENT THAT OUTLINES GOALS AND OBJECTIVES FOR A
HANDICAPPED CHILD AND HIS/HER FAMILY. IT IS
BASED ON THE CHILD'S PRESENT SKILL LEVEL AND
EXPRESSED FAMILY NEEDS. THIS PLAN INCLUDES ALL
HEAD START COMPONENT AREAS AND DESCRIBES THE
SPECIAL SERVICES NEEDED TO RESPOND TO THE CHILD'S
HANDICAP, SPECIAL MATERIALS AND CLASSROOM/HOME
ACTIVITIES, TIME LINES, AND PERSONS RESPONSIBLE.
HEAD START STAFF AND PARENTS, WITH ASSISTANCE
FROM THE DIAGNOSTIC TEAM AS NEEDED, ARE RESPON-
SIBLE FOR THE DEVELOPMENT OF THIS PLAN.

Portage Project-TEACH-Region V

LRNG To Read: A Simulation for Teacher Training
by Catherine Morsink, M.A.

This is a live demonstration on how to teach children who have difficulty in learning. A small group acts as students who are taught to read a weather code for pilots. The remaining participants follow along silently, hoping they won't be asked to read aloud. Discussion follows. Time for the demonstration is about 30 minutes, plus discussion. The author wishes to point out that learning to read is not as simple as the task presented in this article. This simulation was not designed to parallel the complex task of reading. Instead, it was created to heighten the teacher's sensitivity to the importance of his/her role in helping the disabled learner.

INSTRUCTIONS TO TRAINER

Select participants (say four persons) to act as students. The "students" are seated at the front of the room facing the trainer, with their backs to the others who observe the "students" attempting to learn to read.

For an effective demonstration, the reading materials used would need to be unfamiliar to the "students." The materials used here are drawn from the pilots' weather code (FAA 1965), which is composed of symbols and letters.

Proceed with the lesson: 10-15 minutes of instruction on the "Words for Flash Cards"; and an additional five minutes for reading aloud from the weather code.

The trainer "creates" a reading disability in the "students" by doing the following:

(1) correcting all mistakes made by the "students" and not giving any praise for progress or for correct responses; and

(2) presenting the word cards as sight vocabulary in a random fashion. The words are not to be rearranged to make the lesson better organized.

The other participants can follow the lesson and circle on their sheets each word missed by a "student."

PREPARATION FOR DEMONSTRATION

Prepare a set of flash cards at least 8½ by 11 inch in size. See chart for text for front and back of cards. The cards should be printed clearly and uniformly in dark ink on a white background. The symbols on these cards should be all capital letters, or exact copies of the words used in the weather code (FAA 1965). Provide each member of the audience with a copy of the reading lesson. Each copy should be clear and legible and should contain no words or marks of any kind except those given in the sample. The only other item needed is optional: a large map of the United States pinned to a wall in front of the room.

PROCEDURE FOR THE TRAINER

Trainer to Volunteers (loud enough for everyone to hear): I understand that if we had three reading groups in this class, you people would be the eagles. But just in case you turn out to be the sparrows, I'll call on members of the audience to correct you. That will keep them on their toes! Now remember, this is something anyone can learn to read quite easily. You won't have any trouble with it. (This comment is intended to put them under pressure to succeed.)

Today's assignment is the Kansas City, Missouri (hold up card #1, MKC, for "students" and audience to see) weather report (hold up card #2, FA) for the fourth day of the month (hold up card #3, Ø4). Greenwich time is 1852 (hold up card #4, 1852). You know that when it's 12:00 in New York, it's 11:00 in Kansas City. That can get confusing, so they choose one place on earth-Greenwich, England-as the time standard. If Greenwich is six hours east of Kansas City, then 1852 in England would mean 12:52 in Kansas City. It would also mean 11:52 in Denver and 10:52 in Los Angeles. (This entire explanation is irrelevant to the decoding task, and is intended to confuse the "students.")

This area forcast includes Iowa, Kansas, Northwestern Missouri (hold up card #5, IA KANS NWRN MO), and Nebraska except the panhandle (hold up card #6, NEB EXCP PHNDL). Watch me as I show you those places on the map. Here is Iowa, Kansas, Missouri - only northwestern Missouri - and this is Nebraska except for the panhandle. Do you see why they call it a panhandle? It looks just like the handle on a pan. (This explanation is unnecessarily detailed, an insult to the group's intelligence.)

Before we start to read, let's go over some of the new words in this forecast. (This instruction is intended to cue the group for an authoritarian approach to teaching, a dependence on the teacher, and to intensify their growing fear that there is only one correct answer to each question.)

(During the instruction period, trainer should correct all mistakes and frequently admonish the "students" to pay attention, keep their place, etc.

Note: at this time, neither the audience nor the "students" have a copy of the weather code in their hands.)

Trainer to Volunteers and Audience:

Knots. (Hold up card #7, KTS.)

800-1500 feet, overcast cloud cover. (Hold up card #8, 8-15⊕.)

Above ground level. (Hold up card #9, AGL.)

(Hold up card #10, ⊕) You've already had this. What is it? (Response.) That means overcast cloud cover. You'll have to pay better attention.

Five hundred. (Hold up card #11, 5HND.)

Light rain and fog. (Hold up card #12, R-F.)

Scattered clouds. (Hold up card #13, Ⓞ.)

Fourth day of the month. (Hold up card #14, Ø4.)

Broken clouds. (Hold up card #15, Ⓤ.)

Thirty. (Hold up card #16, 3Ø.)

Now that we've gone through most of the sight vocabulary it's time to learn some phonics. The most important rule of this code is that it shortens words to their main sounds. For example:

Following. (Hold up card #17, FLWG.)

Spreading. (Hold up card #18, SPPDG.)

Centered. (Hold up card #19, CNTRD.)

Panhandle. (Hold up card #20, PHNDL.)

Of course there are exceptions to the rules. You'll just have to learn those words by sight. For example:

Northeastward. (Hold up card #21, NEWD.)

Weather. (Hold up card #22, WX.)

Variable. (Hold up card #23, V.)

Now that you know the rules, what would you expect the word evening to look like? (Allow response, then show card.)

No, evening is EVE. (Hold up card #24, EVE.)

How would you write Kansas? (Allow response.)
   No, Kansas is KANS. (Hold up card #25, KANS.)

What would Monday look like? (Allow response.)
   No, Monday is MON. (Hold up card #26, MON.)

Obviously, that was too hard for you. This time let's try something easier.
   I'll hold up the card and you just read the words.

(Hold up card #27, CSDRBL.) What is this? (Allow response.)

That was CONSIDERABLE. (Hold up card #28, CONSIDERABLE.)

Can't you see that some of the letters have been left out? (Hold up card #29,
   C-NS-D-R-BL.)

(Hold up card #30, VSBY.) What is the word? (Allow response.)

That word is VISIBILITY. (Hold up card #31, VISIBILITY.)

Look at the letters that are left. (Hold up card #32, V-S-B--Y.)

Don't you understand how this code works? We've been over all the rules!

Try one more to see if you can do any better. (Hold up card #33, CIGS.)

What is this word? (Allow response.)

Who said cigars? That doesn't even make sense! This is a weather code!
   The word is CEILINGS. (Hold up card #34, CEILINGS.)

(Hold up card #35, C-I-GS.) See, here it is again. That should be very
   obvious.

Now read the words in phrases the way you'll see them in the lesson.

(Hold up card #36, 15-20∅ ⊕ .) (Allow response.) That means 1500-2000 feet,
   overcast cloud cover. Wasn't anyone paying attention?

(Hold up card #37, a⊕v ⊕) (Allow response.) That was variable scattered to
   broken clouds. How many times do I have to repeat these words?

(Hold up card #38, MOSTLY.) (Allow response.) That was a regular English
   word - MOSTLY! Have you forgotten everything you learned? Trace that
   word with your finger in the air three times and repeat it three more
   times. M-O-S-T-L-Y, MOSTLY.

(Hold up card #39, FEW WDLY SCTD TSTMS.) Say this after me. You're not doing
   very well at figuring it out for yourselves. Few widely scattered thunder-
   storms.

(Hold up card #40, WRN AND CNTRL PTNS.) Western and central portions.

(Hold up card #41, SCTD RAIN.) Scattered rain.

(Hold up card #42, Ø41852.) Fourth day of the month, the time in Greenwich
    is 1852.

(Hold up card #43, 1 C.) One o'clock in the afternoon, central time.

(Hold up card #44, FA MKC Ø41852.) Area Forecast, Kansas City, Missouri -
    fourth day of the month, time 1852.

    Trainer to Volunteers: I'm afraid you didn't do too well, but we'll just
have to go on to the lesson now. I'm going to pass out your papers and ask
you to read aloud one at a time. (Pass out the reading lesson.)

    Trainer to Others: Be sure to keep the place and be ready because I
have a feeling I'm going to call on some of you for the answers. Also,
you'll be keeping score of the mistakes read by the group in front. Circle
each mistake on your paper. Please don't make any other marks on it at this
time.

    (Trainer then calls on members of the group up front to read orally in
turn as those in the audience listen and hope they won't be asked. Trainer
should correct each mistake made by the readers and keep reminding them to
pay attention and keep the place, continuing this for five minutes.)

    Trainer: I'm sorry that we didn't finish our lesson, but our time is
up. That happens sometimes when you have a slow group. Of course, all of
these students have a learning disability. Right? (pause) Wrong! I've
criticized and pressured them. I've presented a lesson which was so dis-
organized and confusing that they were led to believe the code had no rules
and was impossible to read correctly. The constant fear of making mistakes
before the audience intensified their feelings of being unable to rely on
their own judgement.

    This code, with inconsistent, confusing symbols, and exceptions to the
rules, is not so different from the English code. My role as a negative,
authoritarian teacher was - I hope - exaggerated, and the reactions of the
group were more moderate and controlled than the reactions of children would
have been. Still, a comparison can be made, and the feelings of the group
experiencing failure were not unlike those of children in school who haven't
learned to read. (At this point, trainer should thank the group of volunteers
for their help and for being good sports.)

TEXT FOR
READING SIMULATION FLASHCARDS

FRONT	SUGGESTED REMARKS ON BACK
MKC	1. Today's assignment is Kansas City, Missouri
FA	2. Weather Report.
24	3. 4th day of the month
1852	4. Greenwich time is 1852. When it's 12:00 in N.Y., it's 11:00 in K.C. This is confusing—so one place on earth has been chosen. Greenwich England is the time standard. Greenwich is 6 hours east of K.C.; thus 1852 in England would mean 12:52 in K.C., 11:52 in Denver, 10:52 in L.A.
IA KANS NWRN MO	5. This area forecast includes Iowa, Kansas, Northwestern Missouri.
NEB EXCP PHNDL	6. Nebraska except the panhandle.
KTS	7. Before we start reading, let's go over some new words. Repeat after me: knots.
8-15 ⊕	8. 800-1500 feet overcast cloud cover.
AGL	9. Above ground level.
⊕	10. We've had this one. What was it? Overcast cloud cover. Pay attention!
5 HND	11. 500
R-F	12. Light rain and fog

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⊕	13. Scattered clouds.
Ø4	14. 4th day of the month.
⊕	15. broken clouds
3Ø	16. We've had the sight vocabulary. Now it's time for phonics. The most important rule - shorten word to main consonant sounds. For example . . .
FLWG	17. Following
SPRDG	18. Spreading
CNTRD	19. Centered
PHNDL	20. Panhandle. Of course there are exceptions - we have to learn them by sight. For example:
NEWD	21. Northeastward
WX	22. Weather
V	23. Variable. Now that you know the rules, what would you expect "evening" to look like?
EVE	24. No, evening is EVE. How would you write Kansas?
KANS	25. No, Kansas is KANS. What would Monday look like?

MON	26. No, Monday is MON Obviously, this is too hard for you. This time let's try something easier. I'll hold up the card and you just read the words.
CSDRBL	27. What is this? Considerable
CONSIDERABLE .	28. That was considerable. Can't you see that some of the letters have been left out? (Show next card)
C-N-S-D-R-BL	29. C-N-S-D-R-BL
VSBY	30. What is this word? That is visibility.
VISIBILITY	31. VISIBILITY
V-S-B----Y	32. Look at the letters that are left out. Don't you understand how this code works? We've been over all the rules. Try one more - see if you can do better.
CIGS	33. What is this word? Who said cigarettes? Doesn't make sense. This is a weather code. Word is ceilings.
CEILINGS	34. Ceilings
C-I-G-S	35. Here it is again. Should be obvious. Now read the words in phrases the way you'll see them in the lesson.

15-20 ⊕	36. 1500-2000 feet over cast cloud cover. Wasn't anyone paying attention?
① V ①	37. Variable scattered to broken clouds. How many times do I have to repeat?
MOSTLY	38. English word mostly. Have you forgotten everything you know? Trace with finger in air 3x and repeat it.
FEW·WDLY SCTD TSTMS	39. Say this after me. You're not doing very well at figuring it out for yourself. Few widely scattered thunderstorms.
WRN AND CNTRL PTNS	40. Western and Central Portions.
SCTD RAIN	41. Scattered rain
Ø41852	42. 4th day of the month. Time in Greenwich is 1852.
Ø1C	43. 1:00 in the morning. Central time.
FA MKC Ø41852	44. Area Forecast Kansas City Missouri 4th day of the month - time 1852. I'm afraid you didn't do well. We have to go on to the reading lesson. I will circle all mistakes.

ANSWERS FOR READING LESSON

FA MKC 041852

*Area forecast for Kansas City, Missouri, fourth day of the month,
time in Greenwich 18:52*

13C SUN 01C MON

1:00 p.m. Sunday to 1:00 a.m. Monday

NEB EXCP PHNDL IA KANS NWRN MO.

Nebraska except for the panhandle, Iowa, Kansas, Northwestern Missouri

CLDS AND WX STM CNTRD EXTRM NE COLO MOVG NEWD

*Clouds and weather system centered in extreme northeastern Colorado moving
northeastward.*

TO SE SDKT AND INTSFYG BY 01C MON.

To Southeastern South Dakota and intensifying by 1:00 a.m. Monday.

NEB EXCP PHNDL. CSDRBL LOW CLDNS AND FOG AND

Nebraska except panhandle. Considerable low cloudiness and fog and

SCTD RAIN OR DRZL WITH CIGS MOSTLY 8-15⊕ VSBYS OCNLY 2 TO 4.

*scattered rain or drizzle with ceilings mostly 800-1500 feet overcast cloud cover
visibility occasionally two to four hundred feet.*

SCTD AREAS CIGS BLO 5 HND AND VSBYS BLO 1

Scattered areas ceilings below 5 hundred feet and visibility below 100 feet

STG NLY WNDS 30 TO 40 KTS WITH VSBYS 1 TO 3

Strong northerly winds 30 to 40 knots with visibility 100 to 300 feet

SNW SPRDG OVR WRN AND CNTRL PTNS FLWG STM CNTR BY MIDN.

*Snow spreading over western and centered portions following storm center by
mid-afternoon.*

KANS. CIGS 10-15 ⊕ V⊕ SCTD R OCNL CIGS 8⊕ R-F OVR

*Kansas. Ceilings 1,000-1,500 feet variable scattered to broken clouds. Rain
occasionally ceilings 800 feet rain and fog over*

ERN PTN TO 15-20 ⊕ V⊕ WRN PTN. CNDS BCMG MOSTLY 10-20

*Eastern portion to 1,500-2,00 feet scattered and broken clouds western portion.
Cloudiness becoming mostly 1,000-2,000 feet.*

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⊕OCNL R - EXTRM WRN PTN BY LATE AFTN CHNG TO SNW

Overcast cloud cover occasional rain-extreme western portion by late afternoon changing to snow

ERLY EVE BCMG 5-10⊕ AGL VSBYS 1 TO 3

early evening becoming 500-1,000 feet overcast cloud cover above ground level visibility 100 to 300 feet

SNW OCNLY BLO 1 MI. STG NLY WNDS 30-40 KNTS

snow occasionally below 1 mile. Strong northerly winds 30-40 knots

BY ERLY EVE. FEW WDLY SCTD TSTMS OVR ERN PTN

by early evening. Few widely scattered thunderstorms over eastern portion

DRG AFTN AND ERLY HRS. STG NLY WNDS AND

during afternoon and early evening hours. Strong northerly winds and

SNW SPRDG THRU MOST OF EXTRM WRN AND NW

snow spreading through most of extreme western and northwestern

PTNS BY MIDN. SLY WNDS 25-35 KTS. ERN KANS.

portions by mid-afternoon. Southerly winds 25-35 knots. Eastern Kansas.

OVERVIEW

The Individu Service Plan is developed by a team comprised of the Head
Start staff and the parents of the handicapped child. The meeting at
which the I.S.P. is written is called the I.S.P. conference. At this
conference, the team will summarize and share information known about the
child and f ily, write a current level of functioning for the child,
determine long-term goals and short-term objectives for the child and
family, designate special services required and who will provide them,
and complete the remainder of the I.S.R. In order to efficiently con-
duct the meeting and to ensure parent involvement, it is recommended
that a special home visit be conducted with the parent prior to the
I.S.P. conference. The purpose of this workshop is to outline the two-
step process that is used to complete the I.S.P.

As a result of this session participants will:
1) state the purpose for, steps of and end results of the I.S.P.
   special home visit;
2) state the persons involved in the I.S.P. conference and their
   responsibilities;
3) list the information to be presented at the I.S.P. conference;
4) outline the tasks to be completed at the I.S.P. conference; and
5) receive information on confidentiality and parent rights.

BACKGROUND FOR THE TRAINER

In preparation for this workshop, the following references are recommended
as sources of information about the process for developing the I.S.P. They
are referenced in Appendix A of this training guide.

   A Comprehensive Approach for Developing Individual Education Programs
   for the Preschool Handicapped Child;

   Preparing for the I.E.P. Meetings: A Workshop for Parents;

   Talking with Parents: Communication Skills for Educators.

Additional information on the two-step process can be found in
Appendix B, pages 42-48, of this training guide.

PREPARING FOR THE WORKSHOP

1. Duplicate transparencies #1-8 using the masters provided at the end of
    this section.

2. Duplicate Handouts #1-10 for each participant. Staple together the two
    pages of Handout #3 and the eight pages of Handout #10. Note: Handout
    #2 is the same as transparency #3, Handout #6 is the same as transparency
    #7 and Handout #7 is the same as transparency #8.

3. If you decide to conduct the optional role play activity, duplicate the
    task cards found at the end of this section for each participant. Have
    available the screening, diagnostic, assessment and observational infor-
    mation on a child. (Use either the information on the child provided
    in this training guide or a child from your program.)

4. An overhead projector, movie screen and transparency pens will be re-
    quired for this session.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This session may be conducted in three parts:

1) a presentation detailing the two-step process for completion of the I.S.P.;

2) an optional role play of the special home visit;

3) discussion and distribution of a handout on confidentiality.

1. Introduction: distribute the ten handouts for this workshop. Display
    overhead transparency #1. Introduce the workshop by explaining that
    after all information on the child and family has been collected, the
    actual development of the Individual Service Plan can begin. The
    development will be done in two steps. First, a special home visit will
    be conducted with the parent in order to insure their input and acquaint
    them with the I.S.P. process. Second, the I.S.P. conference will be
    held and the I.S.P. will be written. Explain that this session will
    acquaint them with this two-step process.

2. Explanation of Step #1: The Special Home Visit.

    a. Display transparency #2. Have participants take notes on corresponding Handout #1. Read and discuss each section allowing time for note-taking.

    b. Display transparency #3, the I.S.P. Home Visit Checklist. Have participants follow along on Handout #2. Explain that this is an optional tool that may be used to insure that they have covered everything during the home visit. Read through each point. It is best filled out with the parent during the visit, but may be completed afterward.

    c. Refer to Handout #3, notice of parent's rights. This handout may be provided to parents as a written explanation of their rights regarding I.S.P.s in Head Start.

    d. Refer to Handout #4, the questionnaire for parents. Explain that this handout may be useful for discussion and as a future reference for parents. It can help ensure that the family's priorities are considered during the I.S.P. Conference.

    Note: The Special Home Visit should be conducted in the family's home environment if possible. However, if this cannot be accomplished, the Head Start center or another mutually agreed upon site may be used.

    e. Optional activity: Role play of the Special Home Visit. Participants may find it helpful to role play the Special Home Visit. This will best be accomplished by dividing the group into triads consisting of a teacher, a parent and an observer. The teachers in each group will need to prepare themselves by reviewing the child's completed screening, diagnostic, assessment and observational information. The parent can prepare herself by reviewing the child's screening and diagnostic information. Distribute role play task cards to each group member. Allow about 10 minutes for each person to consider their roles and strategies. Allow 15 minutes for the actual role play and 5-10 minutes for small group discussion.

3. Explanation of Step 2: The I.S.P. Conference.

a. Display overhead transparency #4. Participants should take notes
    on corresponding Handout #5. Explain that after the home visit
    has been conducted with the parent, the I.S.P. conference will
    take place. The purpose of the I.S.P. conference will be to
    complete the I.S.P. as a team by sharing pertinent information.
    Discuss what is accomplished at the I.S.P. conference, following
    the points on transparency #4.

b. Display transparency #5, unlabeled forms that will be used at the
    I.S.P. conference. Tell participants that in order to write the
    I.S.P., all information that has been collected on the child and
    family will need to be presented and discussed. Ask them to
    identify the information that they would have on the child or
    family. Label each one of the forms on the transparency as sugges-
    tions are made. Suggestions might include: screening results, diag-
    nostic report, assessment results, classroom observations, work
    samples, health/medical reports, family assessment results,
    registration forms, multi-disciplinary team report or dual place-
    ment records, and tentative current level of functioning, long-
    term goals and/or special services needs.

c. Display transparency #6, unlabeled persons involved in the I.S.P.
    conference. Ask participants to indicate who should be involved
    in the I.S.P. conference. Label each person as suggestions are
    made. Suggestions might include: the parent, the teacher, the
    handicap services coordinator or designee of the program director.
    Note: these three people are essential to successful planning
    and implementation of the I.S.P. Other suggestions: education
    coordinator, social services coordinator, health coordinator, diag-
    nostician, parent involvement coordinator, nutrition coordinator,
    special services personnel, parent advocate. Note: include all
    interested persons, but only those persons who will be necessary
    to meet the needs of the child and family will participate. Ex-
    plain that one of the participants, usually the handicap services
    coordinator, will act as chairperson for the I.S.P. conference.

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d. Display transparency #7, responsibilities of the chairperson.
    Discuss each of these responsiblities as participants follow
    along on Handout #6.

e. Display transparency #8, duties of the committee members. Dis-
    cuss each of these duties as participants follow along on Handout
    #7.

f. Summarize this section by referring to Handouts #8 and #9, chair-
    person's self-evaluation form and post I.S.P. conference evaluation
    form. Explain that these are tools that may be used after the
    conference has taken place for evaluation and future planning
    purposes.

4. Explanation of confidentiality. Refer to Handout #10, insuring con-
    fidentiality of records. Explain that this handout summarizes the
    Federal Regulations regarding confidentiality. The letter to Head
    Start staff on the last page may be of particular interest to the
    participants. Discuss any questions or concerns about confidentiality.

5. Summary of workshop. Redisplay transparency #1 and explain that this
    workshop presented the two-step I.S.P. process and provided information
    on parent rights and confidentiality. The next step is to role play
    the actual I.S.P. conference and to complete an I.S.P.

TWO-STEP I.S.P. PROCESS

SPECIAL

HOME

VISIT

I.S.P.

CONFERENCE

Portage Project-TEACH-Region V

WHO

PARENTS AND ONE
OR MORE
INDIVIDUALS
FROM HEAD
START
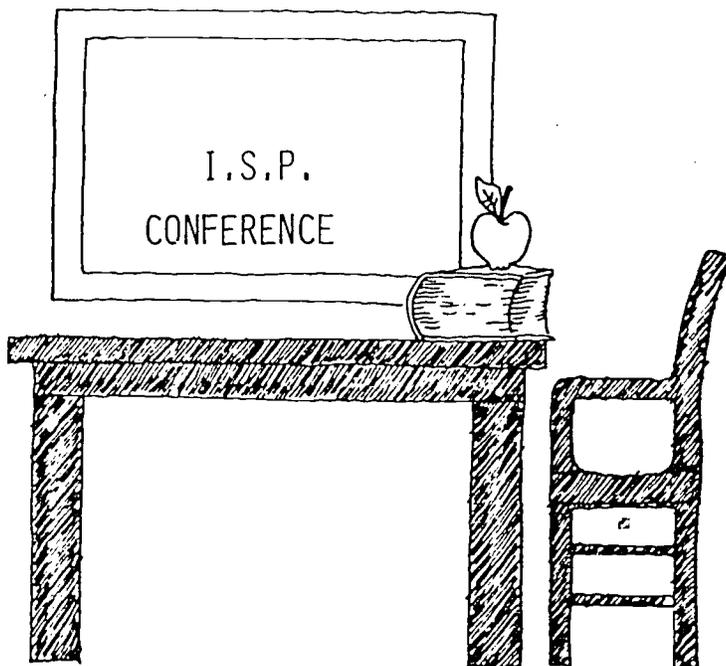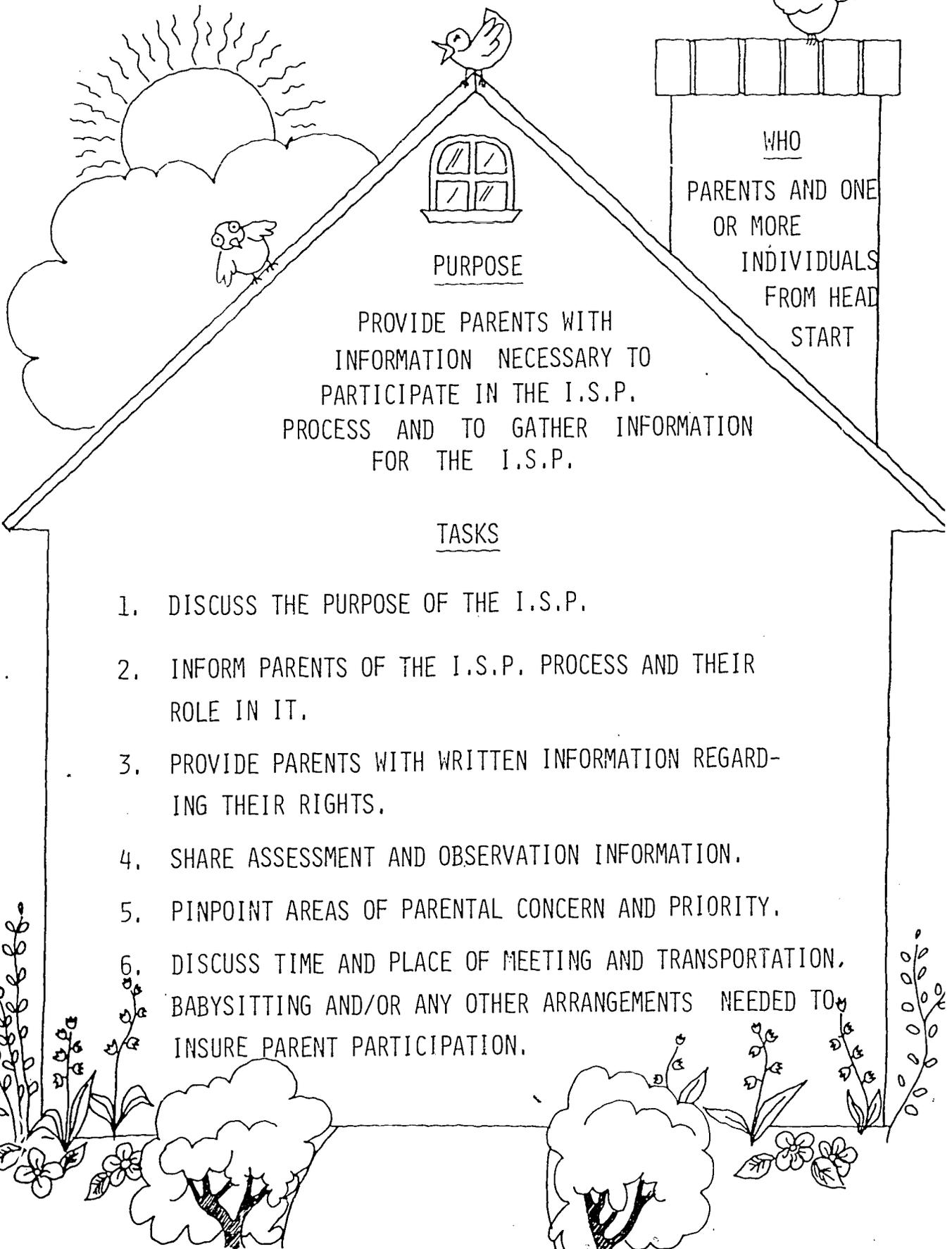
PURPOSE

PROVIDE PARENTS WITH
INFORMATION NECESSARY TO
PARTICIPATE IN THE I.S.P.
PROCESS AND TO GATHER INFORMATION
FOR THE I.S.P.

TASKS

1. DISCUSS THE PURPOSE OF THE I.S.P.

2. INFORM PARENTS OF THE I.S.P. PROCESS AND THEIR
   ROLE IN IT.

3. PROVIDE PARENTS WITH WRITTEN INFORMATION REGARD-
   ING THEIR RIGHTS.

4. SHARE ASSESSMENT AND OBSERVATION INFORMATION.

5. PINPOINT AREAS OF PARENTAL CONCERN AND PRIORITY.

6. DISCUSS TIME AND PLACE OF MEETING AND TRANSPORTATION.
   BABYSITTING AND/OR ANY OTHER ARRANGEMENTS NEEDED TO
   INSURE PARENT PARTICIPATION.

I.S.P. HOME VISIT CHECKLIST

Home Visitor _____   Date _____

Parent(s)   _____

              _____

1. Have you explained the purpose of the I.S.P. to include these major points:

        - meeting individual needs?

        - planning educational activities specifically for the
          skill level of the child?

        - monitoring progress?

2. Have the parent(s) received a written copy of their rights?

3. Have you clearly explained the I.S.P. Process to include:

        - What is an I.S.P. Conference?

        - Who will be there and why?

        - Who will the chairperson be and what are their responsibilities?

        - What will be done and how it will be done?

        - Defining: level of functioning
                     long-term goals
                     short-term objectives

        - What kind of information will be shared?

        - What role does the parent(s) have?

4. Has all information that has been collected on the child been shared?

5. Has parent(s) actively helped pinpoint his/her areas of concern and
   priority for the child?

6. Has parent(s) been asked if she/he has any questions or concerns?

7. Has time and place of meeting been discussed and have transportation,
   babysitting, and/or other arrangements been made to insure parent(s)
   participation?

PURPOSE OF THE I.S.P. CONFERENCE

TO COMPLETE THE I.S.P AS A TEAM BY SHARING PERTINENT INFORMATION

WHAT IS ACCOMPLISHED AT THE I.S.P. CONFERENCE?

1. CURRENT LEVEL OF FUNCTIONING

2. LONG-TERM GOALS

3. SHORT-TERM OBJECTIVES

4. REQUIRED SPECIAL SERVICES

5. COMPLETE THE REMAINDER OF THE I.S.P.

    A. PERSONS RESPONSIBLE

    B. MATERIALS/METHODS

    C. EVALUATION CRITERIA

    D. TIME LINES FOR SPECIAL SERVICES

    E. TRANSPORTATION NEEDS

    F. PROVISION AND PAYMENT OF SERVICES

    G. REVIEW DATES

    H. SIGNATURES

Portage Project-TEACH-Region V

ACTIVITY CHART

1 _____ 1 _____
2 _____

2 _____ 3 _____

M T U T F S

DIRECTIONS

1 _____
2 _____
3 _____

Report Form

Division   Hardware   Newsweek

P.P. CHECKLIST

REPORT BY

WORKSHEET

Portage Project-TEACH-Region V

RESPONSIBILITIES OF THE CHAIRPERSON

1. Determine location, time and date for the I.S.P. Conference.

2. Determine who should participate in the I.S.P. Conference.

3. Notify all participants of the time, place and date of the I.S.P Conference.

4. Determine all data needed for the conference and who will be responsible for bringing it.

5. Familiarize self with all information so that questions can be answered.

6. Facilitate the I.S.P. Conference. This includes making necessary introductions, answering questions, keeping the group on-task, etc.

7. Record the proceedings or designate someone to do so.

8. Distribute the completed Individual Service Plan (one copy each to the center where the child is enrolled, diagnostic file and parents).

9. Oversee implementation of the plan.

10. Schedule review meetings at middle and end of the year to determine if goals and objectives have been met.

DUTIES OF THE COMMITTEE MEMBERS

1. FURNISH APPROPRIATE INFORMATION TO THE CHAIRPERSON.

2. BE FAMILIAR WITH THE INFORMATION YOU WILL PRESENT.

3. ESTABLISH RAPPORT WITH EACH OF THE OTHER COMMITTEE MEMBERS AND BE SURE EACH FEELS ACCEPTED IN THE PROCESS.

4. BE SURE ALL NECESSARY SERVICES ARE CONSIDERED AND THAT GOALS AND OBJECTIVES ARE REALISTIC.

5. GIVE OPINIONS, ANSWER QUESTIONS AND LISTEN TO THE OPINIONS AND SUGGESTIONS OF OTHERS.

6. IMPLEMENT THE GOALS AND OBJECTIVES THAT ARE ESTABLISHED AND TO WHICH YOU HAVE BEEN ASSIGNED.

7. PARTICIPATE IN REVIEW CONFERENCES AT THE MIDDLE AND END OF THE YEAR.

WHO

PURPOSE

TASKS
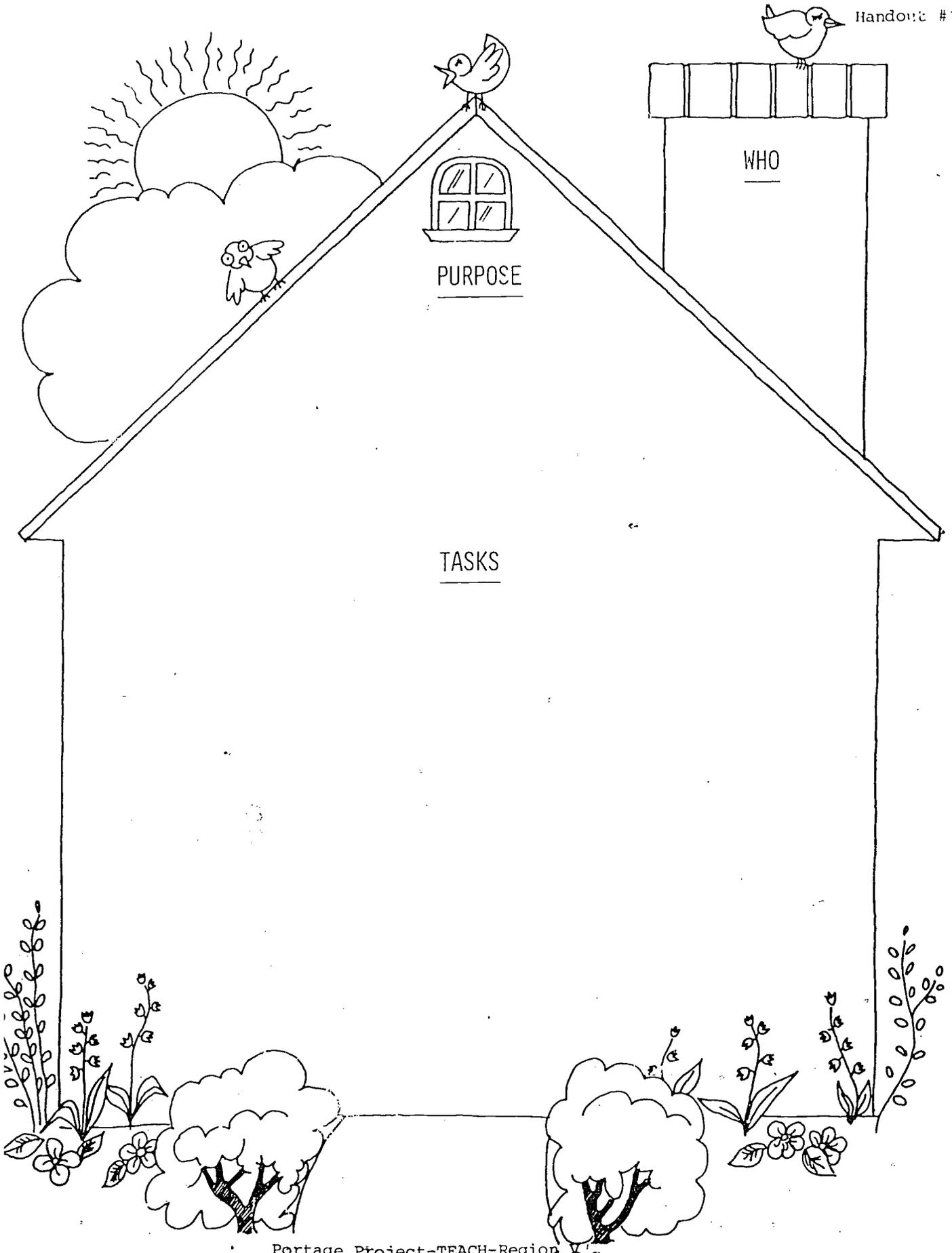
NOTICE OF PARENTS' RIGHTS*

All children who enter the Head Start Program receive health and education screening tests to make sure they are healthy and are developing normally. Some children will need additional or special services from Head Start to help meet any needs which are uncovered by these screenings.

In order to give children the right kind of help, an Individual Service (I.S.P.) Conference will be held to review the child's strengths and needs, and to plan exactly the right services and activities for him/her.

Before the Conference Team meets, you will get a letter from the Head Start Program, letting you know that the Team would like to review and plan a special program for your child, and asking for your O.K. in writing.

Before the Team meets, they will also need as much information as possible about your child. They may want to talk to doctors, nurses, teachers, social workers, or other agencies which have seen your child.

YOU HAVE THE RIGHT

> to give your written O.K. before any of this information is shared with the Head Start Program, and before Head Start gives other agencies any information on your child.

The Team will most likely be made up of the Head Start teachers, doctors, and other specialists who have seen your child, and Head Start health, education, and other staff members. The people who are on the team are there because they know something about your child, or about other children with special needs, or because they will be taking part in actually teaching or giving other services to your child. The Team will also need participation and information from you, the parents, who know your child better than anyone else in the world. They will need your help in deciding on the best services to meet your child's needs.

YOU HAVE THE RIGHT

> to meet with the I.S.P. Conference Team and to give them your observations and information about your child. If you like, you may bring someone with you to speak for you or to help you in the meeting. If you can't come to a meeting, you can send this person instead, and/or send your information to the Team in writing. You may also send your child to different doctors or specialists for another physical or other tests and share the results with the Team.

---

*Extracted from "Parent Power in Head Start"

NOTICE OF PARENTS' RIGHTS (Continued)

The Team should not take too long to finish its planning so that the Program can begin giving the right services to your child as early in the school year as possible.

YOU HAVE THE RIGHT

to have your child's review finished in a timely manner.
You will be given a copy of the Team's written plans for your child.
You have the right to give or not give your written O.K. for these plans.

IF YOU DO NOT AGREE WITH THE PLANS FOR YOUR CHILD:

You can meet with Head Start staff to talk over the plans and the reasons you do not agree with them. You may bring someone with you to help you during the meeting. You may ask questions of anyone at the meeting.

YOU HAVE THE RESPONSIBILITY TO:

* Go to as many of the Team meetings as possible.

* Ask questions whenever you don't understand what is being said or done, or whenever you are concerned about how your child is acting or learning.

* Share your observations about your child with the Team, as well as any changes in the family which might affect your child in the center.

* Try to carry out those activities which the Team suggests would be helpful to your child when he is at home, and report back the effect these activities have on him.

Parent, Guardian, Surrogate Parent: The following are some questions which you may use as guidelines as you consider the Individual Service Plan. If anything is unclear, don't hesitate to question one of the others attending the conference.

Are there clear statements about what my child can do right now in various areas?

Do these statements of what she/he can do agree with my own observations?

Is what she/he is supposed to accomplish by the end of the year clearly stated?

Do I think these skills are important things for my child to work on?

Do I think the skills represent reasonable expectations?

Have the expressed needs of my family been clearly stated? Are there goals that will help me meet these expressed needs?

Does the plan state how one will know if learning is taking place?

Do I understand how learning is going to be measured and how well my child must do on each task?

Have my ideas about what is important been considered in the development of this program?

Do I know the specific special services that will be provided?

Do I feel these are appropriate?

Do I know when the special services will begin?

Do I know approximately how long the special services will last?

Do I know when the next review will take place?

Are there things I can do to help my child succeed in the program?

Have these things been written into the I.S.P.?

If you are satisfied with the proposed I.S.P., all you have to do is sign it and the program can get started.

If there are portions that you would like to have clarified or rewritten, you can hold off on your signature until the changes have been made to your satisfaction

Remember, an individualized service program is not a contract. It is not binding; it can be changed with your approval.

Remember, too, that you are an expert on your own child and a resource person to the Head Start program.

Adapted from: Preparing for the IEP Meeting: A Workshop for Parents.

I.S.P CONFERENCE

PURPOSE OF THE I.S.P. CONFERENCE:

WHAT IS ACCOMPLISHED AT THE I.S.P. CONFERENCE?

1.

2.

3.

4.

5.

     A.

     B.

     C.

     D.

     E.

     F.

     G.

     H.

CHAIRPERSON'S SELF EVALUATION FORM

		YES	NO
1.	Did I make the participants feel welcome?		
2.	Did I make the appropriate introductions?		
3.	Was the atmosphere positive?		
4.	Was I able to answer questions satisfactorily?		
5.	Was I enthusiastic?		
6.	Was I negative?		
7.	Did all group members participate?		
8.	Were any participants excluded?		
9.	Did anyone dominate the group?		
10.	Did anyone withdraw from the group?		
11.	Were all opinions considered?		
12.	Was I prepared for the meeting?		
13.	Did I keep the group on target?		
14.	Did I encourage discussion?		
15.	Was the atmosphere relaxed and comfortable?		
16.	Was I flexible?		
17.	Did I capitalize on spontaneous situations?		
18.	Was the meeting unified; did it hang together?		
19.	Was I in touch with committee members?		

Source: Preparing for the IEP Meeting: A Workshop for Parents

POST I.S.P. CONFERENCE EVALUATION FORM

		YES	NO	NOT SURE
1.	Are you satisfied with the I.S.P. that has been developed?	___	___	___
2.	Do you think the goals selected are important?	___	___	___
3.	Do you think the objectives can be accomplished?	___	___	___
4.	Do you think the special services and/or placement is appropriate?	___	___	___
5.	Do you feel you had sufficient opportunity to express yourself at the meeting?	___	___	___
6.	Do you feel your opinions were considered in the final I.S.P.?	___	___	___
7.	Do you feel your time at the meeting was well spent?	___	___	___
8.	Do you think a written Individual Service Plan is a good idea?	___	___	___

9. How many I.S.P. conferences have you attended in the past? _____

10. Please check one:

I am a _____ parent

_____ student

_____ teacher

_____ administrator

_____ other (_____)
specify

Source: Preparing for the IEP Meeting: A Workshop for Parents

Portage Project-TEACH-Region V

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From: Duluth Head Start Social Services Plan

INSURING CONFIDENTIALITY OF RECORDS

Title 45 of the Code of Federal Regulations now contains regulations to protect the confidentiality of data collection in efforts to identify, locate, and evaluate all handicapped children. These are specifically defined as obligations of States and public education agencies. But, the rules and regulations go on to define "participating agencies":

> Any agency or institution which collects, maintains, or
> uses data, or from which data is obtained to meet P.L.
> 94-142, the "Education for All Handicapped Children Act".
> This is all part of "due process" legislation.

Head Start/Home Start programs characteristically have kept data on all children, including special needs (handicapped) children integrated into the programs. Also, Head Start/Home Start programs have characteristically transferred data to officials who work in a child's next educational setting, usually the public schools. Head Start/Home Start programs are agencies from which data is obtained for the education of the handicapped. Therefore, Head Start/Home Start programs would be "participating agencies" under the law.

According to the law, each participating agency shall protect the confidentiality of data at all stages: collection, storage, disclosure and destruction. Also, each agency shall assign one official as the responsible agent for assuring the confidentiality of any personally identifiable data.

WHAT SHOULD BE KEPT IN A CHILD'S FOLDER?

Head Start/Home Start programs are required by a set of performance standards to produce certain kinds of screening records (medical, dental and developmental) on all children and some very specific diagnostic records and educational plans for special needs children. In addition, information such as a child's name, address, birthdate, etc., is kept on all children. Teachers may keep some records that specifically identify a child. In general, IF A PIECE OF INFORMATION IS USEFUL FOR PLANNING AND COMPLETING A CHILD'S EDUCATIONAL EXPERIENCE, IT SHOULD BE KEPT BY THE EDUCATION PROGRAM. If a piece of information will not contribute to planning, it should not be included at all.

WHAT IS "PERSONALLY IDENTIFIABLE" INFORMATION?

Personally identifiable information is any data that includes:

1. Name of the child, the child's parents, or other family
    member;
2. The address of the child;
3. A personal identifier, such as a social security or
    student number;
4. A list of personal characteristics or other information
    which would make it possible to identify the child with
    reasonable certainty.

WHO HAS TO KNOW ALL THIS INFORMATION ABOUT CONFIDENTIALITY?

According to the law, a participating agency must ensure that employees
are trained in the policies and procedures regarding confidentiality. This
implies training about the law itself and about the agency's specific
guidelines for maintaining records and the confidentiality of them.

HOW IS ACCESS TO RECORDS CONTROLLED?

Each Head Start/Home Start program must develop a listing of the types
and locations of personally identifiable data (records) collected, main-
tained or used by the agency. This listing must be provided to any parent
who requests it.

A parent can request to see his/her child's records. The program must
provide access to the records without unnecessary delay (no more than 45
days) and prior to any hearing related to the identification, evaluation
or placement of the child. The parent, by law, has the right to a response
to a reasonable request for explanation and interpretation of regulations
and the data, and to obtain copies of records.

A Head Start/Home Start program must maintain a record of any "third"
parties (from outside the agency) obtaining access to a child's records.
This includes:

1. Name of party;
2. Date access was given;
3. Purpose of authorization to use the data.

This record of access does not cover access by parents and authorized
employees of the Head Start/Home Start agency. The prior, written consent
of the parent(s) for viewing confidential information is not necessary for:

1. Officials in the same agency with a "legitimate educational
    interest";
2. Various state and national education agencies, when enforcing
    federal laws;
3. Accreditation and research organizations helping the agency.

The Head Start/Home Start agency must maintain, for public in-
spection, a current listing of the names of those employees within the
agency who may have access to the personally identifiable data. These
employees will probably include the agency administrative staff, compo-
nent coordinators, head/classroom teachers, any special education staff
hired by the agency, and special education consultants with whom the agency
has formal, written agreement for service.

    4.   Those with court orders.

The agency may charge a fee for copies of records which are made for
parents, providing that the fee does not effectively prevent the parents
from exercising their right to inspect and review those records. The
agency may not charge a fee to search for or to retrieve data.

WHAT HAPPENS IF A PARENT DOES NOT LIKE SOMETHING THAT IS INCLUDED IN A
CHILD'S FILE:

A parent who believes that data is inaccurate or misleading or vio-
lates the privacy or other rights of the child may request the agency
to make appropriate amendments to the data. Within a reasonable period
of time following the request, the agency must decide whether or not to
amend the data in accordance with the parents' request. If the agency
decides to refuse the request, it must inform the parent of the refusal
and advise the parent of his/her right to a hearing. If the parent re-
quests a hearing, the agency shall provide for one. Just how Head Start/
Home Start agencies will fit into the "hearing" system is as yet unclear.
But it is likely that hearings, if requested, would be conducted under
the systems being written by each state. If, as a result of the hearing,
the agency decides that the data is in fact inaccurate, misleading, or
otherwise in violation of the privacy or other rights of the child, it
shall amend the data accordingly and so inform the parent in writing.
If the agency, as a result of the hearing, decides that the data is not
inaccurate, etc., it shall inform the parent of the right to place in the
records a statement commenting on the data and stating any reasons for
disagreeing with the decision of the agency not to amend it.

These parent-initiated hearings must:

    1.   Be held within a reasonable period of time after the
        agency has received the request, and the parent shall
        be given notice of the data, place and time, reasonably
        in advance of the hearing;
    2.   Be conducted by a party who does not have a direct
        interest in the outcome of the hearing;
    3.   Afford the parent full and fair opportunity to present
        evidence relevant to the issues raised and may be
        assisted or represented by individuals of his or her
        choice at his or her own expense, including an attorney;

4. Provide that the agency shall make its decision in writing within a reasonable period of time after the conclusion of the hearing;
5. Provide that the decision of the agency shall be based solely upon the evidence presented at the hearing and shall include a summary of the evidence and the reasons for the decision.

If a parent wishes to continue his/her appeal, this can be done under guidelines to be developed by each state.

WHEN MUST PARENTAL CONSENT TO VIEW OR RELEASE BE MADE IN WRITING?

Head Start/Home Start parents need not be asked for written consent before the program conducts certain procedures such as:

1. Outreach to locate or identify special needs (handicapped) children;
2. Screening all children (medical, dental, developmental);
3. Observation to complete skill-behavior checklists.

However, parents must provide fully informed, written consent for any selective individual testing to identify children in need of special education services.

WHAT IS "FULLY INFORMED CONSENT"?

Fully informed parental consent must include the following items:

1. Consent must be in writing. Verbal or other notice qualifies only if written notice is inadequate, such as in the case of a parent who is blind or whose language is not in written form (as some American Indian languages). State due process plans must be written to specify these other means of notification;
2. Information to parents must be in his/her native language unless it clearly is not feasible to do so;
3. Parents must be informed in writing of identification and evaluation efforts (does not include basic tests administered to or procedures used with all children);
4. Consent must specify the activity for which consent is given and which records, if any, are to be released and to whom the records are to be released;
5. The parent should understand that the granting of consent is voluntary (if a parent refuses to consent and if evaluation is deemed necessary, the agency's remedy would be to seek court intervention under state law).

6. "Parent" is defined as a 'parent or guardian' (or individual
    acting as a parent in the absence of a parent or guardian)
    of any child on whom data is collected, maintained, or
    used for purposes of providing education.

CAN I JUST TALK TO A SPECIAL EDUCATOR ABOUT A CHILD?

No - if the child is personally identified in any way. Disclosure of
information means permitting access or the release, transfer, or other
communication of the education records. Without fully informed written
consent of the parents such disclosures cannot take place orally, in
writing, by electronic means, or any other means to any party.

WHAT ABOUT DISCLOSING INFORMATION FOR HEALTH OR SAFETY EMERGENCIES:

Personally identifiable information may be disclosed without the
prior written consent of the parent under certain conditions:

1. Appropriate parties in connection with the emergency
    must need the information to protect the health or
    safety of the child;
2. The seriousness of the threat to health and safety
    must be considered;
3. The need for the information to meet the emergency
    must be considered;
4. Consider whether the parties to whom the information
    is disclosed are in a position to deal with the
    emergency;
5. Consider the extent to which time is of essence in
    dealing with the emergency.

WHAT ARE THE REGULATIONS FOR DESTRUCTION OF DATA?

First, records must be maintained until five years after they are no
longer needed to provide educational services. Prior to destruction of
data, reasonable efforts must be made to notify parents that they have
the right to be provided with a copy of any data which has been obtained
or used for the child's education.

The definition of destruction is: the physical destruction or re-
moval of personal identifiers from data so that the data is no longer
personally identifiable.

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Dear teachers and staff:

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

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

So PLEASE REMEMBER:

1. When you talk about me or my child to someone, she could be my best friend, my worst enemy, or my sister-in-law's sister-in-law! She may report it all back to me (making me dislike you) or tell it to my mother-in-law (when I find out, I'll kill you!).

2. When you talk out loud in the Pizza Hut about that horrid little Scotty who's driving you crazy - someone may hear you who knows just who Scotty is.

3. When you speculate about the reasons for any trouble my child is having ("Sometimes I think Scott is hard of hearing") others may repeat them as fact (Did you know - I heard it from Scott's teacher - that Scott has a hearing problem?).

4. I am especially sensitive to opinions about my child's behavior and how his misbehavior might be my fault. I very often feel (and sometimes say) that I'm a poor mother but no else had better even suggest it!

5. You have no idea what information about me that I want kept confidential. It could be: my boy friend's name, how often I move, whether I am on welfare or receiving food stamps, whether you saw me at the Gopher or Mr. Frank's, whether my dad was an alcoholic, even my address and phone number. In other words, you shouldn't be talking about me at all!

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

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

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

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

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

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

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

Thank you very much,

Scotty's mom

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Special Home Visit
Role Play Task Card

OBSERVER

As the observer in this role play, you'll be responsible for noting the
interactions that take place, the information that is exchanged and then
leading an evaluation discussion with the other two participants after
the role play is complete. Do not intervene during the role play, in-
stead take notes on points you'd like to discuss later. The following
are some guidelines for your observation. You may use them as well as
the Home Visit Checklist for note taking, but do not be limited by the
points presented here.

Does the parent seem to understand the purpose and process for the
Individual Service Plan?

Has the parent expressed her concerns and priorities for the child?

Has the teacher responded to the concerns?

Has terminology been clarified?

Has the parent's importance in the I.S.P. process been stressed?

Has she been made aware of her rights?

Has assessment and observation information been shared?

Have questions been solicited and answered?

Has the parent been treated as an equal?

Have arrangements for attending the I.S.P. conference been made?

After the role play has ended, lead a 5-10 minute discussion with the
other two participants covering the points you've noted. Be sure to first
ask the participants for their impressions and feedback. Allow them to
note things they could have done differently and things they felt went
well. After this input, fill in any additional information from your notes
being sure to emphasize the positive as well as commenting on the negative
points.

Special Home Visit
Role Play Task Card

PARENT

As the parent in this role play, you will be exchanging information with
the teacher and familiarizing yourself with the I.S.P. process and per-
tinent information that has been gathered about your child. The manner
in which you play the role is up to you, but be especially attuned to
questions or concerns that arise as you participate in the meeting.

At this point in the process you have been informed of the screening
results and have taken your child for the diagnostic evaluation. You
have been given a copy   the diagnostic report by the diagnostician and
the contents were explained to you at the same time. For the purpose
of this role play, you may use the following questions as guidelines
but do not be limited by them.

What is an I.S.P.? Why are you writing a plan for my child?

Who will be at the I.S.P. conference?

What will they expect me to know?

Why do you want me to attend?

Can I bring someone with me?

What will be decided at the conference?

What will be the result of the conference?

Is there any terminology you (the parent) don't understand?

Have you expressed your concerns about the child?

Have you indicated your priorities for the child?

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Special Home Visit
Re Play Task Card

TEACHER

As the teacher in this role play, you will be exchanging information with
the parent(s) in order to prepare her/him to be a contributing member of
the I.S.P. team. It is your job to present pertinent information, answer
questions, get input from her/him that could be incorporated into plan-
ning, and to generally make sure she/he feels as comfortable and prepared
as possible when she/he attends the meeting. The following is a list of
topics that may be covered during the special home visit. Incorporate
them into the role play. Be sure to solicit and answer questions as you
proceed. You may also use the Home Visit Checklist for further guidance.

1. Discuss the purpose of the Individual Service Plan.

2. Explain the I.S.P. process and the parent's role in it.

3. Provide written information on parent rights.

4. Share assessment and observational information.

5. Pinpoint areas of parental concern and priority.

6. Discuss time and place of meeting and transportation, babysitting
   and any other necessary arrangements so the parent can attend.

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CURRENT LEVEL OF FUNCTIONING

OVERVIEW

The development of the I.S.P. can be likened to the itinerary of a trip
across the United States. The current level of functioning is the same
as the point of departure or the point from which our trip, or the devel-
opment of the I.S.P., begins. Determining the current level of function-
ing, a written statement which outlines the child's educational strengths
and needs in each developmental area, is the first task accomplished at
the I.S.P. Conference. It must be written before the child's individual
program can be planned.

The current level of functioning is written based on information such as
screening and assessment results, the diagnostic evaluation, classroom
observations, and parent input. I.S.P. worksheets are used as a systematic
way of organizing this information and provide a comprehensive overview
of the child and family. The worksheets are divided into component areas:
health/nutrition, social services, parent involvement, and education which
is further divided into developmental areas (motor, language, cognitive,
social/behavior, and self-help). Each of these component areas is divided
into strengths, needs (child), expressed needs (family), comments, and
long-term goals. These worksheets can be partially filled out with the
parents at the Special Home Visit.

The current level of functioning summary statement is written only for the
education component. It can be written in two ways: using developmental
ages or using the age ranges. The method you select will depend upon the
screening and assessment tools you use. To write the current level of
functioning statement using developmental ages, a standardized screening
or assessment tool that yields developmental age norms must be used, such
as, the Alpern-Boll Developmental Profile, the LAP-D, or the Zimmerman Pre-
School Language Scale. Here is an example of a current level of functioning
summary statement using developmental ages:

Physical	4 years, 2 months
Self-Help	4 years, 8 months
Social	3 years, 11 months
Academic	4 years, 0 months
Communication	3 years, 8 months

Information from the Alpern-Boll
Developmental Profile.

To write a current level of functioning statement using age ranges, a criterion-referenced tool can be used, such as the Learning Accomplishment Profile, Portage Guide to Early Education, or the Carolina Developmental Profile. Here is an example of a current level of functioning summary statement using age ranges:

> Jack's motor, self-help and cognitive skills are in
> the 4-5 year range and his social and language skills
> are in the 3-4 year range. Information from the
> Portage Checklist.

As a result of this workshop, participants will:
1. state the definition of and rationale for current level of functioning;
2. work as a member of an I.S.P. team in order to:
   a. complete I.S.P. worksheets for a child and family; and
   b. write a current level of functioning summary statement for a child.

BACKGROUND FOR THE TRAINER

In preparation for this workshop, the following reading is recommended
as an additional source of information. It is referenced in Appendix A
of this training guide.

> Screening, Assessment and Educational Programming/Preschool
> Handicapped Children: A Primer, pages 28-33.

Appendix B, pages 39-56, contains additional information on current level
of functioning.

PRE-WORKSHOP TASKS

A. I.S.P. Packets

This training guide uses the role play technique to teach the skills
needed to write an Individual Service Plan. Development of the I.S.P.
involves gathering information on each child with a handicapping con-
dition and his/her family, including screening results, the diagnostic
report, the educational assessment, classroom observations, and
expressed parent needs.

1. In order for participants to role play the development of the
    I.S.P., it is necessary to provide them with information on an
    individual child and family. As a trainer, you have two options:

    a. use the information on Michael Jones and his family provided
        in Appendix F; or

    b. develop a packet of information based on a child and family
        from your own agency. Appendix E offers guidel s and
        suggestions for doing this, and you c n also refer to samples
        provided in Appendix F for additional ideas and clarification.

2. Your next task is to determine the number of I.S.P. packets needed.
    There are five members on each I.S.P. team: parent, teacher,
    Parent Involvement/Social Service Coordinator, Health/Nutrition
    Coordinator and Handicap Services Coordinator. Teams can be
    modified to include 4-6 members. If you assign 4 to a team,
    combine the Health/Nutrition with the Social Service/Parent Involve-
    ment role. If you assign 6 to a team, add an additional teacher
    to the team.

B. Current Level of Functioning Statement

1. If you are using the information on Michael Jones and his family
    provided in Appendix F, decide which method you will use to write
    the current level of functioning summary statement: developmental
    age or age ranges.

2. If you are using information on a child and family from your pro-
    gram, complete the following overhead transparencies:

            #15 and 32 List information to be shared (use transparencies
                        #7 and #29 as a guide);

#16-21 Complete I.S.P. Worksheets for Agency Child;

#33-34 Complete I.S.P. Worksheets for Agency Family.

3. If you are using information on a child and family from your agency, the method you will use to write the current level of functioning summary statement (developmental age or age ranges) will depend on the screening or assessment tool used by your agency. Decide which method you will use for this training. Based on that decision, complete one of the following overhead transparencies:

    a. using developmental ages:
        #26 - write a Current Level of Functioning Summary
              Statement;

    b. using age ranges:
        #27 - write a Current Level of Functioning Summary
              Statement.

PREPARING FOR THIS WORKSHOP

1. Prepare overhead transparencies of the masters found at the end of this section, in accordance with option chosen:
    a. Michael Jones/developmental ages: 1-14, 22, 23, 28, 29, 30, 31, 35, 36;
    b. Michael Jones/age ranges: 1-14, 24, 25, 28, 29, 30, 31, 35, 36;
    c. agency child/developmental ages: 1-6, 8, 15-21, 22, 26, 28, 32-36;
    d. agency child/age ranges: 1-6, 8, 15-21, 24, 27, 32, 33-36.

2. Duplicate 3 handouts found at the end of this section. Staple Handout #2 (overhead transparencies #3, 4, 5, 35 and 36). In addition, participants will use the I.S.P. forms prepared for the Rationale workshop.

3. Duplicate I.S.P. packets.

4. Determine what role each participant should play on the I.S.P. team. (The Handicap Services Coordinator has the most responsibility in this role play.) At least one day before this workshop is presented, distribute I.S.P. packets to participants with instructions on what to review and how to review them. (See instruction sheet in Appendix F.)

5. Have available an overhead projector, movie screen and transparency marking pens.

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DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This workshop will be conducted in five parts. In section A, the trainer
introduces what a current level of functioning statement is and how it
is written. In section B, the trainer explains how to complete I.S.P.
worksheets for the educational area; and in small groups, participants
complete I.S.P. worksheets for all developmental areas. In section C,
an explanation of how to write a summary statement for the current level
of functioning is presented by the trainer; and participants, in small
groups, write a summary statement. In section D, the trainer explains
how to fill out I.S.P. worksheets for the areas of social services, health/
nutrition and parent involvement; participants complete these worksheets,
working in small groups. Section E is a summary of the workshop on
current level of functioning and is presented by the trainer.

You will present Section A in its entirety.

Section B, Completing I.S.P. Worksheets for the Educational Area, is
divided into two sections:
    1. Using Michael Jones
    2. Using Agency Child
You will present only one of these sections; your choice of which section
to use is based on which child you have chosen t use for this workshop.

Section C, Writing the Current Level of Functioning Summary Statement,
is divided into four sections:
    1. Using Michael Jones/Developmental Ages
    2. Using Agency Child/Developmental Ages
    3. Using Michael Jones/Age Ranges
    4. Using Agency Child/Age Ranges
You will only present one of these sections; your choice of which section
to use is based on which child you are using (Michael Jones or an agency
child) and which method of writing the current level of functioning you
have chosen to use (developmental ages or age ranges).

Section D, Completing the I.S.P. Worksheets for the Social Services, Parent Involvement and Health/Nutrition Areas, is divided into two sections:

1. For Jones Family
2. For Agency Family

You will present only one of these sections; your choice of which section to use is based on which child and family you have chosen to use for this workshop.

Section E, Summary, is presented in its entirety.

A. Introduction

1. Divide participants into assigned I.S.P. teams. Distribute all handouts.

2. Display overhead transparency #1 and refer to Handout #1.
   "The development of the I.S.P. can be likened to the itinerary of a trip across the United States. The current level of functioning is the same as the point of departure, or the point from which our trip, the development of the I.S.P., begins."

   "The current level of functioning is a statement describing the child's strengths and needs in each educational area. This statement is written by using information from screening, assessment, the diagnostic report, classroom observations, and parent input, and must be organized in a systematic way."

3. Display overhead transparency #2.
   "I.S.P. worksheets can be used to organize the different pieces of information that have been gathered on a child and family in a systematic way and to give a profile of the child's and family's strengths and needs. While filling out the worksheets as a team, team members are able to express concerns and share background information needed for planning a comprehensive program."

   "The worksheets are divided into component areas: health/nutrition, social services, parent involvement, and education which

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is further divided into developmental areas (motor, language, cognitive, social/behavior and self-help). Each of these component areas is divided into strengths, needs (child), expressed needs (family), comments, and long-term goals."

Display overhead transparencies #3, 4 and 5, blank I.S.P. worksheets for the education area.

NOTE TO THE TRAINER: The completion of the I.S.P. worksheets is not absolutely necessary in the development of the I.S.P., although it does assist Head Start staff and parents in summarizing all pertinent information. If you choose to use the worksheets as a part of your I.S.P. development plan, they can be partially filled out at the Special Home Visit with parents and completed at the I.S.P. Conference. For the purpose of this training, the worksheets will be completed at the I.S.P. Conference.

4. Display overhead transparency #6, a sample I.S.P. worksheet page which is partially completed. Ask participants from which piece of information each statement might have come.

5. Read the following pieces of information and ask participants where they might record them on their worksheets:

  -from a diagnostic report:

  -a child is functioning in the cognitive area at 2 years on the Bailey

  -from a teacher's progress report:

  -child can climb stairs without aid

  -goes to bathroom on own

  -does not participate in group activities

  -from a parent questionnaire:

  -child enjoys talking to puppets

  -child can prepare own breakfast

  -from a family assessment tool:

  -the father would like to obtain his G.E.D.

  -family has a garden

-from an educational assessment:

-can name three colors

-cannot climb stairs alternating feet

-can use butter knife to spread soft toppings.

B. Completing I.S.P. Worksheets for the Educational Area

1. Using Michael Jones

Display overhead transparency #7, role play steps. Review each step
with participants, giving this additional information:

*share information one piece at a time starting with the
most recently completed. This is usually the educational
assessment.

*list approximately four to eight strengths and needs in
each area, making sure that the number is fairly equal.

*list the skills most recently learned as strengths and
the skills most likely to be acquired next as the needs.

*try to include at least one skill from each strand area.
Display overhead transparency #8, a list of strand skills
in each area (Handout #3).

*Although there will be only one recorder at a real I.S.P.
Conference, each participant should record on his/her work-
sheets for practice.

NOTE: Name tags can be worn with role titles to help identify par-
ticipants in the role play. The Handicap Services Coordinator is
responsible for keeping the meeting moving and making sure everyone
has the opportunity to participate.

Working as a large group, choose one developmental area. Record the
strengths and needs in this developmental area from the educational
assessment onto the corresponding overhead transparency, while par-
ticipants transcribe this information onto their I.S.P. worksheets.
After this is completed, go through each remaining piece of information
(as listed on transparency #7) and record the strengths and needs for
the selected developmental area on the overhead transparency while
participants continue to transcribe on their I.S.P. worksheets.

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Redisplay overhead transparency #7. Participants now work in their
I.S.P. teams, completing their I.S.P. worksheets in the educational
areas as outlined. Allow 45 minutes to an hour for this activity.
Circluate to offer feedback, suggestions, encouragement, etc.

Display overhead transpare cies #9-14, completed I.S.P. worksheets
for Michael. Have participants compare their worksheets with these.
Explain that there are no set ules for placing a piece of informa-
tion in any one specific place. Participants should add to their
worksheets any additional information not written on theirs.

2. Using Agency Child

Display overhead transparency #15, role play steps. Review each step
with participants, giving this additional information:

*share information one piece at a time starting with the most
recently completed. This is usually the educational assess-
ment.

*list approximately four to eight strengths and needs in each
area, making sure that the number is fairly equal.

*list the skills most recently learned as strengths and the
skills most likely to be acquired next at the needs.

*try to include at least one skill from each strand area.
Display overhead transparency #8, a list of strand skills
in each area (Handout #3).

*Although there will be only one recorder at a real I.S.P. Con-
ference, each participant should record on his or her worksheets
for practice.

NOTE: Name tags can be worn with role titles to help identify par-
ticipants in the role play. The Handicap Services Coordinator is
responsible for keeping the meeting moving and making sure everyone
has the opportunity to participate.

Working as a large group, choose one developmental area. Record the
strengths and needs in this developmental area from the educational
assessment onto the corresponding overhead transparency, while par-

ticipants transcribe this information onto their I.S.P. worksheets. After this is completed, go through each remaining piece of information (as listed on transparency #15) and record the strengths and needs for the selected developmental area on the overhead transparency while participants continue to transcribe on their I.S.P. worksheets.

Redisplay overhead transparency #15. Participants now work in their I.S.P. teams, completing their I.S.P. worksheets in the educational area as outlined. Allow 45 minutes to an hour for this activity. Circulate to offer feedback, suggestions, encouragement, etc.

Display overhead transparencies #16-21, completed I.S.P. worksheets. Have participants compare their worksheets with these. Explain that there are no set rules for placing a piece of information in any one specific place. Participants should add to their worksheets any additional information not written on theirs.

C. Writing the Current Level of Functioning Summary Statement

1. Using Michael Jones/Developmental Ages

"It is now necessary to summarize the information from the I.S.P. worksheets into a summary statement for the I.S.P. Using the developmental ages from the Alpern-Boll, which have been recorded on the I.S.P. worksheets, it is possible to write this summary statement. This is done by listing the child's developmental age in each educational area. Also include the source of that information, for example, the Alpern-Boll Developmental Profile and a directive to refer to the I.S.P. worksheets (which are attached to the I.S.P. itself) for a more detailed breakdown of strengths and needs."

Display and review overhead transparency #22; a sample current level of functioning summary statement.

Dire_ participants to continue working as I.S.P. teams and write

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the current level of functioning summary statement for Michael on
the I.S.P.

Display overhead transparency #23. Encourage questions and comments
from participants as they compare their statements with the example.

2. Using Agency Child/Developmental Ages

"It is now necessary to summarize the information from the I.S.P.
worksheets into a summary statement for the I.S.P. Using the devel-
opmental ages from your standardized tool, which have been recorded
on the I.S.P. worksheets, it is possible to write the summary state-
ment. This is done by listing the child's developmental age in each
educational area. Also include the source of that information and
a directive to refer to the I.S.P. worksheets (which are attached
to the I.S.P. itself) for a more detailed breakdown of strengths
and needs."

Display and review overhead transparency #22, a sample current level
of functioning summary statement.

Direct participants to continue working as I.S.P. teams and write
the current level of functioning summary statement on the I.S.P.

Display overhead transparency #26. Encourage questions and comments
from participants as they compare their statements with the example.

3. Using Michael Jones/Age Ranges

"It is now necessary to summarize the information from the I.S.P.
worksheets into a summary statement for the I.S.P. Using age ranges
from the Portage Guide to Early Education Checklist, it is possible
to write this summary statement. This is done by looking at each
developmental area to find the age range which contains both checks
(√) and Xs and listing that age range for each area. Also include
the source of that information and a directive to refer to the I.S.P.
worksheets (which are attached to the I.S.P. itself) for a more de-
tailed breakdown of strengths and needs."

Display and review overhead transparency #24, a sample current level of functioning statement.

Direct participants to continue working as I.S.P. teams and write the current level of functioning summary statement for Michael on the I.S.P.

Display overhead transparency #25. Encourage questions and comments from participants as they compare their statements with the example.

4. Using Agency Child/Age Ranges

"It is now necessary to summarize the information from the I.S.P. worksheets into a summary statement for the I.S.P. Using the age ranges from the developmental checklist this agency uses, it is possible to write this summary statement. This is done by looking at each developmental area to find the age range which contains both achieved and unachieved skills and listing that age range for each area. Also include the source of that information and a directive to refer to the I.S.P. worksheets (which are attached to the I.S.P. itself) for a more detailed breakdown of strengths and needs."

Display and review overhead transparency #24, a sample current level of functioning summary statement.

Direct participants to continue working as I.S.P. teams and write the current level of functioning summary statement on the I.S.P.

Display overhead transparency #27. Encourage questions and comments from participants as they compare their statements with the example.

D. Completing the I.S.P. Worksheets for the Social Services, Parent Involvement and Health/Nutrition Areas

1. For the Jones Family

Display transparencies #35 and 36, blank I.S.P. worksheets for the three component areas.

"Even though a current level of functioning summary statement is written only for a child, the I.S.P. worksheets will be completed for the other component areas as a means of organizing information about the family's strengths and expressed needs in a systematic fashion. This information will not be summarized into a summary statement as it was for the education areas."

Display overhead transparency #28, a sample I.S.P. worksheet page which is partially completed. Ask participants from which piece of information each statement might have come.

Read the following pieces of information and ask participants where they might record them on their worksheets:

        -behavior management problems at home

        -unable to attend meetings during the day

        -needs information on Winterization program

Explain that there are no set rules for placing any piece of information in a specific place.

Working as a large group, go through the first piece of information listed on transparency #29. Transcribe all pertinent information onto the corresponding overhead transparencies while participants transcribe this information onto their I.S.P. worksheets.

Display overhead transparency #29. Participants now work in their I.S.P. teams, completing their I.S.P. worksheets for the component areas as outlined. Allow participants about 30 minutes for this activity. Circulate to offer feedback, suggestions, encouragement, etc.

Display overhead transparencies #30 and 31. Encourage discussion and comments as the participants compare their worksheets with the examples.

2. For Agency Family

Display transparencies #35 and 36, blank I.S.P. worksheets for the

three component areas.

"Even though a current level of functioning summary statement is
written only for the child, the I.S.P. worksheets will be completed
for the other component areas as a means of organizing information
about the family's strengths and expressed needs in a systematic
fashion. This information will not be summarized into a summary
statement as it was for the education areas."

Display overhead transparency #28, a sample I.S.P. worksheet page
which is partially completed. Ask participants from which piece
of information each statement might have come.

Read the following pieces of information and ask participants where
they might record them on their worksheets:
> -behavior management problems at home
>
> -unable to attend meetings during the day
>
> -needs information on Winterization program

Explain that there are no set rules for placing any piece of information
in a specific place.

Working as a large group, go through the first piece of information listed
on transparency #32. Transcribe all perti er.. information onto the
corresponding overhead transparencies while participants transcribe this
information onto their I.S.P. worksheets.

Display overhead transparency #32. Participants now work in their I.S.P.
teams, completing their I.S.P. worksheets for the component areas as
outlined. Allow participants about 30 minutes for this activity.
Circulate to offer feedback, suggestions, encouragement, etc.

Display overhead transparencies #33 and 34. Encourage discussion and
comments as the participants compare their worksheets with the examples.

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E. Summarize this workshop with the following points:

1. educational and family assessment tools are important in obtain-
    ing a comprehensive summary of the child's and family's strengths
    and needs/expressed needs;

2. the information gathered on these tools is organized on I.S.P.
    worksheets. The educational information is then further summa-
    rized into a Current Level of Functioning summary statement;

3. the I.S.P. worksheets are attached to the I.S.P. because they
    give a more complete overview of the child's current level of
    functioning than the summary statement;

4. the worksheets can be partially filled out at the Special Home
    Visit with the parents and then completed at the I.S.P. Conference.

Current Level of Functioning

The development of the I.S.P. can be likened to the itinerary of a trip across the United States. The current level of functioning is the same as the point of departure or the point from which our trip, or the development of the I.S.P., begins. A current level of functioning is a written statement which outlines the child's educational strengths and needs in each developmental area. It is the first task accomplished at the I.S.P. Conference and is based on information such as screening and assessment results, the diagnostic evaluation, classroom observations, and parent input. Head Start staff, other special services personnel as needed, and parents should participate as a team to summarize this information.

I.S.P. worksheets are used as a systematic way of organizing this information and provide a comprehensive overview of the child and family. The worksheets are divided into component areas: health/nutrition, social services, parent involvement, and education which is further divided into developmental areas (motor, language, cognitive, social/behavior, and self-help). Each of these component areas is divided into strengths, needs (child), expressed needs (family), comments, and long-term goals. These worksheets can be partially filled out with parents at the Special Home Visit and completed at the I.S.P. Conference.

```
|----------------------------------------------------------|
|              I.S.P. WORKSHEETS FOR _____            |
|----------------------------------------------------------|
|              EDUCATIONAL OR COMPONENT AREA               |
|                                                          |
|  STRENGTHS                 NEEDS OR EXPRESSED NEEDS       |
|                                                          |
|                                                          |
|                                                          |
|  COMMENTS:                                               |
|                                                          |
|                                                          |
|                                                          |
|  LONG-TERM GOALS:                                        |
|----------------------------------------------------------|
```

I.S.P. WORKSHEETS FOR

EDUCATIONAL OR COMPONENT AREA

STRENGTHS   NEEDS

                                              OR
                                        EXPRESSED NEEDS

COMMENTS:

LONG TERM GOALS:

FINE MOTOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

GROSS MOTOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

COGNITIVE

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

LANGUAGE

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR:

SELF-HELP

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

SOCIAL/BEHAVIOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR:

FINE MOTOR

STRENGTHS   NEEDS

- USES KEY TO UNLOCK DOOR
- THREADS SMALL BEADS
- GRASPS PENCIL CORRECTLY
- DRAWS CIRCLE, SQUARE AND
  TRIANGLE

COMMENTS:
  USES FREE TIME TO DRAW ON CHALKBOARD, PICTURES ARE UNIDENTIFIABLE
  BUT CHILD DESCRIBES EACH ONE AS A MOVING VEHICLE OR ANIMAL.

LONG-TERM GOALS:

GROSS MOTOR

STRENGTHS   NEEDS

                                    - WALKS BALANCE BEAM BACKWARD
                                    - HOPS ON ONE FOOT 5 TIMES

COMMENTS:
  SEEMS TO BE AFRAID OF HEIGHTS, DOES NOT PLAY ON SEE-SAW OR
  SLIDE.
LONG-TERM GOALS:

ROLE PLAY STEPS

1. THE I.S.P. CONFERENCE WILL BE CONDUCTED WITH EACH PARTICIPANT PLAYING THEIR ASSIGNED ROLE.

2. THE HANDICAP SERVICES COORDINATOR WILL BE THE MODERATOR OF THIS MEETING.

3. INTRODUCE YOURSELVES AND THE ROLE YOU ARE PLAYING TO THE OTHER MEMBERS OF YOUR TEAM.

4. SHARE THE FOLLOWING INFORMATION — ONE PIECE AT A TIME:
   ASSESSMENT — PORTAGE CHECKLIST
   SCREENING — ALPERN-BOLL
   HEALTH RECORDS — PHYSICAL EXAM/PEDIATRIC EVALUATION
   DIAGNOSTIC REPORT — SPEECH EVALUATION
   OTHERS — TEACHER OBSERVATIONS

5. RECORD THE CHILD'S STRENGTHS AND NEEDS ON YOUR WORKSHEETS.

6. DO NOT WRITE LONG-TERM GOALS.

7. USE THE COMMENT SECTION TO RECORD DEVELOPMENTAL AGES, PATTERNS YOU NOTICE, RECOMMENDED TREATMENT, PARENT COMMENTS, EMERGING SKILLS, ETC.

LIST OF STRAND SKILLS

I. LANGUAGE
  A. RECEPTIVE
    1. IDENTIFYING OBJECTS
    2. FOLLOWING DIRECTIONS

  B. EXPRESSIVE
    1. SENTENCE LENGTH/VOCABULARY SIZE
    2. GRAMMAR
    3. ARTICULATION
    4. SPONTANEOUS SPEECH

II. COGNITIVE
  A. MATCH/SORT
  B. DRAW/WRITE
  C. CONCEPTS
    1. POSITION
    2. SIZE
    3. CLASSIFICATION
    4. TIME
    5. DIRECTION
    6. QUANTITIVE
  D. COLORS
  E. COUNTING
  F. SHAPE
  G. EYE/HAND MANIPULATION

III. FINE MOTOR
  A. CUT
  B. WRITE/DRAW
  C. EYE/HAND COORDINATION

IV. GROSS MOTOR
  A. MOVEMENT
    1. WALK, RUN, JUMP, HOP, SKIP
    2. RHYTHM
    3. STAIRS
  B. BALL SKILLS
    1. KICK
    2. THROW/CATCH
  C. BALANCE

V. SELF-HELP
  A. TOILETING
  B. BATHING/GROOMING
  C. EATING
  D. DRESSING

VI. SOCIALIZATION
  A. MANNERS
  B. LEVEL OF PLAY
  C. INDEPENDENCE
  D. RULES
  E. CONVERSATION
  F. INTERACTION WITH PEERS/ADULTS
  G. COMPLIANCE

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I.S.P. WORKSHEET FOR: MICHAEL JONES

FINE MOTOR

STRENGTHS	NEEDS
- SPREADS FINGERS, TOUCHING THUMB TO EACH FINGER	- CUTS ALONG 8" STRAIGHT LINE WITHIN ¼" OF LINE
- MAKES CLAY SHAPES, PUTS TOGETHER WITH 2 TO 3 PARTS	- DRAWS SIMPLE RECOGNIZABLE PICTURES SUCH AS HOUSE, MAN, TREE
- TRACES TEMPLATES	- PRINTS CAPITAL LETTERS, LARGE SINGLE, ANYWHERE ON PAPER
- SNIPS WITH SCISSORS AND CUTS THROUGH A SHEET OF PAPER	

COMMENTS:

MICHAEL IS FUNCTIONING AT 3 YEARS, 2 MONTHS IN THE PHYSICAL AREA AS MEASURED BY THE ALPERN-BOLL. MICHAEL USES HIS RIGHT HAND IN CUTTING AND DRAWING.

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: __Michael Jones__

GROSS MOTOR

STRENGTHS	NEEDS

STRENGTHS

- WALKS BALANCE BOARD FOR-
  WARD AND SIDEWAYS

- JUMPS BACKWARD 6 TIMES

- RUNS CHANGING DIRECTIONS

- MARCHES

- SOMERSAULTS FORWARD

- CLIMBS UP AND SLIDES DOWN
  4-6 FOOT SLIDE

- SWINGS ON SWINGS WHEN
  STARTED IN MOTION

NEEDS

- WALK BALANCE BOARD BACK-
  WARD

- KICK LARGE BALL WHEN ROLLED
  TO HIM

- WALK ON TIPTOE

- WALK UPSTAIRS OR DOWNSTAIRS
  ALTERNATING FEET WHEN NO
  HANDRAIL IS AVAILABLE

- CATCH BALL WITH TWO HANDS

- STAND ON ONE FOOT WITHOUT
  AID 4-8 SECONDS

- PEDAL TRICYCLE, TURNING
  CORNERS

- HOP ON ONE FOOT FOR 5 SUC-
  CESSIVE TIMES

COMMENTS:
   MICHAEL CAN WALK UPSTAIRS ALTERNATING FEET WHEN RAILS ARE
   AVAILABLE. MICHAEL IS FUNCTIONING AT 3 YEARS, 2 MONTHS IN THE
   PHYSICAL AREA AS MEASURED BY THE ALPERN-BOLL.

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: MICHAEL JONES

COGNITIVE

STRENGTHS	NEEDS

STRENGTHS

- NAMES THREE SHAPES

- NAMES THREE COLORS: RED,
  YELLOW, BLUE

- ADDS LEG/ARM TO INCOMPLETE
  MAN

- BUILDS A BRIDGE WITH 3 BLOCKS
  IN IMITATION

- DRAWS A V STROKE IN IMITATION

- GROUPS THINGS TOGETHER BY COLOR,
  FORM, SIZE

- GIVES ONE "MORE"

NEEDS

- DESCRIBES TWO EVENTS OR
  CHARACTERS FROM FAMILIAR
  STORY OR TV PROGRAM

- REPEATS PLAYS WITH WORDS
  AND ACTIONS

- MATCHES 1 TO 1 (3 OR MORE
  OBJECTS)

- POINTS TO LONG AND SHORT

- ARRANGES OBJECTS INTO
  CATEGORIES

- DRAWS DIAGONAL LINES FROM
  CORNER TO CORNER OF 4"
  SQUARE PAPER

- BUILDS PYRAMID WITH 10
  BLOCKS IN IMITATION

COMMENTS:
    MICHAEL IS FUNCTIONING AT THE 3 YEAR, 4 MONTH AGE LEVEL AS
    MEASURED BY THE ALPERN-BOLL

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: __Michael Jones__

LANGUAGE

STRENGTHS	NEEDS
- SAYS "ME" RATHER THAN OWN NAME	- USES "ING" VERB FORM
- CONTROLS VOICE 90% OF THE TIME	- USES REGULAR PLURAL FORMS
- ASKS QUESTIONS, "WHAT'S THIS (THAT)?"	- USES SOME IRREGULAR PAST TENSE FORMS CONSISTENTLY
- CARRIES OUT A SERIES OF TWO RELATED COMMANDS	- USES "THIS" AND "THAT" IN SPEECH
- TELLS SEX WHEN ASKED	- INCREASES THE CORRECT PRODUCTION OF SINGLE CONSONANTS
- HOLDS UP FINGERS TO TELL AGE	- CORRECT PRODUCTION OF COPULA IS IN STRUCTURED SITUATIONS
- POINTS TO PICTURES OF COMMON OBJECTS DESCRIBED BY THEIR USE	- INCREASED VOCABULARY OF FUNCTIONAL TERMS
	- CORRECT PRODUCTION OF /F/ IN ISOLATION

COMMENTS:

   MICHAEL IS FUNCTIONING AT THE 2 YEAR, 10 MONTH AGE LEVEL AS
   MEASURED BY THE ALPERN-BOLL. SPEECH THERAPY RECOMMENDED 1-2
   TIMES WEEKLY. SEE SPEECH REPORT FOR DETAILS.

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: MICHAEL JONES

SELF-HELP

STRENGTHS	NEEDS
- TOILETS INDEPENDENTLY	- PUTS ZIPPER FOOT IN CATCH
- BRUSHES TEETH INDEPENDENTLY	- WASHES FACE AND BATHES SELF EXCEPT BACK, NECK AND EARS
- HELPS SET TABLE BY CORRECTLY PLACING PLATES, NAPKINS AND UTENSILS WITH VERBAL CUES, SPREADS SOFT TOPPING WITH KNIFE AND SERVES SELF AT TABLE	- HANGS UP CLOTHES ON HANGER
	- GOES ABOUT NEIGHBORHOOD WITHOUT CONSTANT SUPER-VISION
- BUCKLES AND UNBUCKLES BELT, PUTS ON OWN COAT AND SHOES	- PUTS TOYS AWAY
- STAYS AWAY FROM COMMON DANGERS	- MAKES OWN BED

COMMENTS:
   MICHAEL IS FUNCTIONING AT THE 3 YEAR, 8 MONTH AGE LEVEL AS
   MEASURED BY THE ALPERN-BOLL. THIS SEEMS TO BE HIS STRONGEST AREA

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: Michael Jones

SOCIAL/BEHAVIOR

STRENGTHS	NEEDS

STRENGTHS

- WORKS ALONE AT CHORE FOR 20-30 MINUTES

- COOPERATES WITH ADULT REQUEST 75% OF THE TIME

- FOLLOWS RULES IN GROUP GAME LED BY ADULT

- WILL TAKE TURNS

- GREETS FAMILIAR ADULTS WITHOUT REMINDERS

- SING AND DANCES TO MUSIC

- HELPS PARENT AROUND THE HOUSE

NEEDS

- ASKS PERMISSION TO USE TOY THAT PEER IS PLAYING WITH

- SAYS "PLEASE" AND "THANK YOU" WITHOUT REMINDER 50% OF TIME

- ANSWERS TELEPHONE, CALLS FOR ADULT OR TALKS TO FAMILIAR PERSON

- STAYS IN OWN YARD AREA

- PLAYS NEAR AND TALKS WITH OTHER CHILDREN WHEN WORKING ON OWN PROJECT

COMMENTS:
MICHAEL IS FUNCTIONING AT THE 3 YEAR AGE LEVEL AS MEASURED BY THE ALPERN-BOLL. TEACHER'S OBSERVATION: SEEMS DETERMINED TO DO THINGS BY HIMSELF. MICHAEL LIKES ANIMALS.

LONG-TERM GOALS:

ROLE PLAY STEPS

1. THE I.S.P. CONFERENCE WILL BE CONDUCTED WITH EACH PARTICIPANT PLAYING THEIR ASSIGNED ROLE.

2. THE HANDICAP SERVICES COORDINATOR WILL BE THE MODERATOR OF THIS MEETING.

3. INTRODUCE YOURSELVES AND THE ROLE YOU ARE PLAYING TO THE OTHER MEMBERS OF YOUR TEAM.

4. SHARE THE FOLLOWING INFORMATION — ONE PIECE AT A TIME:
   ASSESSMENT — _____
   SCREENING — _____
   DIAGNOSTIC REPORT — _____
   HEALTH RECORDS — _____
   OTHERS — _____
   _____
   _____

5. RECORD THE CHILD'S STRENGTHS AND NEEDS ON YOUR WORKSHEETS.

6. DO NOT WRITE LONG-TERM GOALS.

7. USE THE COMMENT SECTION TO RECORD DEVELOPMENTAL AGE, PATTERNS YOU NOTICE, RECOMMENDED TREATMENT, PARENT COMMENTS, EMERGING SKILLS, ETC.

I.E.P. WORKSHEET FOR:

FINE MOTOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR:

GROSS MOTOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

18.1

Current Level of Functioning

COGNITIVE

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR:

LANGUAGE

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

DEVELOPMENTAL PROFILE FOR:

SELF-HELP

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

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I.E.P. WORKSHEET for

SOCIAL/BEHAVIOR

STRENGTHS   NEEDS

COMMENTS:

LONG-TERM GOALS:

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INDIVIDUAL SERVICE PLAN

I.S.P. COMMITTEE

Name

Required:

Teacher
Parent
Chairperson

Optional:

Health/Nutrition Coordinator
Parent Involvement Coordinator
Social Services Coordinator
Mental Health Coordinator
Others

Physical -	4 years, 2 months
Self-Help -	4 years, 8 months
Social -	3 years, 11 months
Academic -	4 years, 0 months
Communication -	3 years, 8 months

INFORMATION FROM: DEVELOPMENTAL
PROFILE/ALPERN-BOLL

Prioritized Long Term Goals:

rition, Social Services, Parent Involvement

INDIVIDUAL SERVICE PLAN

Student	I.S.P. COMMITTEE
Student Name:	Name	Required:
Age:		Teacher
D.O.B.:		Parent
Age:		Chairperson
Placement:		Optional:
		Health/Nutrition Coordinator
		Parent Involvement Coordinator
		Social Services Coordinator
		Mental Health Coordinator
		Others

Level of Functioning:

INFORMATION FROM: DEVELOPMENTAL
                   PROFILE/ALPERN-BOLL

Physical -	3 years, 2 months
Self-Help -	4 years, 4 months
Social -	4 years, months
Academic -	3 years, 4 months
Communication -	2 years, months

Parents are encouraged to request a chronological breakdown.

Prioritized Long Term Goals:

_____

_____

_____

_____

Nutrition, Social Services, Parent Involvement

_____

_____

_____

INDIVIDUAL SERVICE PLAN

Student	I.S.P. COMMITTEE

Student

Name: _____ Jack Powers _____

Parent's Name: _____

Address: _____ Phone: _____

DOB: _____ Age: _____

Date of Conference: _____

I.S.P. COMMITTEE

Name

_____

_____

_____

_____

_____

_____

_____

Required:

Teacher
Parent
Chairperson

Optional:

Health/Nutrition Coordinator
Parent Involvement Coordinator
Social Services Coordinator
Mental Health Coordinator
Others

Current Level of Functioning:

Jack's motor, self-help, and cognitive skills are in the 4-5 year range and his social
and language skills are in the 3-4 year range. Information taken from the Portage Checklist.

See attached worksheets for a more detailed breakdown.

Education   Prioritized Long Term Goals·

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Health/Nutrition, Social Services, Parent Involvement

1. _____

2. _____

3. _____

INDIVIDUAL SERVICE PLAN

Student		I.S.P. COMMITTEE	
		Name	Required:
Name: _____ Michael Jones _____			Teacher
Parent's Name: _____		_____	Parent
Address: _____ Phone: _____		_____	Chairperson
T W: _____ Age: _____			Optional:
Date of Conference: _____		_____	Health/Nutrition Coordinator
		_____	Parent Involvement Coordinator
		_____	Social Services Coordinator
		_____	Mental Health Coordinator
		_____	Others

Current Level of Functioning:

Michael's self-help skills are in the 4-5 year age range, his socialization and cognitive skills are in the 3-4 year age range, his motor skills are in the 3-5 year age range and his language is in the 3-4 year age range. Information taken from the Portage Checklist.

See attached worksheets for a more detailed breakdown.

Education   Prioritized Long Term Goals:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Health/Nutrition, Social Services, Parent Involvement

1. _____

2. _____

3. _____

4. _____

CURRENT LEVEL OF FUNCTIONING:

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CURRENT LEVEL OF FUNCTIONING:

I.S.P. WORKSHEET FOR:_____

HEALTH/NUTRITION

STRENGTHS

- EXPRESSED AN INTEREST IN
  FINDING WAYS TO DECREASE
  FOOD COST WITHOUT CUTTING
  NUTRITIONAL MEALS.

EXPRESSED NEEDS

- LOW BUDGET MEAL RECIPES

- UPDATE YOUNGER CHILD'S
  IMMUNIZATIONS

COMMENTS:

PARENTS HAVE A GARDEN, THERE IS A FOOD CO-OP IN NEIGHBORHOOD

LONG-TERM GOALS:

SOCIAL SERVICES

STRENGTHS

EXPRESSED NEEDS

- LARGER HOUSING

- ATTEND WORKSHOPS ON USING
  COMMUNITY RESOURCES

COMMENTS:

PARENTS HAVE OWN TRANSPORTATION, BABYSITTING NEEDED FOR DAY
WORKSHOPS

LONG-TERM GOALS:

ROLE PLAY STEPS

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. SHARE THE FOLLOWING INFORMATION — ONE PIECE AT A TIME.

    Family Service Plan

    Health Record Form

    Registration Form

    Speech and Language Evaluation

    Pediatric Evaluation

3. RECORD THE FAMILY'S STRENGTHS AND EXPRESSED NEEDS ON YOUR
    I.S.P. WORKSHEETS IN ALL COMPONENT AREAS:

    HEALTH/ NUTRITION

    SOCIAL SERVICE

    PARENT INVOLVEMENT

4. DO NOT WRITE LONG-TERM GOALS

5. USE THE COMMENT SECTION TO RECORD FAMILY RESOURCES,
    RECOMMENDED TREATMENT, PARENT CONCERNS, ETC.

I.S.P. WORKSHEET FOR: Jones Family

HEALTH/NUTRITION

STRENGTHS	EXPRESSED NEEDS
- Michael's general health is good	- Younger daughter complains of frequent earaches
- Michael eats all food served to him at school	- Mother is not sure the meals are adequate
- Michael's hearing is normal	- Immunizations are not up to date
	- Workshop in nutrition

COMMENTS:
   Doctor recommended dental evaluation

LONG-TERM GOALS:

SOCIAL SERVICES

STRENGTHS	EXPRESSED NEEDS
- Mother works	- Needs day care for children
	- Needs financial assistance

COMMENTS:
   Check if transportation is needed
LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: Jones Family

PARENT INVOLVEMENT

STRENGTHS   EXPRESSED NEEDS

- Ms. Jones expressed interest   - workshop in Behavior
  in helping Michael talk   Management
  better

- Can make stuffed animals

COMMENTS:
   Ms. Jones suggested she could make stuffed animals for the
   classroom or show other parents how to make them

LONG-TERM GOALS:

20ュ

ROLE PLAY STEPS

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. SHARE THE FOLLOWING INFORMATION — ONE PIECE AT A TIME.

3. RECORD THE FAMILY'S STRENGTHS AND EXPRESSED NEEDS ON
   YOUR I.S.P. WORKSHEETS IN ALL COMPONENT AREAS:

   HEALTH/NUTRITION

   SOCIAL SERVICE

   PARENT INVOLVEMENT

4. DO NOT WRITE LONG-TERM GOALS.

5. USE THE COMMENT SECTION TO RECORD FAMILY RESOURCES,
   RECOMMENDED TREATMENT, PARENT CONCERNS, ETC.

I.S.P. WORKSHEET FOR:_____

HEALTH/NUTRITION

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-TERM GOALS:

SOCIAL SERVICES

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR _____

PARENT INVOLVEMENT

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-T   ! GOALS:

I.S.P. WORKSHEET FOR:_____

HEALTH/NUTRITION

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-TERM GOALS:

SOCIAL SERVICES

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-TERM GOALS:

I.S.P. WORKSHEET FOR: _____

PARENT INVOLVEMENT

STRENGTHS   EXPRESSED NEEDS

COMMENTS:

LONG-TERM GOALS:

OVERVIEW

The second step in writing an Individual Service Plan is projecting long-term goals. Long-term goals are broad statements of what the child and parent will accomplish by the end of the school year. Based on all of the gathered information, the I.S.P. team writes long-term goals for each area: health, nutrition, parent involvement, social services and education (one goal for each developmental area).

Long-term goals are written differently for parents and children. Educational long-term goals can be written two ways: by pinpointing a developmental age as the end point or by using a developmental checklist and pinpointing the specific skills a child will acquire by the end of the year. For example:

> John will increase his fine motor skills to the
> 4 year, 2 month level as measured by the Alpern-
> Boll Developmental Profile by June 1. (Develop-
> mental age)
>
> Mary will perform all items in the self-help area
> on the Portage Checklist up to #88 by June 1.
> (Developmental checklist)

The first method requires the use of a standardized instrument which yields a developmental age and a post-test at the end of the year to assess actual progress. The second method uses a developmental checklist which provides a sequence of skills in each area and on-going evaluation. The screening and assessment tools used by an agency dictate which method will be used.

Long-term goals for other component areas - health, nutrition, social services and parent involvement are written using the expressed needs indicated in the component assessment tool. These goals are broad statements

written to include any needs that might arise during the year.

As a result of this session, participants will:
1. state the three-part formula for long-term goals;
2. discuss the considerations involved in writing long-term goals;
3. write five educational long-term goals; and
4. write long-term goals for the health, nutrition, parent involvement and social services components.

BACKGROUND FOR THE TRAINER

The following books are recommended as additional sources of information about long-term goals. They are referenced in Appendix A.

> Screening, Assessment, and Educational Programming Preschool Handicapped Children: A Primer, pages 27-38;

> Writing Long-Term and Short-Term Objectives: A Painless Approach, pages 1-48.

Appendix B, pages 39-56, contains additional information about long-term goals.

PRE-WORKSHOP TASKS

If you are using the information on a child and family from your program for the development of the I.S.P., decide which method you will use to write the child's long-term goals (developmental age or developmental checklist) and use the information available to complete the following overhead transparencies:

    a. using developmental age
        #9 - list specific considerations for your child
        #10 - list specific considerations for your child
        #11 - list specific considerations for your child
        #12 - list long-term goals for your child
        #26 - fill in strengths, expressed needs, comments and family name
        #27 - fill in family's name

#28 - list long-term goals for the family

b. using a developmental checklist

#9 - list specific considerations for your child

#18 - list specific considerations for your child

#19 - list specific considerations for your child

#20 - list long-term goals for your child.

PREPARING FOR THE WORKSHOP

1. Prepare overhead transparencies of the masters found at the end of
   this section, based on which option you have chosen to use.
   a. for developmental age/Michael: 1, 2, 3, 4, 5, 6, 7, 8, 21, 22,
      23, 24, 25;
   b. for developmental age/your child: 1, 2, 3, 5, 9, 10, 11, 12, 21,
      26, 27, 28;
   c. for developmental checklist/Michael: 1, 3, 4, 13, 14, 15, 16,
      17, 21, 22, 23, 24, 25;
   d. for developmental checklist/your child: 1, 3, 9, 13, 14, 18, 19,
      20, 21, 22, 26, 27, 28.
2. Duplicate two handouts found at the end of this section. (Handout
   #1 is also overhead transparency #3.) Participants will additionally
   be using the I.S.P. forms found in the Rationale workshop.
3. Read article entitled "Considerations" found at the end of this section.
4. Have available an overhead projector, movie screen and transparency
   marking pens.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This workshop will be conducted in three parts. In Section A, the trainer
introduces the concept of projecting long-term goals for parents and chil-
dren. In Section B, the trainer explains how to write educational long-
term goals for a child, and small groups of participants will write five
educational long-term goals. In Section C, an explanation of writing
long-term goals for parents is presented by the trainer, and small groups
of participants will write three long-term goals for parents.

You will present Section A in its entirety.

Section B, Writing Long-Term Goals for a Child, is divided into four sections:
1. using developmental ages/Michael;
2. using developmental ages/agency child;
3. using a developmental checklist/Michael;
4. using a developmental checklist/agency child.

You will present only one of these sections; your choice of which section to use is based on which child you have chosen to use (Michael Jones or agency child) and which method of writing long-term goals you have chosen to use (developmental ages or developmental checklist).

Section C, Writing Long-Term Goals for Parents, is divided into two sections:
1. for the Jones family;
2. for the Agency family.

You will present only one of these sections; your choice is based upon whether you are using the Jones family, provided in this guide, or whether you are using a family from your agency.

A. Introduction

Distribute handouts #1 and #2.

The concept of long-term goals will be introduced by using the analogy of a trip.

Display overhead transparency #1.

This map of the United States has an itinerary marked on it; the circle is the point of departure, the dashes represent the actual journey, and the X is the final destination, the termination of the trip. Los Angeles, the circle, represents the current level of functioning, the point from which we are beginning our journey. Our final destination, New York City, is the termination of our trip, or the point designated by a long-term goal.

Long-term goals provide teachers and parents with an end point to work toward. They are broad statements of what the child and parent will accomplish by the end of the program year.

Long-term goals are written for each component area. Educational goals - one for each developmental area - are written for the child based on the current level of functioning and other considerations. Parent goals are written for the health, nutrition, parent involvement, and social services areas and are based on the expressed needs identified in the component assessment tools. Parent and child goals are written differently.

There are no "right" answers in projecting long-term goals for a child; based on a careful and thoughtful look at relevant considerations such as learning rate, severity of handicap, program option, etc., the team makes an intelligent "guesstimate" about what the child can accomplish by the end of the program year. Goals set too low can cause staff to lower their expectations and underestimate the child. Goals set too high can lead to frustration, but it is better to over rather than underestimate what a child will be able to do. Parent goals will vary according to the specific expressed needs of each family.

B. Writing Long-Term Goals for a Child
   1. Using developmental ages/Michael
      a. Display overhead transparency #2, covering examples.
         Discuss each part of the formula for long-term goals.
         WHO: child
         WILL DO WHAT: the complete behavior or action that
                       will be achieved
         BY WHAT DATE: the end of the program year
      b. Uncover and discuss the examples.
      c. Display and discuss overhead transparency #3. Participants can
         take notes on Handout #1. (Refer to article entitled "Consider-
         ations" for further information.)

d. Display overhead transparency #4 and discuss Michael's
    specific considerations.

e. Display and discuss overhead transparency #5.

    Note: Either way of stating the long-term goal-by months or
           age level-is acceptable. However, if a child is signi-
           ficantly behind in a developmental area, stating the
           number of months to be gained is preferable to stating
           an age level that will be below the child's chronological
           age. For example, if a child is four years old, is de-
           layed in language by one and a half years, and will be
           in an eight month program, her rate of progress in the
           language area might be eight months. If an age level
           is used in the long-term goal, it would be three years,
           two months, which will be a year and a half below her
           actual age at the end of the year. In cases such as
           this, it is preferable to state that the child will
           increase skills by eight months.

f. Display overhead transparency #6. Do steps 1 and 2 as a group.
    Review the effect of over or underestimating goals. Ask each
    participant to independently do step 3; ask participants to
    share individual answers with whole group. (These are two
    examples of possible long-term goals for Michael: Michael
    will increase language skills by 8 months as measured by the
    Alpern-Boll Developmental Profile by June 1 or Michael will
    increase language skills to the 3 year, 6 month as measured
    by the Alpern-Boll Developmental Profile by June 1.)

g. Display overhead transparency #7. This transparency outlines
    the next task for the I.S.P. team. Allow about 45 minutes for
    this activity.

    Note: On the Alpern-Boll Developmental Profile, fine and gross
           motor skills are combined into a category called physical
           skills, cognitive is called academic, and language is
           called communication.

h. Ask each team to share their projected long-term goals. Display

overhead transparency #8. Remind participants that there are
no "right" answers. Encourage discussion and comments.

i. The last task in writing long-term goals for a child is to
prioritize the long-term goals and write them on the I.S.P.
form. Both parents and teacher decide which areas are of
highest priority.

2. Using developmental ages/agency child

a. Display overhead transparency #2, covering examples.
Discuss each part of the formula for long-term goals.

WHO: child

WILL DO WHAT: the complete behavior or action that will
be achieved

BY WHAT DATE: the end of the program year

b. Uncover and discuss the examples.

c. Display and discuss overhead transparency #3. Participants can
take notes on Handout #1. (Refer to article entitled "Consider-
ations" for further information.)

d. Display overhead transparency #9 and discuss specific consider-
ations.

e. Display and discuss overhead transparency #5.

Note: Either way of stating the long-term goal-by months or
age level-is acceptable. However, if a child is signi-
ficantly behind in a developmental area, stating the
number of months to be gained is preferable to stating
an age level that will be below the child's chronological
age. For example, if a child is four years old, is de-
layed in language by one and a half years, and will be in
an eight month program, her rate of progress in the langu-
age area might be eight months. If an age level is used
in the long term goal, it would be three years, two months,
which will be a year and a half below her actual age at
the end of the year. In cases such as this, it is pre-
ferable to state that the child will increase skills by
eight months.

f. Display overhead transparency #10. Do steps 1 and 2 as a group.
    Review the effects of over or underestimating goals. Ask each
    participant to independently do step 3; ask participants to
    share individual answers with the whole group.

g. Display overhead transparency #11. This transparency outlines
    the next task for the I.S.P. team. Allow about 45 minutes for
    this activity.

h. Ask each team to share their projected long-term goals.
    Display overhead transparency #12. Remind participants that
    there are no "right" answers. Encourage discussion and comments.

i. The last task in writing long-term goals for a child is to
    prioritize the long-term goals and write them on the I.S.P.
    form. Both parents and teacher decide which areas are of
    highest priority.

3. Using a developmental checklist/Michael

    a. Display overhead transparency #13, covering examples.
        Discuss each part of the formula for long-term goals.
        WHO: child
        WILL DO WHAT: the complete behavior or action that will
                       be achieved.
        BY WHAT DATE: the end of the program year

    b. Uncover and discuss the examples.

    c. Display and discuss overhead transparency #3. Participants can
        take notes on Handout #1. (Refer to article entitled "Consider-
        ations" for further information.)

    d. Display overhead transparency #4 and discuss Michael's specific
        considerations.

    e. Display and discuss overhead transparency #14.

    f. Display overhead transparency #15. Do steps 1 and 2 as a group.
        Review the effects of over or underestimating goals. Ask each
        participant to independently do step 3; ask participants to
        share individual answers with whole group. (This is an example
        of a possible long-term goal for Michael: Michael will perform
        all items in the language area on the Portage Checklist up to

#63 by June 1.)

g. Display overhead transparency #16. This transparency outlines
the next task for the I.S.P. team. Allow about 45 minutes for
this activity.

h. Ask each team to share their projected long-term goals. Dis-
play overhead transparency #17. Remind participants that there
are no "right" answers. Encourage discussion and comments.

i. The last task in writing long-term goals for a child is to
prioritize the long-term goals and write them on the I.S.P.
form. Both parents and teacher decide which areas are of
highest priority.

4. Using a developmental checklist/agency child

a. Display overhead transparency #13, covering examples.
Discuss each part of the formula for long-term goals.

WHO: child

WILL DO WHAT: the complete behavior or action that will
be achieved

BY WHAT DATE: the end of the program year

b. Uncover and discuss the examples.

c. Display and discuss overhead transparency #3. Participants can
take notes on Handout #1. (Refer to article entitled "Consider-
ations" for further information.)

d. Display overhead transparency #9 and discuss specific consider-
ations.

e. Display and discuss overhead transparency #14.

f. Display overhead transparency #18. Do steps 1 and 2 as a group.
Review the effects of over or underestimating. Ask each par-
ticipant to independently do step 3; ask participants to share
individual answers with whole group.

g. Display overhead transparency #19. This transparency outlines
the next task for the I.S.P. team. Allow about 45 minutes for
this activity.

h. Ask each team to share their projected long-term goals. Dis-
play overhead transparency #20. Remind participants that there

are no "right" answers. Encourage discussion and comments.

i. The last task in writing long-term goals for a child is to prioritize the long-term goals and write them on the I.S.P. form. Both parents and teachers decide which areas are of highest priority.

C. Writing Long-Term Goals for Parents

1. For the Jones Family

   a. Introduction

   Parent goals are written for the social services, health, nutrition and parent involvement components. They are written differently than for a child because family needs can surface at various times during the year. Long-term goals for parents are based on expressed needs identified on the component assessment tools. These goals are written as broad statements that could include any needs that might arise during the year.

   b. Display overhead transparency #21 which shows the formula for parent long-term goals. Discuss each part of the formula and read the examples. Point out that unless the goal is very specific in nature, for example, obtaining a G.E.D., it is best to write an "umbrella" statement with an end of the year target date, such as: Ms. Smith will care for all of family's nutrition needs by June 1. You can qualify this statement by including needs that must be met immediately, such as: Ms. Smith will care for all of family's nutrition needs including applying for food stamps by June 1. It is necessary to write a goal that will cover any situations or needs that may arise during the year in each area. An inclusive statement guarantees that the immediate needs will be taken care of, and the umbrella part of the statement covers any new needs that may arise during the year. Our ultimate goal, of course, is that Head Start parents become able to independently care for all of their family needs. Even though the target date is most often the end of the

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year, the short-term objectives written for the goals will indicate dates for each step outlined. This means that although the target date for a nutrition goal may be the end of the year, the short-term objective for applying for food stamps will have a due date of November 1. The process of outlining a sequence of short-term objectives helps parents learn the problem-solving skills they need to meet their own needs.

c. Display overhead transparency #22; read each step and the examples.

d. Display overhead transparency #23. As a large group, do each step. (A possible goal: Mrs. Jones will obtain necessary social services for her family including day care and financial assistance by June 1.) Remind participants to write broad statements; specific tasks, such as obtaining day care, will have an earlier completion date as indicated in the short-term objective.

e. Display overhead transparency #   This transparency outlines the next task for the I.S.P. team. Allow about 30 minutes for this task. (If time is limited, assign one area to each team.)

f. At the end of 30 minutes, ask each team to share the long-term goals they wrote. Display overhead transparency #25.

g. The last task of this workshop is to prioritize the long-term goals and write them on the I.S.P. form. Parents determine the order of priority.

2. For Agency Family

a. Introduction
   Parent goals are written for the social services, health, nutrition and parent involvement components. They are written differently than for a child because family needs can surface at various times during the year. Long-term goals for parents are based on expressed needs identified on the component assessment tools. These goals are stated

as broad statements that could include any needs that might arise during the year.

b. Display overhead transparency #21 which shows the formula for parent long-term goals. Discuss each part of the formula and read the examples. Point out that unless the goal is very specific in nature, for example, obtaining a G.E.D., it is best to write an "umbrella" statement, such as: Ms. Smith will care for all of family's nutrition needs by June 1. You can qualify this statement by including needs that must be met immediately, such as: Ms. Smith will care for all of family's nutrition needs including applying for food stamps by June 1.

It is necessary to write a goal that will cover any situations or needs that may arise during the year in each area. An inclusion statement guarantees that the immediate needs will be taken care of, and the umbrella part of the statement covers any new needs that may arise during the year. Our ultimate goal, of course, is that Head Start parents become able to independently care for all of their family needs. Even though the target date is most often the end of the year, the short-term objectives written for the goals will indicate dates for each step outlined. This means that although the target date for a nutrition goal may be the end of the year, the short-term objective for applying for food stamps will have a due date of November 1. The process of outlining a sequence of short-term objectives helps parents learn the problem-solving skills they need to meet their own needs.

c. Display overhead transparency #22; read each step and the examples.

d. Display overhead transparency #26. As a large group, do each step.

e. Display overhead transparency #27. This transparency outlines

the next task for the I.S.P. team. Allow about 30 minutes for this task. If time is limited, assign <u>one</u> area to each team.

f. At the end of 30 minutes, ask each team to share the long-term goals they wrote. Display overhead transparency #28.

g. The last task of this workshop is to prioritize the long-term goal and write them on the I.S.P. form. <u>Parents</u> determine the order of priority.

CURRENT LEVEL OF FUNCTIONING

LONG-TERM GOALS

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LONG-TERM GOALS

WHO	WILL DO WHAT	BY WHAT DATE
child	complete behavior or action that will be achieved	end of school year
CHIP	WILL INCREASE FINE MOTOR SKILLS TO THE 5 YEAR, 2 MONTH LEVEL AS MEASURED BY THE ALPERN BOLL DEVELOPMENTAL PROFILE	BY JUNE 1
STACY	WILL INCREASE COGNITIVE SKILLS BY 8 MONTHS AS MEASURED BY THE ALPERN BOLL DEVELOPMENTAL PROFILE	BY JUNE 1

CONSIDERATIONS

1. HOW DOES THE HANDICAP AFFECT EACH DEVELOPMENTAL AREA?
    WHAT IS THE SEVERITY OF THE HANDICAP?

2. WHAT IS THE CHILD'S RATE OF DEVELOPMENT IN EACH AREA?

3. WHAT PROGRAM OPTION WILL THE CHILD BE ENROLLED IN?
    WHAT IS THE LENGTH OF THE PROGRAM YEAR?

4. WHAT OUTSIDE AND/OR INDIVIDUAL SERVICES WILL BE
    PROVIDED?

5. WHAT IS THE TEACHER/PUPIL RATIO?

6. WHAT AMOUNT OF PARENT INVOLVEMENT IS ANTICIPATED?

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CONSIDERATIONS

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HOW DOES THE HANDICAP AFFECT EACH EDUCATIONAL AREA? WHAT IS THE SEVERITY OF THE HANDICAP?

1. MICHAEL IS DELAYED APPROXI-MATELY 1½ YEARS IN LANGUAGE. HIS PROGRESS IN THE SOCIALI-ZATION AREA IS RELATED TO HIS DELAYS IN LANGUAGE.

WHAT IS THE RATE OF DEVELOPMENT IN EACH DEVELOPMENTAL AREA?

2. LANGUAGE   68%
   COGNITIVE   80%
   SELF-HELP   88%
   FINE/GROSS MOTOR   76%
   SOCIALIZATION   72%

WHAT PROGRAM OPTION WILL THE CHILD BE ENROLLED IN? WHAT IS THE LENGTH OF THE PROGRAM YEAR?

3. CLASSROOM PROGRAM: 4 DAYS A WEEK, 3 HOURS A DAY, 8 MONTHS.

WHAT OUTSIDE AND/OR INDIVI-DUAL SERVICES WILL BE PRO-VIDED?

4. SPEECH/LANGUAGE THERAPY ONE HOUR PER WEEK, 10 MINUTES IN-DIVIDUAL INSTRUCTION 4 TIMES A WEEK.

WHAT IS THE TEACHER/PUPIL RATIO?

5. 1:7

WHAT AMOUNT OF PARENT IN-VOLVEMENT IS ANTICIPATED?

6. MOTHER EXPRESSES CONCERN AND IS WILLING TO WORK WITH MICHAEL ON INDIVIDUAL ACTIVI-TIES AT HOME.

WRITING LONG-TERM GOALS FOR A CHILD
USING A DEVELOPMENTAL AGE

1. FIND A CHILD'S CURRENT DEVELOPMENTAL AGE IN ONE EDUCATIONAL
   AREA FROM A STANDARDIZED TEST.

2. DETERMINE HOW MANY MONTHS YOU THINK THE CHILD WILL INCREASE
   IN THIS AREA BY THE END OF THE YEAR.
   *REMEMBER THE CONSIDERATIONS WHEN MAKING THIS GUESSTIMATE.

3. WRITE THE LONG-TERM GOAL BY: 1. STATING THE NUMBER OF
   MONTHS THE CHILD WILL IMPROVE; OR 2. BY PROJECTING THE CHILD'S
   DEVELOPMENTAL AGE LEVEL BY THE END OF THE YEAR.

EXAMPLES

SHARON	WILL INCREASE HER COGNITIVE SKILLS TO THE 4 YEAR 2 MONTH LEVEL AS MEASURED BY THE ALPERN/BOLL DEVELOP-MENTAL PROFILE	BY JUNE 1.
JASON	WILL INCREASE HIS LANGUAGE SKILLS BY 9 MONTHS AS MEASURED BY THE ZIMMERMAN PRE-SCHOOL LANGUAGE SCALE.	BY JUNE 1.

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1. FIND MICHAEL'S DEVELOPMENTAL AGE IN THE LANGUAGE AREA
    ON THE ALPERN/BOLL DEVELOPMENTAL PROFILE.

2. REVIEW THESE CONSIDERATIONS:
    * MICHAEL IS 4 YEARS, 2 MONTHS
    * HE WILL RECEIVE 8 MONTHS OF INSTRUCTION
    * MICHAEL'S HANDICAPPING AREA IS LANGUAGE. HE IS DELAYED
      APPROXIMATELY 1½ YEARS IN THIS AREA
    * HE WILL RECEIVE 10 MINUTES OF INDIVIDUAL INSTRUCTION DAILY
    * THE TEACHER/PUPIL RATIO IS 1:7
    * HE WILL BE IN THE CENTER 3 HOURS PER DAY, 4 DAYS A WEEK
    * MS. JONES IS WILLING TO WORK WITH MICHAEL ON INDIVIDUAL
      ACTIVITIES AT HOME
    * MICHAEL WILL RECEIVE SPEECH/LANGUAGE THERAPY 1 HOUR PER WEEK

3. WRITE A COMPLETE LONG-TERM GOAL BY: 1. STATING THE NUMBER
    OF MONTHS HE WILL IMPROVE; OR 2. BY PROJECTING HIS DEVEL-
    OPMENTAL AGE LEVEL BY THE END OF THE YEAR.

WHO	WILL DO WHAT	BY WHAT DATE
1. BY THE NUMBER OF MONTHS	WILL INCREASE _____ SKILLS BY _____ MONTHS AS MEASURED BY THE _____	
2. BY AGE LEVEL	WILL INCREASE _____ SKILLS TO THE _____ AGE LEVEL AS MEASURED BY THE _____	

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INSTRUCTIONS FOR WRITING LONG-TERM GOALS FOR

MICHAEL USING A DEVELOPMENTAL AGE

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. WRITE LONG-TERM GOALS ON YOUR I.S.P. WORKSHEETS IN THE
   AREAS OF COGNITION, SOCIAL/BEHAVIOR, FINE MOTOR, GROSS
   MOTOR, AND SELF-HELP.

3. REMEMBER THESE CONSIDERATIONS WHEN PROJECTING LONG-TERM
   GOA. ; FOR MICHAEL:
   * MICHAEL IS 4 YEARS, 2 MONTHS
   * HE WILL RECEIVE 8 MONTHS OF INSTRUCTION
   * MICHAEL'S HANDICAPPING AREA IS LANGUAGE. HE IS DELAYED
     APPROXIMATELY 1½ YEARS IN THIS AREA
   * HE WILL RECEIVE 10 MINUTES OF INDIVIDUAL INSTRUCTION
     DAILY
   * THE TEACHER/PUPIL RATIO IS 1:7
   * HE WILL BE IN THE CENTER 3 HOURS PER DAY, 4 DAYS A WEEK
   * MS. JONES IS WILLING TO WORK WITH MICHAEL ON INDIVIDUAL
     ACTIVITIES AT HOME
   * MICHAEL WILL RECEIVE SPEECH/LANGUAGE THERAPY 1 HOUR
     PER WEEK

MICHAEL'S LONG-TERM GOALS USING DEVELOPMENTAL AGES

1. MICHAEL WILL INCREASE COGNITIVE SKILLS TO THE 4 YEAR, 2 MONTH
    LEVEL AS MEASURED BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE
    BY JUNE 1.
    <div align="center">(AGE LEVEL)</div>

    MICHAEL WILL INCREASE COGNITIVE SKILLS BY 10 MONTHS AS MEASURED
    BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(NUMBER OF MONTHS)</div>

2. MICHAEL WILL INCREASE SOCIAL/BEHAVIOR SKILLS TO THE 3 YEAR, 8
    MONTH LEVEL AS MEASURED BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE
    BY JUNE 1.
    <div align="center">(AGE LEVEL)</div>

    MICHAEL WILL INCREASE SOCIAL/BEHAVIOR SKILLS BY 8 MONTHS AS
    MEASURED BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(NUMBER OF MONTHS)</div>

3. MICHAEL WILL INCREASE PHYSICAL SKILLS TO THE FOUR YEAR LEVEL
    AS MEASURED BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(AGE LEVEL)</div>

    MICHAEL WILL INCREASE PHYSICAL SKILLS BY 10 MONTHS AS MEASURED
    BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(NUMBER OF MONTHS)</div>

4. MICHAEL WILL INCREASE SELF-HELP SKILLS TO AGE LEVEL AS MEASURED
    BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(AGE LEVEL)</div>

    MICHAEL WILL INCREASE SELF-HELP SKILLS BY 14 MONTHS AS MEASURED
    BY THE ALPERN/BOLL DEVELOPMENTAL PROFILE BY JUNE 1.
    <div align="center">(NUMBER OF MONTHS)</div>

CONSIDERATIONS

1. HOW DOES THE HANDICAP AFFECT   1.
    EACH EDUCATIONAL AREA? WHAT
    IS THE SEVERITY OF THE HANDICAP?

2. WHAT IS THE CHILD'S RATE OF   2.
    DEVELOPMENT IN EACH AREA?

3. WHAT PROGRAM OPTION WILL THE   3.
    CHILD BE ENROLLED IN? WHAT
    IS THE LENGTH OF THE PROGRAM
    YEAR?

4. WHAT OUTSIDE AND/OR INDIVIDUAL   4.
    SERVICES WILL BE PROVIDED?

5. WHAT IS THE TEACHER/PUPIL   5.
    RATIO?

6. WHAT AMOUNT OF PARENT IN-   6.
    VOLVEMENT IS ANTICIPATED?

Long-Term Goals
Overhead Transparency #10

1. FIND THE CHILD'S DEVELOPMENTAL AGE IN THE LANGUAGE AREA.

2. REVIEW THESE CONSIDERATIONS:

3. WRITE A COMPLETE LONG-TERM GOAL BY 1. STATING THE NUMBER OF
   MONTHS THE CHILD WILL IMPROVE; OR 2. PROJECTING THE CHILD'S
   DEVELOPMENTAL AGE LEVEL BY THE END OF THE YEAR.

WHO	WILL DO WHAT		BY WHAT DATE
	1. BY THE NUMBER OF MONTHS	WILL INCREASE _____ SKILLS TO THE _____ AGE LEVEL AS MEASURED BY THE _____	
	2. BY AGE LEVEL	WILL INCREASE _____ SKILLS BY _____ MONTHS AS MEASURED BY THE _____	

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INSTRUCTIONS FOR WRITING LONG-TERM GOALS
USING A DEVELOPMENTAL AGE

1. CONTINUE WORKING IN AN I.S.P. TEAM.

2. WRITE THE LONG-TERM GOALS ON YOUR I.S.P. WORKSHEETS IN
   THE AREAS OF COGNITION, SOCIAL/BEHAVIOR, FINE MOTOR,
   GROSS MOTOR AND SELF-HELP.

3. REMEMBER THESE CONSIDERATIONS WHEN PROJECTING LONG-TERM
   GOALS:

LONG-TERM GOALS
USING DEVELOPMENTAL AGES

1.

2.

3.

4.

5.

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LONG-TERM GOALS

WHO	WILL DO WHAT	BY WHAT DATE
child	complete behavior or action that will be achieved	end of school year
SUSAN	WILL PERFORM ALL ITEMS IN THE SELF-HELP AREA ON THE PORTAGE CHECKLIST UP TO #89 EXCLUDING #88	BY JUNE 1
JOHN	WILL PERFORM ALL ITEMS IN THE FINE MOTOR AREA ON THE LEARNING ACCOMPLISHMENT PROFILE UP TO # 36·	BY JUNE 1
SAM	WILL PERFORM ALL ITEMS IN THE COGNITIVE AREA ON THE MARSHALLTOWN BEHAVIORIAL DEVELOPMENTAL PROFILE UP TO #59	BY JUNE 1

WRITING LONG-TERM GOALS FOR A CHILD
USING A DEVELOPMENTAL CHECKLIST

1. LOOK AT THE CHILD'S PRESENT BEHAVIORS ON THE CHECKLIST.

2. BEGIN WITH THE FIRST ITEM THE CHILD CANNOT DO AND MOVE
    AHEAD ON THE CHECKLIST UNTIL YOU HAVE FOUND THE HIGHEST
    SKILL YOU THINK THE CHILD WILL ACHIEVE BY THE END OF THE
    SCHOOL YEAR.
    *REMEMBER THE CONSIDERATIONS WHEN MAKING THIS GUESSTIMATE.

3. WRITE THE LONG-TERM GOAL BY STATING THE HIGHEST SKILL TO
    BE ACHIEVED AND EXCLUDE ANY ITEMS THAT ARE INAPPROPRIATE.

EXAMPLES

KAREN   WILL PERFORM ALL ITEMS IN THE   BY JUNE 1.
                     SELF-HELP AREA ON THE PORTAGE
                     CHECKLIST UP TO #98 EXCLUDING #88.

TOM   WILL PERFORM ALL ITEMS IN THE   BY JUNE 1.
                     GROSS MOTOR AREA ON THE LEARNING
                     ACCOMPLISHMENT PROFILE UP TO #53

1. LOOK AT THE SKILLS MICHAEL HAS IN THE LANGUAGE AREA
   ON THE PORTAGE CHECKLIST.

2. REVIEW THESE CONSIDERATIONS:
   * MICHAEL IS 4 YEARS, 2 MONTHS
   * HE WILL RECEIVE 8 MONTHS OF INSTRUCTION
   * MICHEAL'S HANDICAPPING AREA IS LANGUAGE. HE IS DELAYED
     APPROXIMATELY 1½ YEARS IN THIS AREA
   * HE WILL RECEIVE 10 MINUTES OF INDIVIDUAL INSTRUCTION
     DAILY
   * THE TEACHER/PUPIL RATIO IS 1:7
   * HE WILL BE IN THE CENTER 3 HOURS PER DAY, 4 DAYS A WEEK
   * MS. JONES IS WILLING TO WORK WITH MICHAEL ON INDIVIDUAL
     ACTIVITIES AT HOME
   * MICHAEL WILL RECEIVE SPEECH/LANGUAGE THERAPY 1 HOUR PER
     WEEK

3. WRITE A COMPLETE LONG-TERM GOAL BY STATING THE HIGHEST
   SKILL TO BE GAINED BY THE END OF THE YEAR.

WHO	WILL DO WHAT	BY WHAT DATE
	WILL PERFORM ALL ITEMS IN THE _____ AREA ON THE _____ UP TO NUMBER _____ (EXCLUDING ANY INAPPROPRIATE SKILLS)	

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INSTRUCTIONS FOR WRITING LONG-TERM GOALS
FOR MICHAEL USING A DEVELOPMENTAL CHECKLIST

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. WRITE LONG-TERM GOALS ON YOUR I.S.P. WORKSHEETS IN THE
   AREAS OF FINE MOTOR, SELF-HELP, GROSS MOTOR, SOCIALIZATION
   AND COGNITION.

3. REMEMBER THESE CONSIDERATIONS WHEN PROJECTING LONG-TERM
   GOALS FOR MICHAEL:
   * MICHAEL IS 4 YEARS, 2 MONTHS
   * HE WILL RECIEVE 8 MONTHS OF INSTRUCTION
   * MICHAEL'S HANDICAPPING AREA IS LANGUAGE. HE IS DELAYED
     APPROXIMATELY 1½ YEARS IN THIS AREA.
   * HE WILL RECEIVE 10 MINUTES OF INDIVIDUAL INSTRUCTION DAILY
   * THE TEACHER/PUPIL RATIO IS 1:7
   * HE WILL BE IN THE CENTER 3 HOURS PER DAY, 4 DAYS A WEEK
   * MS. JONES IS WILLING TO WORK WITH MICHAEL ON INDIVIDUAL
     ACTIVITIES AT HOME
   * MICHAEL WILL RECEIVE SPEECH/LANGUAGE THERAPY 1 HOUR PER
     WEEK

MICHAEL'S LONG-TERM GOALS
USING A DEVELOPMENTAL CHECKLIST

1. MICHAEL WILL PERFORM ALL ITEMS IN THE SELF-HELP AREA ON THE PORTAGE CHECKLIST UP TO #39 BY JUNE 1.

2. MICHAEL WILL PERFORM ALL ITEMS IN THE FINE MOTOR AREA ON THE PORTAGE CHECKLIST UP TO #112 BY JUNE 1.

3. MICHAEL WILL PERFORM ALL ITEMS IN THE GROSS MOTOR AREA ON THE PORTAGE CHECKLIST UP TO #118 EXCLUDING #s 114 AND 115 BY JUNE 1.

4. MICHAEL WILL PERFORM ALL ITEMS IN THE COGNITIVE AREA ON THE PORTAGE CHECKLIST UP TO #76 BY JUNE 1.

5. MICHAEL WILL PERFORM ALL ITEMS IN THE SOCIALIZATION AREA ON THE PORTAGE CHECKLIST UP TO #69 BY JUNE 1.

1. LOOK AT THE SKILLS THE CHILD HAS IN THE LANGUAGE AREA
    ON THE DEVELOPMENTAL CHECKLIST.

2. REVIEW THESE CONSIDERATIONS:

3. WRITE A COMPLETE LONG-TERM GOAL BY STATING THE HIGHEST
    SKILL TO BE GAINED BY THE END OF THE YEAR.

WHO	WILL DO WHAT	BY WHAT DATE
	WILL PERFORM ALL ITEMS IN THE _____ AREA ON THE _____ UP TO NUMBER _____ (EXCLUDING ANY INAPPROPRIATE SKILLS)	

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INSTRUCTIONS FOR WRITING LONG TERM GOALS

FOR A CHILD USING A DEVELOPMENTAL CHECKLIST

1.   CONTINUE WORKING AS AN I.S.P. TEAM.

2.   WRITE LONG TERM GOALS ON YOUR I.S.P. WORKSHEETS IN THE
     AREAS OF FINE MOTOR, SELF-HELP, GROSS MOTOR, SOCIALIZATION
     AND COGNITION.

3.   REMEMBER THESE CONSIDERATIONS WHEN PROJECTING LONG TERM
     GOALS:

_____'s LONG-TERM GOALS

USING THE _____

1.

2.

3.

4.

5.

LONG-TERM GOALS

WHO	WILL DO WHAT	BY WHAT DATE
parent	complete behavior or action that will be achieved	target date
Ms. SMITH	WILL OBTAIN NECESSARY MEDICAL SERVICES FOR HER FAMILY (INCLUDING UPDATING JIM'S SHOTS)	BY JUNE 1
Ir.& Mrs. ANDERSON	WILL ATTEND PARENT EDUCATION MEETINGS ONCE A MONTH	BY JUNE 1

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WRITING A LONG-TERM GOAL FOR A
FAMILY USING EXPRESSED NEEDS

1. LOOK AT THE I.S.P. WORKSHEETS OR COMPONENT ASSESSMENT
   TOOLS IN ORDER TO REVIEW EXPRESSED NEEDS OF THE FAMILY.

2. CHOOSE A TARGET DATE.

3. WRITE AS A COMPLETE LONG-TERM GOAL.

EXAMPLES

MS. LANDERS	WILL PROVIDE FOR HER FAMILY'S HEALTH CARE NEEDS (INCLUDING UP-DATING JIM'S SHOT RECORD)	BY JUNE 1
MS. O'BRIEN	WILL PARTICIPATE IN A CENTER ACTIVITY AT LEAST ONCE A MONTH	BY JUNE 1
MR. SCOTT	WILL TAKE CARE OF HIS FAMILY'S NUTRITIONAL NEEDS (INCLUDING APPLYING FOR WIC)	BY JUNE 1

WRITING LONG-TERM GOALS FOR THE JONES FAMILY

1. LOOK AT THE SOCIAL SERVICES SECTION ON THE I.S.P. WORKSHEETS.

SOCIAL SERVICES

STRENGTHS

-MOTHER WORKS

EXPRESSED NEEDS

-NEEDS DAY CARE FOR CHILDREN

-NEEDS FINANCIAL ASSISTANCE

COMMENTS: TRANSPORTATION MIGHT BE NEEDED

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2. CHOOSE A TARGET DATE. STATE THE LONG-TERM GOAL IN BROAD TERMS SO IT COULD INCLUDE ANY EXPRESSED NEEDS THAT MIGHT ARISE DURING THE YEAR.

3. WRITE A COMPLETE LONG-TERM GOAL.

INSTRUCTIONS FOR WRITING LONG-TERM GOALS
FOR THE JONES FAMILY

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. WRITE COMPLETE LONG-TERM GOALS ON YOUR WORKSHEETS FOR THE JONES FAMILY USING EXPRESSED NEEDS IN THE AREAS OF NUTRITION, HEALTH, AND PARENT INVOLVEMENT.

LONG-TERM GOALS FOR THE JONES FAMILY

NUTRITION

    MS. JONES WILL PROVIDE FOR THE NUTRITIONAL NEEDS OF
HER FAMILY BY JUNE 1.

HEALTH

    MS. JONES WILL OBTAIN NECESSARY HEALTH SERVICES (INCLUDING
UPDATING IMMUNIZATIONS AND ARRANGING DOCTOR APPOINTMENTS
WHEN NECESSARY) BY JUNE 1.

PARENT INVOLVEMENT

    MS. JONES WILL PARTICIPATE IN AT LEAST ONE CENTER
ACTIVITY A MONTH (TO INCLUDE WORKSHOPS ON NUTRITION
AND BEHAVIOR MANAGEMENT) AND WILL PLAN AND CARRY OUT
ACTIVITIES WITH MICHAEL 10 MINUTES PER DAY BY JUNE 1.

WRITING LONG-TERM GOALS FOR THE _____ FAMILY

1. LOOK AT THE SOCIAL SERVICES SECTION ON THE I.S.P. WORKSHEETS.

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┌─────────────────────────────────────────────────────────────┐
│                      SOCIAL SERVICES                          │
│                                                               │
│   STRENGTHS                          EXPRESSED NEEDS          │
│                                                               │
│                                                               │
│                                                               │
│                                                               │
│                                                               │
│   COMMENTS:                                                   │
│                                                               │
└─────────────────────────────────────────────────────────────┘
```

2. CHOOSE A TARGET DATE. STATE THE LONG-TERM GOAL IN BROAD
   TERMS SO IT COULD INCLUDE ANY EXPRESSED NEEDS THAT MIGHT
   ARISE DURING THE YEAR.

3. WRITE A COMPLETE LONG-TERM GOAL.

INSTRUCTIONS FOR WRITING LONG-TERM GOALS

FOR THE _____ FAMILY

1. CONTINUE WORKING AS AN I.S.P. TEAM.

2. WRITE COMPLETE LONG TERM GOALS ON YOUR WORKSHEETS
    FOR THE _____ FAMILY USING EXPRESSED NEEDS IN
    THE AREAS OF NUTRITION, HEALTH, AND PARENT INVOLVE-
    MENT.

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LONG-TERM GOALS

FOR THE _____ FAMILY

NUTRITION

HEALTH

PARENT INVOLVEMENT

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LONG-TERM GOALS

The second step in developing an Individual Service Plan is projecting long-
term goals. Long-term goals are broad statements of what the child and
parent will accomplish by the end of the school year. Based on all of the
gathered information, the I.S.P. team writes long-term goals for each
component area. Long-term goals provide teachers and parents with an end
point to work toward.

Long-term goals are written for each component area. Educational goals -
one for each developmental area (motor, language, cognitive, social/be-
havior, and self-help) - are written for the child based on the current
level of functioning and other considerations. Parent goals are written
for the health, nutrition, parent involvement, and social services areas
and are based on the expressed needs identified in the component assessment
tool. Parent and child goals are written differently.

There are no "right" answers in projecting long-term goals for a child;
based on a careful and thoughtful look at relevant considerations such
as learning rate, severity of handicap, program option, etc. , the team
makes an intelligent "guesstimate" about what the child can accomplish
by the end of the program year. Goals set too low can cause staff to lower
their expectations and underestimate the child. Goals set too high can
lead to frustration, but it is better to over rather than underestimate
what a child will be able to do. Parent goals will vary according to the
specific expressed needs of each family.

The formula for long term goals is:

WHO	WILL DO WHAT	BY WHAT DATE
CHILD/PARENT	COMPLETE BEHAVIOR OR ACTION THAT WILL BE ACHIEVED	END OF SCHOOL YEAR/ TARGET DATE

CONSIDERATIONS

by Barbara L. Wolfe, Maureen L. Griffin, and Jordana D. Zeger

The projection of long-term goals entails a thoughtful examination of a number of variables. These variables or considerations allow us to make an intelligent "guesstimate" about what a child can accomplish by the end of the program year. They will vary for each child and will affect how much progress each child will make. Examine each of the following considerations for each child, and, based on this information, you will be able to determine long-term goals.

SEVERITY OF HANDICAP

How severe is the handicap? Could the handicapping condition cause developmental lags in any other areas? For example, could a language handicap affect motor development, socialization or self-help skills?

RATE OF DEVELOPMENT

The learning rate or rate of development is equal to: $\dfrac{\text{developmental age}}{\text{chronological age}}$

Convert these ages to months, e.g., four years, two months equals 50 months; then convert the ratio into a percentage by dividing developmental age by chronological age.

For example: A four year, two month old child is performing at the three year, four month level in language. The ratio would look like this:

$$\frac{\text{developmental age}}{\text{chronological age}} = \frac{\text{three years, 4 months}}{\text{four years, two months}} = \frac{40 \text{ months}}{50 \text{ months}} = 80\%.$$

This child's learning rate or rate of development is 80%, that is, this child has learned about 80% of what a normally developing child has learned in this area. This is a rough estimate of what the child's learning rate is. It is not to be used as the single consideration in projecting long-term goals.

PROGRAM OPTION/LENGTH OF PROGRAM

Is the program option classroom, home-based or a combination program? How many days a week, how many hours a day, and for how many months does the program run?

OUTSIDE AND/OR INDIVIDUAL SERVICES AVAILABLE

In the classroom or home, how many times a week and for what time period will individual instruction be received, if at all? For outside agencies, what type of services (speech therapy, occupational therapy, etc.) will be provided, for how many hours a week, and for how many months?

TEACHER/PUPIL RATIO

The teacher/pupil ratio = $\dfrac{\text{number of teachers}}{\text{number of students}}$. For example, in a classroom of 18 students with a teacher and a teacher assistant, the teacher/child ratio is 2:18 or 1:9. Also take into consideration volunteers, foster grandparents, etc.

PARENT INVOLVEMENT

Will the parents work with their child at home? Volunteer in the classroom? Attend parent education meetings? Be an active member of the I.S.P. team?

BEHAVIORAL OBJECTIVES

OVERVIEW

At this point we will be stepping out of the I.S.P. process and learning
to write behavioral objectives. Behavioral objectives are used in writing
both short-term objectives and instructional objectives. Writing short-
term objectives and instructional objectives in behavioral terms will tell
the teacher specifically what to teach and if the child has achieved the
objective.

As a result of this session, participants will:
1. state the components of a behavioral objective; and
2. write four complete behavioral objectives.

BACKGROUND FOR TRAINER

The following readings are recommended as sources of additional information
about behavioral objectives. They are referenced in Appendix A of this
training guide.

> Early Childhood Developmental Disabilities: A Self-paced Course
> for Training Staff to Identify and Integrate Children with
> Handicapping Conditions Into Preschool Programs, Parts 1 and 2;
>
> Screening, Assessment and Educational Programming for Preschool
> Handicapped Children: A Primer, pages 41-45;
>
> Writing Long-Term and Short-Term Objectives, A Painless Approach.

You will find additional information about behavioral objectives in Appendix
B, pages 207-208, of this training guide.

PREPARING FOR THE WORKSHOP

1. Duplicate the transparencies and handouts from the masters at the end
    of this section.
2. Have available an overhead transparency projector, movie screen and
    transparency marking pens.

3. Check the optional activities at the end of this section for specific
    equipment and material needs.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This workshop will be conducted in three parts.
1) A presentation about behavioral objectives using overhead transparencies;
2) group activities to reinforce concepts presented; and
3) completion of a worksheet by individual participants.

1. Introduce this session by telling participants that they will be stepping
    out of the I.S.P. process to learn to write behavioral objectives. Be-
    havioral objectives are used in writing short-term objectives and instruc-
    tional objectives.
2. Present the transparency script with the accompanying transparencies.
    See pages 7-9 of this section.
3. Display transparency #8. As a group, review each objective, identifying
    each part of the behavioral objective. Answers:

    JOHN-BOY/WILL DRAW A SQUARE/ON REQUEST/ 4/4X.

    ERIN/WILL SAY "PLEASE" AND "THANK YOU" WHEN APPROPRIATE/
    WITHOUT REMINDER/ 75% OF THE TIME.

    MARY ELLEN/WILL CORRECTLY TELL HER ADDRESS/ON REQUEST/
    100% OF THE TIME.

    MR. AND MRS. WALTON/WILL ATTEND PARENT MEETINGS AT THE
    CENTER/WHEN SENT A WRITEN REMINDER/75% OF THE TIME.

    JIM-BOB/WILL HOP ON ONE FOOT 5 SUCCESSIVE TIMES/WHEN
    SHOWN HOW 3/4X.

    ELIZABETH/WILL BRUSH TEETH/WITH REMINDERS/TWICE DAILY.

4. Divide participants into groups of 2-3. Display transparency #9. Assign 2 to 3 different behavioral objectives to each group. Ask each group to identify the missing part and supply an appropriate answer for the assigned statements. Ask each group to share their answers. Answers:

1. TRAPPER WILL OPEN A ½-PINT MILK CARTON __"AID"__ 100% OF THE TIME.

2. MARGARET WILL BUILD A PYRAMID OF 10 BLOCKS IN IMITATION __"HOW WELL"__.

3. B.J. __"WILL DO WHAT"__ INDEPENDENTLY DURING STORY-TIME 80% OF THE TIME.

4. RADAR WILL STAND ON ONE FOOT FOR 4-8 SECONDS __"AID"__ 4/4X.

5. COLONEL POTTER WILL VOLUNTEER IN THE CENTER __"AID/HOW WELL"__.

6. HAWKEYE __"WILL DO WHAT"__ WHEN SHOWN HOW 4/4X.

7. KLINGER WILL DRESS HIMSELF COMPLETELY IN MALE CLOTHES __"AID"__ ONCE EACH DAY FOR FIVE CONSECUTIVE DAYS.

8. CHARLES WILL MARCH IN TIME TO MUSIC __"AID"__ 3/3X.

9. FRANK __"WILL DO WHAT"__ WHEN TEACHER GUIDES HIS HAND 3/4X.

10. THE COOK WILL SERVE NUTRITIOUS MEALS (INCLUDING THE BASIC FOUR) WHEN GIVEN RECIPES TO FOLLOW __"HOW WELL"__.

5. With participants in the same groups, display transparency #10.
    There are errors and missing parts in these statements. Assign 2 to 3
    different objectives to each group. Participants must find the error
    and correct it and/or find the missing part and supply a correct one.
    Ask each group to share their answers.   Answers:

    1. BERT WILL IDENTIFY CIRCLE SQUARE AND TRIANGLE ON
        REQUEST 3/3X EACH.
                IDENTIFY IS NOT SPECIFIC.
    2. ERNIE WILL PLAY IN HIS OWN YARD 6/7 DAYS.
                "AID" IS MISSING.
    3. GROVER WILL WRITE HIS NAME WHEN ASKED 1/2X.
                1/2X IS LESS THAN 75%.
    4. COOKIE MONSTER WILL WALK FOR 6' ON A BALANCE BEAM
        RAISED 6" WHEN GIVEN PHYSICAL AID 3/4X.
                "AID" IS NOT SPECIFIC.
    5. THE COUNT WILL RECOGNIZE THE NUMERALS 1-10 WHEN
        GIVEN A MODEL EACH TIME 3/3X.
                RECOGNIZE IS NOT SPECIFIC.
    6. OSCAR WILL NAME COLORS WHEN GIVEN INITIAL SOUND CUES
        1/1X EACH.
                LIST COLORS TO BE LEARNED.
    7. MISS PIGGY WILL NOT HIT KERMIT DURING OPENING TIME
        5/5 DAYS.
                "AID" IS MISSING/NEGATIVELY STATED.
    8. KERMIT WILL BE ABLE TO RECOGNIZE HIS NAME BY POINTING
        TO IT WHEN SHOWN ONCE 3/4X.
                "WILL DO WHAT" IS TOO WORDY.
    9. BIG BIRD WILL DRESS HIMSELF COMPLETELY INCLUDING ALL
        FASTENINGS EXCEPT TIES WHENEVER NECESSARY.
                "AID" IS MISSING.
    10. FOZZY BEAR WILL USE CONTRACTIONS CAN'T, DON'T, WON'T
        WHEN GIVEN PHYSICAL AID 2/2X EACH.
                INAPPROPRIATE TO USE PHYSICAL
                "AID" FOR NAMING SKILLS.

6. Participants should now complete their Behavioral Objectives Worksheet
    (Handout #2). Read through each set of directions with the participants.
    Answer any questions. Reassure the participants that this is not a test,

but an opportunity to practice newly learned skills and receive feedback. This is an independent activity. Circulate and answer any questions. Collect the worksheets.

7. Return the reviewed worksheets as quickly as possible. Be sure to provide positive feedback and alternative solutions to incorrect or inappropriate responses. Answers:

BEHAVIORAL OBJECTIVE WORKSHEET

Complete the following sections:

A. Put a √ mark in front of the phrases in which the "WILL DO WHAT" portion is appropriate to use in a behavioral objective.

___Will listen to a story during story time for five minutes.

√ Will print the first letter of her name

___Will attend to a three-part related direction

___Will identify a triangle, square and circle

√ Will cut along a curved line within ¼" of the line

___Will enjoy singing simple 4-5 line songs

___Will develop a good attitude toward teacher

___Will recognize his name

√ Will make an appointment with Dr. Smith

B. Complete these objectives by adding "WITH WHAT TYPE OF AID".

SUGGESTIONS:

1. Brunfelda will place circle, square and triangle in a formboard _____ 2/2x each.

WHEN SHOWN HOW, WHEN TEACHER GUIDES HANDS

2. Rapunzel will walk up 10 stairs alternating feet _____ _____ 3/4x daily.

WHEN USING A HAND RAIL, WHEN SHOWN HOW

3. Moxie will keep his hands in his lap during group time _____ 4/5 days.

WITH ONE REMINDER, WHEN SHOWN HOW

4. Poindexter will point to 10 animal pictures _____ _____ 10/10 pictures.

IN IMITATION, WITH VERBAL DIRECTIONS

5. Fenimore will snap eight snaps on his jacket _____ 3/3x.

INDEPENDENTLY, WHEN TEACHER GUIDES HAND

C. Make the [illegible]

[illegible]

1. [illegible]

KNOW IS NOT OBSERVABLE
SHOULD BE POINT TO, MATCH OR NAME

2. [illegible] will [illegible] when given physical aid [illegible].

SPECIFY WHAT KIND OF PHYSICAL AID
I.E., WITH "AID" OF A TEMPLATE, WHEN
HAND IS GUIDED

3. Charity will sit in her chair during mealtime 2/2 meals daily.

"AID" IS MISSING

4. [illegible] will draw a [illegible] when given visual aid 4/4x daily.

SPECIFY WHAT KIND OF VISUAL "AID"

5. Delilah will hop forward for five feet when teacher holds her hand 2/3x.

THE "HOW WELL" NEEDS TO BE 75%
OR HIGHER.

D. Write a complete behavioral objective for each one.

WHO/WILL DO WHAT/WITH WHAT TYPE OF AID/HOW WELL

Motor: ____________________

Nutrition: ____________________

Parent Involvement: ____________________

Self-Help: ____________________
rationale for behavioral objectives.)

Transparency #2   "A behavioral objective has four parts: 'Who, Will
Do What, With What Type of Aid, How Well.' Each
part of this formula is written in a specific way.
We will examine each part and look at some examples."

Transparency #3   (Cover up all sections except the "Who".)

"The 'Who' part is the person who is engaging in the

behavior, usually the child or parent."

(Uncover the "Will Do What" part.)

"The 'Will Do What' part states a specific, measurable

and observable action: actions you can see, hear,

count. This part must be written so that there is no

room for misinterpretation. It should pass the 'stranger

test,' that is, any person who reads the 'Will Do What'

part will have the same understanding of it as the

writer. Your choice of action words will help in

writing clear and unambiguous statements."

Transparency #4   "Let's see if you can choose specific observable action

words." (Beginning at the top left, read each word and

have the group decide if it is appropriate for a behav-

ioral objective; that is, specific, observable, and

measurable. Mark each circle. See next page.)

BE CAREFUL!!
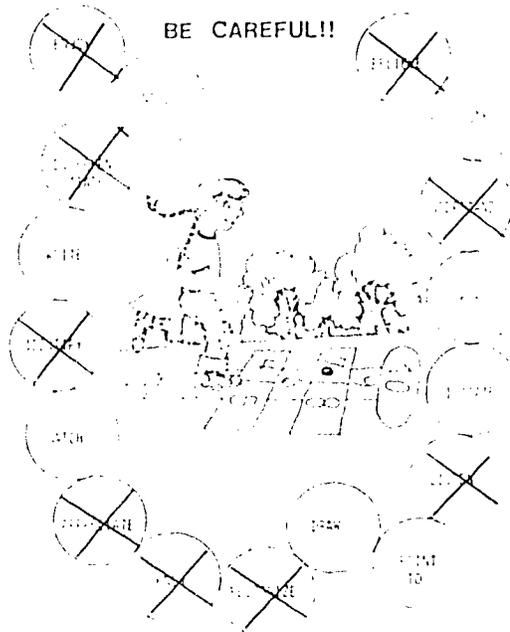
Transparency #4
continued

"As you have discovered, our choice of words is impor-
tant in writing good behavioral objectives."

Transparency #5

(Cover bottom half of transparency.)
"Short and sweet is also a good policy State the
action in a concise, clear way." (Read Mickey's example.)
(Uncover bottom half of transparency.)
"Be sure to write in the positive. The objective   .
should state what you want the child or parent to
accomplish - not what to avoid." (Read Kathy's example.)

Redisplay
Transparency #3

"The third part of a behavioral objective, 'With What
Type of Aid,' indicates the specific assistance the
learner (Who) will have to do the 'Will Do What'."

Transparency #6

(Cover all of transparency except "Aid" examples.)
"Here are some examples of the kinds of 'Aid' you can
use." (Uncover the first three complete examples and
read them aloud asking participants to identify the

"Aid" parts. Uncover the last three examples and generate at least 3 types of aid from the participants for each example.)

"In writing this part of the formula we also need to be specific. This part must also pass the 'stranger test'. With physical aid or with Mom's help is not clear. Indicate exactly what assistance the learner will be given."

Redisplay
Transparency #3
"The fourth and last part of the behavioral objective is the 'How Well'. This part states how successfully the learner must perform the task (Will Do What)."

Transparency #7
"'How Well' can be expressed in three ways: as a fraction, or percentage or in words. The fraction is most often used in determining the criteria or 'how well' for academic skills. Percentage and words are used most often in the self-help or socialization areas when the number of times the child will perform the behavior cannot be controlled. Fractions are the most common method used in expressing 'How Well'. The fraction and the percentage should not be lower than 3/4 or 75%."

Now return to

Optional Activities

Use these activities for reinforcement, in addition to or in place of the
overhead transparency activities, or just to have fun.

1. Behavioral Objectives Relay Race   (Equipment needs: chalkboard and
   chalk, or large sheets of paper and markers.)
   a. Using a chalkboard or large sheet of paper, reproduce this chart:

TEAM NAME	WHO	WHAT	AID	HOW WELL	TEAM NAME	WHO	WHAT	AID	HOW WELL
SELF-HELP					SELF-HELP				
PARENT INVOLVE-MENT					PARENT INVOLVE-MENT				
COGNI-TIVE					COGNI-TIVE				
NUTRI-TION					NUTRI-TION				

The charts can be placed as pictured, or divided down the middle
and hung on opposite walls, back to back, etc. depending on facili-
ties and personal preference.

   b. Divide the participants into two teams. Option: ask each team to
      name themselves and enter names on charts.

   c. Ask the teams to line up. Give the first person in each line a
      writing implement (depending on how your chart is displayed).

   d. Give these directions: when told to start, the first person in
      each line goes to the chart, fills in the first space (Self-Help,
      Who), returns to team line, gives writing implement to next person
      in line, and goes to the end of the line. The next person follows
      the same sequence filling the next space (Self-Help, What) and so

on. (Spaces are filled in from left to right, top to bottom.) Instead of filling in the next empty space, a team member can, instead, change an incorrect answer with a correct response. Both speed and accuracy count. Team members are encouraged to check each other, but not to call out answers.

    e. Make note of which team finishes first, but allow the second team to complete their chart.

    f. Next, read through each chart, asking the opposing team to judge the correctness of each response.

    g. Based on accuracy and speed, you can declare a winner. (If the teams are extremely close in both speed and accuracy, declare a tie.)

    h. "Prizes" can be distributed at your discretion.

2. Balloon Burst* (Equipment needs: balloons and 1" by 6" strips of paper.)

    a. Give each participant a balloon and a strip of paper.

    b. Each participant will: write a complete behavioral objective on the strip of paper; roll the paper up; place it in the balloon; inflate and tie the balloon.

    c. Direct the participants to form a circle.

    d. As they sing "Row Row, Row Your Boat" (or any song of choice), participants are to keep the balloons up in the air.

    e. At the end of a song each participant takes a balloon, not their own, breaks it and extracts the slip of paper.

    f. Each participant reads his/her slip of paper. The group decides if the behavioral objective has the four correct parts.

3. Behavioral Objective Rummy (Developed by Elaine Biech, HSTC-Portage Project) (Materials needed: one deck of 52 cards for each group of seven players. Each deck should be different. See list of a sample deck.)

*(It might be helpful to have the behavioral objective formula on the overhead projector during this activity.)

Directions for Play:

a. The object of this game is to be the first player with a complete
   and correct behavioral objective statement. Four to seven people
   can play with a single deck.

b. Shuffle the deck. Deal cards out face down one at a time, until
   each player has five cards.

c. One card is turned face up to begin the discard pile. The remain-
   ing cards are left in a stack face down next to the discard pile.

d. The first player to the dealer's left may choose the top card from
   the stack or the discard pile. The card may be kept or placed on
   the discard pile. Players should always have five cards in their
   hands.

e. The play continues clockwise around the table until a player has a
   complete and correct behavioral objective. The behavioral objective
   must contain a name, an observable skill, a specific type of assis-
   tance and correct criteria. When this occurs, the player discards
   the extra card and lays down the complete objective.

f. If the stack is depleted, shuffle the discard pile and turn face
   down. Keep in mind that there are incorrect cards included within
   the deck.

g. The game ends when one, all, or any number of players have a complete
   objective.

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	WILL DO WHAT	WITH WHAT TYPE OF AID	HOW WELL
Grace	zip 10" zipper without working the catch	on request	5/5x
Sara		with a model	3/3x
...	... point to ... and butter	when his/her hand is raised	3/4x
Andy	will scribble on paper		4/4x
Thad	will roll clay into balls	with verbal cues	5/6x
Adam	will say please	on request	3/3x
Sue Ellen	will count to 3	in imitation	4/5x
Eustacia	will name red and green	as teacher shows him/her how	6/6x
	will draw a circle		
	will kick large ball when rolled to him/her	with initial model	
		with initial sound cues	
		when asked	

(label at left column: CORRECT CARDS)

INCORRECT CARDS	WILL DO WHAT	WITH WHAT TYPE OF AID	HOW WELL
The child	will behave well	with physical aid	5x
	will attend while a story is read	using a pencil	7/2x
	will recognize the color blue	no condition necessary	2/4x
	will know green and red	when you help him/her	1/5x
	will understand the concept 3	when shown pictures	48/50x
	will listen to his/her mother		

DEFINITION

A BEHAVIORAL OBJECTIVE IS A STATEMENT THAT:

* TELLS WHAT THE LEARNER MUST LEARN OR DO

* IS SPECIFIC, MEASURABLE AND OBSERVABLE

* CONTAINS FOUR PARTS

RATIONALE

BEHAVIORAL OBJECTIVES:

* ASSIST IN PROVIDING INDIVIDUALIZED INSTRUCTION

* TELL EXACTLY WHAT TO TEACH AND WHETHER OR NOT
  THE LEARNER HAS ACHIEVED THE OBJECTIVE

* EASE TRANSFERABILITY OF UNDERSTANDING; THAT IS,
  PERSONNEL CAN CHANGE BUT PROGRAMMING CAN REMAIN
  CONSISTENT.
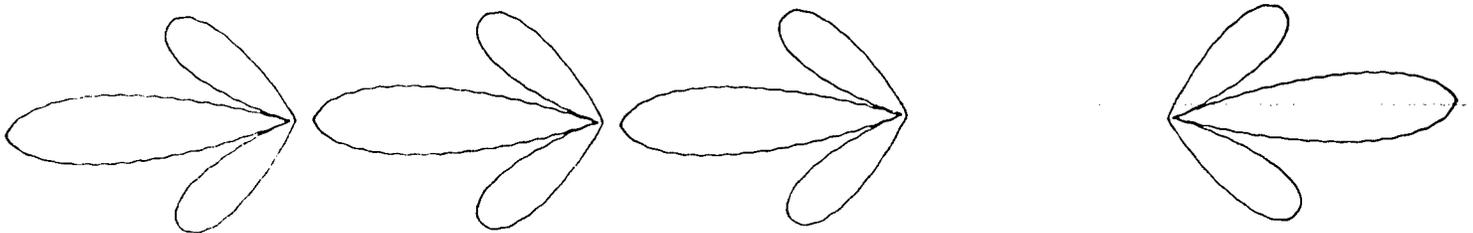
Portage Project-TEACH-Region V

BEHAVIORAL OBJECTIVE

WHO

WILL DO WHAT

WITH WHAT TYPE
OF AID

HOW WELL

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BEHAVIORAL OBJECTIVE

WHO

WILL DO WHAT

LEARNER

A SPECIFIC OBSERVABLE ACTION

WITH WHAT TYPE OF AID

SPECIFIC ASSISTANCE THE LEARNER WILL HAVE

HOW WELL

CRITERION FOR SUCCESSFUL COMPLETION
Fraction
Percentage
Words

26.

26.

BE CAREFUL!!

ENJOY

NAME

BELIEVE

SAY

DIFFEREN-
TIATE

UNDERSTAND

WRITE

HOP

IDENTIFY
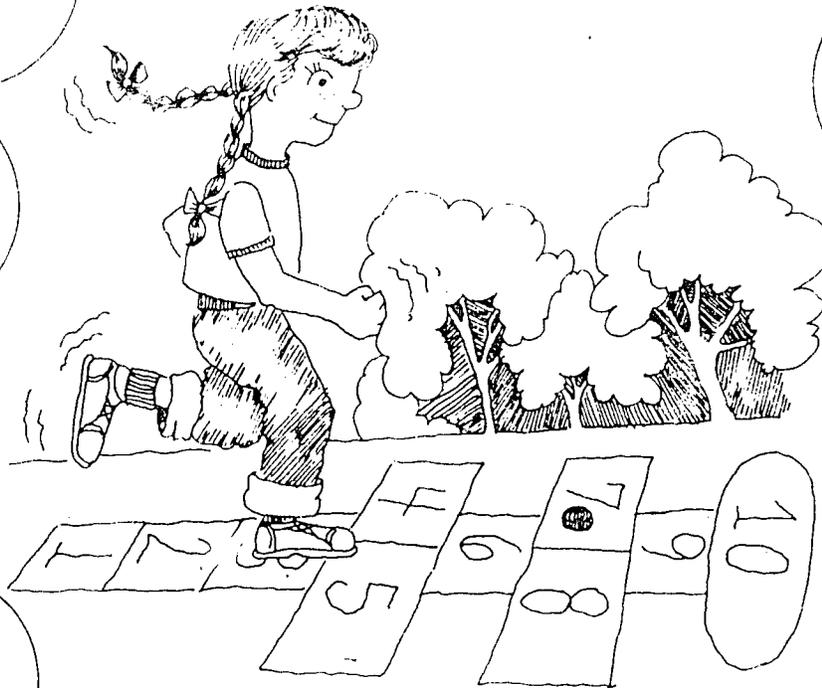
IMITATE

MATCH

LISTEN

APPRECIATE

DRAW

KNOW

RECOGNIZE

POINT
TO

NOT: MICKEY WILL BE ABLE TO IDENTIFY
       RED BY NAMING IT

BUT: MICKEY WILL NAME RED.
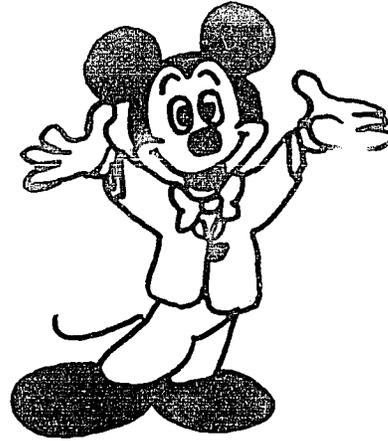
NEGATIVE: KATHY WILL STOP RUNNING INTO THE
           STREET WITHOUT LOOKING

POSITIVE: KATHY WILL LOOK BOTH WAYS BEFORE
           CROSSING THE STREET.

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WITH WHAT TYPE of AID

EXAMPLES OF AID

- WHEN ASKED
- WHEN SHOWN HOW
- WHEN TEACHER GUIDES HAND
- INDEPENDENTLY
- ON REQUEST
- WHEN GIVEN A MODEL TO COPY

- WHEN GIVEN DOTS TO TRACE
- WITH ONE REMINDER
- WHEN GIVEN VERBAL DIRECTIONS
- WHEN TEACHER HOLDS BOTH HANDS

LARRY WILL NAME CIRCLE AND TRIANGLE WHEN GIVEN INITIAL
CONSONANT CUES 4/4 TIMES EACH.

TROY WILL WALK A BALANCE BEAM FOR 5 FEET WHEN TEACHER
HOLDS BOTH HANDS 3/4 TIMES.

SARAH WILL BUTTON 5 BUTTONS ON HER SWEATER ON HERSELF
WHEN ASKED 3/3 TIMES.

KYLE WILL SPREAD PEANUT BUTTER ON A CRACKER _____
_____ 4/4 X.

JOEY WILL DRAW A CIRCLE _____ 3/3 X.

SANDY WILL SET THE TABLE WITH KNIVES, FORKS, SPOONS,
PLATES AND GLASSES _____ 4/4 X.

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HOW WELL

EXPRESSED AS:

1. FRACTION: # OF SUCCESSFUL TRIES/# OF OPPORTUNITIES
    GIVEN.

    3/4, 2/2

    DICK WILL WASH HANDS AND FACE WITHOUT
    SOILING TOWEL UPON REQUEST 3/4 X.

2. PERCENTAGE: 75%, 100%

    TOM WILL USE BATHROOM WITHOUT REMINDERS
    75% OF THE TIME.

3. WORDS: DAILY, EVERY OPPORTUNITY, EACH TIME

    HARRY WILL USE A KLEENEX TO BLOW HIS NOSE
    INDEPENDENTLY EACH TIME IT IS NECESSARY.

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JOHN-BOY WILL DRAW A SQUARE ON REQUEST 4/4X.

ERIN WILL SAY "PLEASE" AND "THANK YOU" WHEN APPROPRIATE
WITHOUT REMINDER 75% OF THE TIME.

MARY ELLEN WILL CORRECTLY TELL HER ADDRESS ON REQUEST
100% OF THE TIME.

MR. AND MRS. WALTON WILL ATTEND PARENT MEETINGS AT THE
CENTER WHEN SENT A WRITTEN REMINDER 75% OF THE TIME.

JIM-BOB WILL HOP ON ONE FOOT 5 SUCCESSIVE TIMES WHEN
SHOWN HOW 3/4X.

ELIZABETH WILL BRUSH TEETH WITH REMINDERS TWICE DAILY.

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1. TRAPPER WILL OPEN A 5-PINT MILK CARTON _____
    100% OF THE TIME.

2. MARGARET WILL BUILD A PYRAMID OF 10 BLOCKS IN
    IMITATION _____.

3. B.J. _____ INDEPENDENTLY DURING STORY-
    TIME 80% OF THE TIME.

4. RADAR WILL STAND ON ONE FOOT FOR 4-8 SECONDS
    _____ 4/4X.

5. COLONEL POTTER WILL VOLUNTEER IN THE CENTER _____.

6. HAWKEYE _____ WHEN SHOWN HOW 4/4X.

7. KLINGER WILL DRESS HIMSELF COMPLETELY IN MALE CLOTHES
    _____ ONCE EACH DAY FOR FIVE CONSECUTIVE
    DAYS.

8. CHARLES WILL MARCH IN TIME TO MUSIC _____ 3/3X.

9. FRANK _____ WHEN TEACHER GUIDES HIS HAND 3/4X.

10. THE COOK WILL SERVE NUTRITIOUS MEALS (INCLUDING THE BASIC FOUR)
    WHEN GIVEN RECIPES TO FOLLOW _____.

1. BERT WILL IDENTIFY CIRCLE, SQUARE AND TRIANGLE ON REQUEST 3/3X EACH.

2. ERNIE WILL PLAY IN HIS OWN YARD 6/7 DAYS.

3. GROVER WILL WRITE HIS NAME WHEN ASKED 1/2X.

4. COOKIE MONSTER WILL WALK FOR 6' ON A BALANCE BEAM RAISED 6" WHEN GIVEN PHYSICAL AID 3/4X.

5. THE COUNT WILL RECOGNIZE THE NUMERALS 1-10 WHEN GIVEN A MODEL EACH TIME 3/3X.

6. OSCAR WILL NAME COLORS WHEN GIVEN INITIAL SOUND CUES 1/1X EACH.

7. MISS PIGGY WILL NOT HIT KERMIT DURING OPENING TIME 5/5 DAYS.

8. KERMIT WILL BE ABLE TO RECOGNIZE HIS NAME BY POINTING TO IT WHEN SHOWN ONCE 3/4X.

9. BIG BIRD WILL DRESS HIMSELF COMPLETELY INCLUDING ALL FASTENINGS EXCEPT TIES WHENEVER NECESSARY.

10. FOZZY BEAR WILL USE CONTRACTIONS CAN'T, DON'T, WON'T WHEN GIVEN PHYSICAL AID 2/2X EACH.

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BEHAVIORAL OBJECTIVES

I. Introduction.
A behavioral objective states what you want the child or parent to learn or do; the objective needs to be observable, measurable and specific. This means that you can see or hear the child or parent perform the behavior and count the number of times he/she does the task. It must be clear enough to pass the "stranger test"; that is, there can be no room for misinterpretation. The objectives must mean the same thing to anyone who reads them. A behavioral objective contains four parts: WHO/WILL DO WHAT/WITH WHAT TYPE OF AID/HOW WELL.

II. Four Parts of a Behavioral Objective

A. WHO: the person who will perform the behavior; usually the child or parent.

John will name red when given initial sound cue, 4/4x.

B. WILL DO
WHAT: the specific, measurable and observable behavior to be performed. Includes a verb that tells what the learner will do. May also include the situation where the child will perform the skill or additional criteria of time or distance.

-Judy will count to five in imitation, 5/5x.
-Rita will remain seated during story time for 5 minutes with one reminder 4/4x.
-Bertha will stand on one foot for 8 seconds upon request 3/3x.
-Rita will name 5 animals when shown picture cards on request 2/2x each.
-Tim will ride a bike for 5 feet when pedal straps are used once a day.

C. WITH WHAT
TYPE OF
AID: what type of assistance the child or parent will have.

Aid: indicates what specific assistance or help you will give the child in doing the skill. Examples: independently, when asked, when shown a model, when teacher guides hands, on request, when given verbal directions.

-Audrey will draw a square when given dots to trace, 4/4x.
-Frank will walk forward on a balance beam when teacher holds his hands, 3/4x.

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-The parents will at   aree arent meetings <u>when
given one written re der</u> during the year.

D.   HOW WELL: the number of times the child or parent must success-
fully perform the skill. Can be expressed in three
ways:

1   fractions: number of successful tries/number of
opportunities given: 4/4, 4/5, 3/4.
All objectives must have a success rate of at
least 75% or 3/4.

-Sara will stack eight blocks upon request <u>4/4x.</u>

2. percentages: 75%, 100%. All objectives must
have a success rate of at least 75%.

-Tom will use the bathroom without reminders
<u>75% of the time.</u>

3. words: daily, every opportunity, each time it
is necessary.

-Harry will use   Kleenex to blow his nose when
shown how <u>each   it is necessary.</u>

To summarize, behavioral objectives are statements of what the child or
parent will accomplish at the end of the teaching period. Use the
following checklist to determine if objectives are complete.

-Does it contain four parts?

-Are words used in the objective specific?

-Can the behavior be observed?

-Can the frequency of the behavior be counted
or measured?

-Is the learner required to be successful at
least 75% of the time?

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BEHAVIORAL OBJECTIVE WORKSHEET

Complete the following sections:

A. Put a ✓ mark in front of the phrases in which the "WILL DO WHAT"

portion is appropriate to use in a behavioral objective.

___ Will listen to a story during story time for five minutes

___ Will print the first letter of her name

___ Will attend to a three-part related direction

___ Will identify a triangle, square and circle

___ Will cut along a curved line within ½" of the line

___ Will enjoy singing simple 4-5 line songs

___ Will develop a good attitude toward teacher

___ Will recognize his name

___ Will make an appointment with Dr. Smith

B. Complete these objectives by adding "WITH WHAT TYPE OF AID".

1. Esmirelda will place _____ square and triangle in a formboard

    _____ 2/2x each.

2. Rapunzel will walk up 10 stairs alternating feet _____

    _____ 4x daily.

3. Mork will keep his hands in his lap during group time _____

    _____ 4/5 days.

4. Poindexter will point to 10 animal pictures when shown picture cards

    _____ 10/10 pictures.

27J

5. Fenimore will snap eight snaps on his jacket _____ 2/3x.

C. Make the necessary corrections to each of the following objectives.
   Notice both missing and incorrect parts.

1. Faith will know all alphabet letters when given one model 2/2x.

   _____

   _____

2. Hope will write her first and last name when given physical aid
   4/3x.

   _____

   _____

3. Charity will sit in her chair during mealtime 2/2 meals daily.

   _____

   _____

4. Sampson will draw a square when given visual aid 4/4x daily.

   _____

   _____

5. Delilah will hop forward for five feet when teacher holds her
   hand 2/3x.

   _____

   _____

D.   Write a complete behavioral objective for each one.

Motor: _____

            _____

            _____

Nutrition: _____

            _____

            _____

Parent
Involvement: _____

            _____

            _____

Self-Help: _____

            _____

            _____

            _____

Portage Project-TEACH-Region V

SHORT-TERM OBJECTIVES

OVERVIEW

The last two steps in the I.S.P. process are writing short-term objectives and completing the remainder of the I.S.P.

Short-term objectives are written for each long-term goal. They are skills that lead to the attainment of the long-term goal and they are written in behavioral terms. The number of short-term objectives will vary according to the individual child and the end point designated by the long-term goal. Short-term objectives are written using the assessment tool and information collected on the I.S.P. worksheets.

The remainder of the I.S.P. includes the following five parts: Special Services, Special Materials and Methods/Parent Activities, Person(s) Responsible, Evaluation Criteria and Time Line. The Special Services section is a record of the diagnostician's recommended treatment, who will provide the services and the initiation and duration of services. The Special Materials and Methods/Parent Activities column includes special equipment, teaching techniques or reinforcers which would be particularly helpful in completing the short-term objective. The Person(s) Responsible column lists the name(s) of the person(s) who will be primarily responsible for teaching the objective. The Evaluation Criteria column states how the objective will be evaluated. The Time Line column indicates when the teaching of the objective will begin, when the objective will be reviewed and when the objective is achieved.

As a result of this session participants will:

1. define short-term objectives;

2. write short-term objectives in two educational areas and one component area; and

3. complete remaining parts of the I.S.P.: special services, materials, person(s) responsible, evaluation criteria and time line.

BACKGROUND FOR TRAINERS

The following reading is recommended as an additional source of information about short-term objectives. It is referenced in Appendix A of the training guide:

Writing Long-Term and Short-Term Objectives, A Para legal Approach

You will find additional information about short-term objectives in Appendix B, pages 39-56, of this training guide.

PREPARING FOR THE WORKSHOP

1. Duplicate the transparencies and handout from the masters at the end of this section.

2. Have available an overhead transparency projector, a movie screen, and transparency marking pens.

3. Review Handout #1.

4. A completed I.S.P. for Michael Jones can be found at the end of this section. Consider duplicating it as a handout.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This workshop will be conducted in three parts.

1. Trainer will discuss writing short-term objectives for a child and participants will write short-term objectives for one educational area as a large group and for an additional area as an I.S.P. team.

2. Trainers will discuss writing short-term objectives for the other component areas and participants will write short-term objectives for one component area as a large group and for an additional area as an I.S.P. team.

3. Trainer will discuss the remaining parts of the I.S.P. and participants will complete the remaining parts of the I.S.P. as an I.S.P. team.

Part 1

1. Display transparency #1. Following the analogy of a trip, the current level of functioning is the starting point of a trip, a long-term goal

is the destination and short-term objectives are the stops between these two points.

2. Explain to participants that short-term objectives are the skills that lead to the attainment of a long-term goal. Short-term objectives are generally accomplished in 2-4 weeks. They are written for each long-term goal. The number of short-term objectives for each long-term goal will vary according to the individual child and the end point designated by the long-term goal. Short-term objectives are written in behavioral terms; the aid is usually independently, on request or without aid.

3. Display transparency #2. Review each step with participants. (Refer to Handout #1.)

4. Display transparency #3. Point out each of the six steps in completing short-term objectives.

5. Display transparency #4. Choose one of the long-term goals for the child from the first page of the I.S.P. Using the assessment tool and the I.S.P. worksheets, write the short-term objectives for one long-term goal. Have participants write the short-term objectives on the I.S.P. as you record the same on the overhead transparency. Clarify any questions or concerns about this procedure at this point.

6. Participants will continue working in their I.S.P. teams. At the discretion of the trainer, the I.S.P. teams will write short-term objectives for one or two long-term goals. These are recorded on the short-term objective pages of their I.S.P. Trainer will circulate among participants to check their work, answer questions and give feedback.

Part 2

1. Explain to participants that writing short-term objectives for the other component areas is different in that they will not have a sequenced checklist to follow. Parents and Coordinators can plan together a series of activities which will lead to attainment of long-term goals. Short-term objectives should detail each step that is necessary to attain the goals. These steps will not be further broken down into instructional objectives as the child's will. These short-term objectives will be written slightly differently from the previously suggested format. If

the parents need aid to perform the behavior specified in the objective, it should be stated; many objectives will be completed independently and aid may be omitted. "How well" is generally written as a target date. For example, Mom will take Jason to clinic for immunizations by March 3. Use the worksheets and component assessments to be sure that all expressed needs are included in the short-term objectives.

2. Display and review transparency #5.

3. As a large group, complete the short-term objectives for one long-term goal in one component area for the family. Review the information on the component assessment tool and I.S.P. worksheets. Ask participants to suggest short-term objectives which would be appropriate for obtaining the long-term goal. Record this on transparency #6.

4. Assign to each I.S.P. team one of the remaining long-term goals in the component areas for the family. Each I.S.P. team will determine the short-term objectives which will lead to attainment of the long-term goal. These will be recorded on the short-term objective page of the I.S.P. Circulate to each group and provide feedback.

Part 3

1. The remaining items on the I.S.P. will be discussed at this time. Display transparencies 7, 8, 9, 10 and 11. Show each example and explain the remaining parts of the I.S.P. to participants.

-Special Services: this will include the recommended services, who will provide the services and initiation and duration of services.

-Special Materials and Methods/Parent Activities: if there are special equipment, teaching techniques or reinforcers which would be particularly helpful in completing the objective, then they should be noted. Since materials and methods will be obvious for some objectives, it is helpful but not necessary to complete this column for every objective.

-Person(s) Responsible: the names of those who will be primarily responsible for carrying out or teaching the objective will be listed.

-Evaluation Criteria: this states how each objective will be evaluated (observation, post-test, data recording).

-Time Lines: the first time line column is when the activity will begin.

Because children work on more than one skill at a time it is acceptable to record the date of the I.S.P. conference for the beginning date on all short-term objectives. The review date will be established at the I.S.P. conference. This date is usually half-way between the I.S.P. conference and the end of the school year. All short-term objectives are reviewed on the same date. The achieved date is filled in when the child or parent has accomplished the short-term objective.

2. Participants will continue working in their I.S.P. teams. The remaining parts of the I.S.P. will be completed for the short-term objectives that have been written. Trainer will circulate among participants to check their work, answer questions and give feedback.

3. The final step is the signatures of the parent and I.S.P. participants on the I.S.P.

CONGRATULATIONS! YOU HAVE COMPLETED AN I.S.P. FOR A CHILD AND FAMILY.

NOW . . . ON TO IMPLEMENTING YOUR EFFORTS.

RRENT LEVEL OF FUNCTIONING

NG-TERM GOALS

ORT-TERM OBJECTIVES

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HOW TO CHOOSE SHORT-TERM OBJECTIVES FOR A CHILD

1. CHOOSE A LONG-TERM GOAL.

2. REFER TO THAT AREA ON YOUR ASSESSMENT TOOL.

3. FIND THE NUMBERED BEHAVIOR STATED IN THE LONG-TERM GOAL OR FIND THE APPROXIMATE AGE LEVEL SPECIFIED.

4. CHOOSE ALL THE SKILLS OR BEHAVIORS UP TO THE POINT THAT THE CHILD NEEDS TO LEARN IN ORDER TO REACH THE LONG-TERM GOAL.

5. WRITE THESE TASKS IN BEHAVIORAL TERMS (WHO/WILL DO WHAT/ WITH WHAT TYPE OF AID/HOW WELL).

6. ADD ANY ADDITIONAL SKILLS OR BEHAVIORS THAT ARE NOT IN-CLUDED ON THE ASSESSMENT TOOL. (CHECK I.S.P. WORKSHEETS, CLASSROOM CURRICULUM, OR SPECIFIC CONCERNS EXPRESSED BY THE PARENT, TEACHER OR DIAGNOSTICIAN).

INDIVIDUAL SERVICE PLAN FOR: _____ Jenny Nelson _____

Short-Term Objectives

COGNITIVE   Long-Term Goal: Jenny will perform all items on the Portage Checklist up to #74
by June 1.

Card	Behavior	Entry Behavior	Short-Term Objectives
55	Counts 10 objects in imitation	✓	
56	Builds a bridge with 3 blocks in imitation	✓	59 WILL ADD LEG AND/OR ARM TO IN-COMPLETE MAN ON REQUEST 4/4X
57	Matches sequence or pattern of beads or blocks	✓	
58	Orders series of different lengths or sizes	✓	WILL DRAW A SQUARE IN IMITATION
59	Adds leg and/or arm to incomplete man	X	62 4/4X
60	Counts to twenty by rote	✓	
61	Names objects as same and different	✓	WILL COPY TRIANGLE ON REQUEST
62	Draws a square in imitation	X	67 4/4X
63	Names objects that go together	✓	
64	Names three shapes □, △ and ○	✓	WILL RECALL 4 OBJECTS SEEN IN A
65	Picks up specified number of objects on request 1-5	✓	68 PICTURE ON REQUEST 4/4X
66	Names five textures	✓	
67	Copies a triangle on request	X	71 WILL TELL WHETHER OBJECT IS HEAVY OR LIGHT ON REQUEST 4/4X
68	Recalls 4 objects seen in a picture	X	
69	Names time of day associated with activities	✓	NAMES EIGHT COLORS UPON REQUEST
70	Repeats familiar rhymes	✓	73 1/1X
71	Tells whether object is heavy or light (less than one pound difference)	X	
72	Tells what's missing when one object is removed from a group of three	✓	WILL NAME PENNY, NICKEL AND DIME
73	Names eight colors	X	74 ON REQUEST 4/4X
74	Names penny, nickel and dime	X	
75	Matches symbols (letters and numbers)	X	(ADDITIONAL OBJECTIVES TAKEN FROM THE I.S.P. WORKSHEETS):
76	Tells color of named objects	X	
77	Retells five main facts from story heard 3 times	X	WILL NAME 6 SHAPES ON REQUEST 3/3X
78	Draws a man (head, trunk, 4 limbs)	X	CAN TELL THE FUNCTIONS OF 8 COMMUNITY
79	Sings five lines of song	X	HELPERS WHEN ASKED "WHY DO WE HAVE
80	Builds pyramid of 10 blocks in imitation	X	_____?" 2/2X
81	Names long and short	X	

INDIVIDUAL SERVICE PLAN FOR: _____

Short-Term Objectives

Long-Term Goals: _____

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved

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Portage Project-TEACH-Region V

INDIVIDUAL SERVICE PLAN FOR: __Ms. Peters_____

Short-Term Objectives

~: Parent Involvement ___   Long-Term Goals: Ms. Peters will obtain her G.E.D. by June 1. _____

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
Involvement Coordinator will ~ Ms. Peters with a social ~ directory by November 7th.						
~ters will call and find out 1) registration for the study ; 2) date of G.E.D. exams by ~er 14th.						
~ters will register for study and contact the Parent ~ement Coordinator if trans- ~ion or babysitting monies ~ded within 48 hours of each						
~ters will take the G.E.D. exam ~il 3.						

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INDIVIDUAL SERVICE PLAN FOR: _____

Short-Term Objectives

Long-Term Goals: _____

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved

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INDIVIDUAL SERVICE PLAN FOR: ___JENNY___

Special Services To Be Provided:

Services Required	Date Initiated	Duration of Service	Provider
SPEECH THERAPY	OCTOBER 28	JUNE 1	UNIVERSITY OF WISCONSIN SPEECH CLINIC

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

I agree with this Individual Service Plan. ☐

I disagree with this Individual Service Plan. ☐

_____   _____

Date   Parent's Signature

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INDIVIDUAL SERVICE PLAN FOR: ___JENNY NELSON___

Short-Term Objectives

Area: COGNITIVE Long-Term Goals: JENNY WILL PERFORM ALL ITEMS ON THE PORTAGE CHECKLIST
UP TO #74 BY JUNE 1.

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
ADD LEG AND/OR ARM TO INCOMPLETE ON REQUEST 4/4x		TEACHER	OBSERVATION	10/28	1/20	
DRAW A SQUARE IN IMITATION 4/4x		TEACHER	DATA COLLECTION	"	"	
COPY TRIANGLE ON REQUEST 4/4x		TEACHER	ACTIVITY CHART	"	"	
RECALL 4 OBJECTS SEEN IN A TURE ON REQUEST 4/4x	MOTHER WILL WORK ON THIS AT HOME WITH STORYBOOKS	PARENT	OBSERVATION	"	"	
TELL WHETHER OBJECT IS HEAVY LIGHT ON REQUEST 4/4x		TEACHER	OBSERVATION	"	"	

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INDIVIDUAL SERVICE PLAN FOR: JENNY NELSON

Short-Term Objectives

CCGNITIVE_____ Long-Term Goals: JENNY WILL PERFORM ALL ITEMS ON THE PORTAGE CHECKLIST
UP TO #74 BY JUNE 1. (CONTINUED)

Short-term objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
EIGHT COLORS UPON REQUEST 1/1x	RED, YELLOW, BLUE, GREEN, PURPLE, ORANGE, WHITE, BLACK	TEACHER	DATA COLLECTION	"	"	
NAME PENNY, NICKEL DIME ON REQUEST 4/4x	MOTHER WILL WORK ON THIS WHEN THEY ARE SHOPPING	PARENT	OBSERVATION	"	"	
NAME 6 SHAPES UPON REQUEST 3/3x		TEACHER	ACTIVITY CHART	"	"	
TELL THE FUNCTIONS OF 8 COMMUNITY ERS WHEN ASKED "WHY DO WE HAVE _____?" 2/2x	USE CARDS FROM COMMUNITY HELPERS SET II	TEACHER	OBSERVATION	"	"	

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INDIVIDUAL SERVICE PLAN FOR: <u>Ms. Peters</u>

Short-Term Objectives

rea: <u>PARENT INVOLVEMENT</u>   Long-Term Goals: <u>Ms. PETERS WILL OBTAIN HER G.E.D. BY JUNE 1</u>

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
NT INVOLVEMENT COORDINATOR PROVIDE MS. PETERS WITH A AL SERVICE DIRECTORY BY MBER 7TH.	SOCIAL SERVICE DIRECTORY	PARENT INVOLVEMENT COORDINATOR	RECORD TRANSACTION IN FAMILY FILE	10/28	1/20	
PETERS WILL CALL AND FIND OUT T 1) REGISTRATION FOR THE Y COURSE, 2) DATE OF G.E.D. S BY NOVEMBER 14TH.		MS. PETERS	MS. PETERS WILL CALL PARENT IN-VOLVEMENT COORDINATOR .ON NOVEMBER 14TH TO REPORT RESULTS.	"	"	

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INDIVIDUAL SERVICE PLAN FOR: __Ms. Peters__

Short-Term Objectives

Parent Involvement   Long-Term Goals: __Ms. Peters will obtain her G.E.D. by June 1 (con't)__

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
TERS WILL REGISTER FOR STUDY AND CONTACT THE PARENT EMENT COORDINATOR IF ORTATION OR BABYSITTING ARE NEEDED WITHIN 48 OF EACH CLASS.	:	Ms. Peters		"	"	
TERS WILL TAKE THE EXAM ON April 3.		Ms. Peters	Ms. Peters WILL CALL PARENT IN- VOLVEMENT COORDINATOR WHEN RESULTS ARE OBTAINED.	"	"	

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Short-Term Objectives

Introduction

Short-term objectives are skills that lead to the attainment of the long-term goal. Short-term objectives are generally accomplished in 2-4 weeks. They are written for each long-term goal. The number of short-term objectives for each long-term goal will vary according to the individual child and the end point designated by the long-term goal. Short-term objectives are written in behavioral terms; the aid is usually independently, on request or without aid.

How to choose short-term objectives for a child:

Steps	Example
1. Choose a long-term goal.	Jenny will perform all items in the Cognitive area on the Portage Checklist up to #74 by June 1.
2. Refer to that area on your assessment tool.	See Cognitive area.
3. Find the numbered behavior stated in the long-term goal or find the approximate age level specified.	#74
4. Choose all the skills or behaviors up to that point that the child needs to learn in order to reach the long-term goals.	-adds leg and/or arm to incomplete man -draws a square in imitation -copies triangle on request -recalls 4 objects seen in a picture -tells whether object is heavy or light -names eight colors -names penny, nickel and dime
5. Write these tasks in behavioral terms (who/will do what/with what type of aid/how well).	will add leg and/or arm to incomplete man on request 4/4x will draw a square in imitation 4/4x will copy triangle on request 4/4x will recall 4 objects seen in a picture on request 4/4x

Steps	Example
	will tell whether object is heavy or light on request 4/4x
	will name eight colors upon request 1/1x
	will name penny, nickel and dime on request 4/4x
6. Add any additional skills or behaviors that are not included on the assessment tool. (Check I.S.P. worksheets, classroom curriculum or specific concerns expressed by the parent or diagnostician.)	will name 6 shapes upon request 3/3x
	will tell the functions of 8 community helpers when asked "Why do we have _____?" 2/2x

INDIVIDUAL SERVICE PLAN

Student	I.S.P. COMMITTEE

Michael Jones

Name: Gloria Jones

731 5th Street   Phone: 555-4040

Age: 4 years, 2 mos.

Conference: October 28

Name	Required:
Jacquelyn L. Julian	Teacher
Gloria Jones	Parent
Karen M. Krotky	Chairperson
	Optional:
Donna Bortz	Health/Nutrition Coordinator
Audrey Mattison	Parent Involvement Coordinator
	Social Services Coordinator
	Mental Health Coordinator
	Others

Level of Functioning:
Michael's self-help skills are in the 4-5 year range, his socialization and cognitive skills are in the 3-4 year age range, his motor skills are in the 3-5 year age range and his language skills are in the 2-3 year age range. Information taken from the Portage Checklist.

See attached worksheet for a further breakdown.

Prioritized Long Term Goals:

Michael will perform all items in the language area on the Portage Checklist up to #63 by June 1

Michael will perform all items in the fine motor area on the Portage Checklist up to #112 by June 1

Michael will perform all items in the gross motor area on the Portage Checklist up to #118 excluding #114, 115 by June 1

Michael will perform all items in the socialization area on the Portage Checklist up to #69 by June 1

Michael will perform all items in the cognitive area on the Portage Checklist up to #76 by June 1

Michael will perform all items in the self-help area on the Portage Checklist up to #89 by June

Nutrition, Social Services, Parent Involvement

Mrs. Jones will provide for the nutritional needs of her family by June 1

Mrs. Jones will obtain necessary health services by June 1

Mrs. Jones will obtain necessary social services for her family by June 1

Mrs. Jones will participate in at least one center activity a month and will plan and carry out activities with Michael

minutes per day by June 1

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INDIVIDUAL SERVICE PLAN FOR: Michael Jones

al Services To Be Provided:

ices Required	Date Initiated	Duration of Service	Provider
ech Therapy	October 28	June 1	East Side Speech and Language Clinic

ve had the opportunity to participate in the development of this Individual Service Plan.

I agree with this Individual Service Plan. ☑

I disagree with this Individual Service Plan. ☐

October 28	_Ms. Jones_
Date	Parent's Signature

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INDIVIDUAL SERVICE PLAN FOR: Michael Jones

Short-Term Objectives
Reference

Short-Term Objectives

Language _____   Long-Term Goals: will perform all items on the Portage Checklist up to
#63 by June 1

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
use the correct production of sonant upon request 80%		Speech Therapist	post-test	10/28		
orrect production of copula _is_ red situation upon request 80%		"	"	"		
ase vocabulary of functional words upon request 100%		"	"	"		
orrect production of /F/ in upon request 90%		"	"	"		
ecklist:						
ing" verb form when shown action on request 4/4	Peabody cards	teacher	data collection	10/28		
egular plural forms upon request		"	" "	"		
ome irregular past tense forms ly in speech independently 80%		"	" "	"		
this" and "that" in speech tly 80%		"	" "	"		
is" in statements independently		"	observation	"		
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INDIVIDUAL SERVICE PLAN FOR: <u>Michael Jones</u>   Short-Term Objectives
Reference

Short-Term Objectives

language   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
say "I, mine" rather than own name independently 80%		teacher	observation	10/28		
point to object that "is not _____" request 4/4		"	"	"		
answer "who" question with name request 4/4		"	data collection	"		
use possesive form of nouns in- ndently 80%		"	observation	"		
use articles: the, a in speech pendently 80%		"	"	"		
use class names (toy, animal, food) request 4/4		"	data collection	"		
say "can" and "will" independently		"	observation	"		
describe items as open or closed request 4/4		"	data collection	"		
say "is" at the beginning of questions appropriate independently 80%		"	observation	"		
attend for five minutes while story read upon request once a day	likes books about animals	mother/teacher	data collection/ parent report			

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INDIVIDUAL SERVICE PLAN FOR: Michael Jones   Short-Term Objectives
Reference

Short-Term Objectives

a: language   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
·ry out a series of two unrelated s upon request 4/4		teacher	data collection	10/28		
1 full name upon request 4/4		"	" "	"		
swer simple "how" questions upon 4/4		"	" "	"		

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... . on the Portage Checklist up

	Person(s) Responsible	Evaluation Criteria	Time Line		
			Begin	Review Date	Achieved
		data collection	10/28		
	"	"	"		
	"	"	"		
	"	"	"		
	"	"	"		
	"	"	"		

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... on the Portage Checklist up to
... 15 by June 1

	Person(s) Responsible	Evaluation Criteria	Time Line		
			Begin	Review Date	Achieved
	teacher	data collection	10/28		
	"	"	"		
... staff	mother	"	"		
...art with maint the 10 ...	teacher	"	"		
	"	"	"		
	"	"	"		
...	mother	"	"		
	teacher	"	"		
	"	"	"		

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INDIVIDUAL SERVICE PLAN FOR: Michael Jones

Short-Term Objectives

: gross motor   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
6" raised balance board backward upon request 3/4		teacher	data collection	10/28		
mb steps ten feet high to slide est 4/4	will practice at park near home	mother	parent report	"		

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INDIVIDUAL SERVICE PLAN FOR: <u>Michael Jones</u>   Short-Term Objectives
Reference

Short-Term Objectives

<u>socialization</u>   Long-Term Goals: will perform all items on the Portage Checklist up to
#69 by June 1

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
Checklist:						
permission to use toy a peer is with independently 80%		teacher	observation	10/28		
"please" and "thank you" without s 50%		mother/teacher	"	"		
wer telephone calls for adults or familiar person independently 75%		mother	parent report	"		
y in own yard independently 100%		mother	"	"		
y near and talk with other children king on own project independently 80%		teacher	observation	"		
assistance when having difficulty reminder 80%		mother/teacher	"	"		
tribute to adult conversation ently 75%		" "	"	"		
eat 2 songs or dances for others quest 2/2		teacher	data collection	"		
ologize without reminders 75%		mother/teacher	observation	"		
e turns with 8-9 other children upon 80%		teacher	"	"		

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INDIVIDUAL SERVICE PLAN FOR: <u>Michael Jones</u>   Short-Term Objectives
                                                                    Reference

                              Short-Term Objectives

<u>a: = :::: :::</u>   <u>Long-Term Goals: will perform all items on the Portage Checklist up to</u>
                              #76 by June 1

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
...t:						
ild a 10 blocks pyramid in imitation		teacher	post-test Alpern/Boll	10/28		
Checklist:						
scribe 2 events or characters from story or T.V. program upon request	mom will watch one ½ hour T.V. program with Michael and Jennifer a week	mother	report by mother	"		
peat 4 line finger plays with words ions upon request 4/4		teacher	data collection	"		
tch 1 to 1 (3 or more objects) quest 4/4		teacher	data collection	"		
int to long and short objects upon 4/4		teacher	" "	"		
range objects into categories upon 4/4		"	" "	"		
aw a diagonal line from corner to of 4 inch square paper upon request		"	" "	"		
unt 10 objects in imitation 4/4		"	" "	"		
tch sequence or pattern of blocks s upon request 4/4		"	" "	"		

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`ar: COGNITIVE`   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
opy a series of 8 connecting V strokes equest 4/4		teacher	data collection	10/28		
omplete 6 piece puzzle upon request		"	" "	"		
ame objects as same and different upon t 4/4		"	" "	"		
ick up specified number of objects upon request 5/5		"	" "	"		
ame 5 textures upon request 4/4		"	" "	"		
opy a triangle upon request 4/4		"	" "	"		
ecall 4 objects seen in a picture equest 4/4		"	" "	"		
ame the time of day associated n activity upon request 4/4		"	" "	"		
epeat familiar rhymes (4 lines) upon t 4/4		"	" "	"		
ell whether an object is heavy or upon request 4/4		"	" "	"		
ell what's missing when one object oved from a group of three upon request		"	" "	"		

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P......   ....-Term   ... continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
name s colors (red, blue, yellow, , purple, orange, white, black) upon .. 4/4		teacher	data collection	10/28		
name penny, nickle and dime upon ... 4/4		"	" "	"		
match symbols (numbers and letters) request 4/4		"	" "	"		
tell the color of named objects upon ...st 4/4		"	" "	"		

INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

...a: Parent Involvement ___   Long-Term Goals: Ms. Jones will participate in at least one center activity
a month (to include workshops on Nutrition and Behavior Management) and will
plan and carry out activities with Michael 10 minutes per day by June 1.

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
...s will receive a monthly schedule ... Parent Involvement Coordinator that ...tivities being offered by Head Start ...l community agencies.		Parent Parent Involvement Coordinator		Oct. 28		
...s will participate in the 6-week ...nagement course being offered by ...rt on February 18, 15, 22, March 1,		Parent	Record on participant's list	Oct. 28		
...s will contact Homemakers Services and ...for their four workshops on "Pre-...utritional Meals at a Low Cost" by ...15.	Social Service Directory	Parent	Parent report	Oct. 28		
...s will complete the series of four ...s by February 15.				Oct. 28		
...s will demonstrate how to make ...animals at the April parent meeting.		Parent		Oct. 28		
...s will notify the Parent Involvement ...tor if babysitting is needed two days ...ach parent meeting.		Parent		Oct. 28		
...s will work with Michael three days ...k on activities that are sent home ...y the teacher until January 10th.		Parent/Teacher	Parent report	Oct. 28		
...s will attend the parent meeting on ...g Activities for Your Child."		Parent	Record on participant's list	Oct. 28		
	Portage Project-TEACH-Region V					

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INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

rea: Parent Involvement   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
...es will plan and carry out activities ...hael by using the calendar of ideas ...ne monthly by the teacher after Jan-...).		Parent Teacher	Parent report	Oct. 28		

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INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

ea: Nutrition   Long-Term Goals: Ms. Jones will provide for the nutritional needs of her
                       family by June 1.

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
s will keep a food diary for five ive days beginning November 5.		Parent	Food Diary	Oct. 28		
s and the Health/Nutrition Coordinator iew the food diary on November 15th.	Brochures on meal planning, nutritional snacks and the four basic food groups.	Parent Health/Nutrition Coordinator		Oct. 28		
s and the Health/Nutrition Coordinator n further assistance if needed based esults of the November 15th meeting.		Parent Health/Nutrition Coordinator		Oct. 28		
	Portage Project-TEACH-Region V					

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INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

Goal: Health

Long-Term Goals: Ms. Jones will obtain necessary health services (including
updating immunizations and arranging doctor appointments when necessary)
by June 1.

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
er 2, Ms. Jones will sign and return a slip to the Health/Nutrition or for Michael to have his polio . vaccines.	Scheduled monthly visit from Health Department	Parent	Record information on Michael' health form.	Oct. 28		
will make and keep an appointment nifer's ears checked by November		Parent		Oct. 28		
will contact Health/Nutrition or within two days of appointment if ation is needed.		Parent		Oct. 28		

Portage Project-TEACH-Region V

INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

Area: Social Services   Long-Term Goals: Ms. Jones will provide for the Social Service needs of her
family (including obtaining financial assistance and day care) by June 1.

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
ial Services coordinator will provide s with a Social Services directory ber 1.		Social Services Coordinator		Oct. 28		.
s will call for an appointment with al Services department to apply for l assistance by November 15th.		Parent		Oct. 28		
s will call the Social Services coor- to report the date of the above ent by November 15th.		Parent	Parent report	Oct. 28		
s will notify the Social Services tor if transportation is needed within of appointment.		Parent		Oct. 28		
s will call within two days after the ent and report results to the Social coordinator.		Parent	Record on Social Service notes for family	Oct. 28		
s and the Social Services coordinator iew the resource list of possible day ters (and evaluate each regarding , cost, teacher pupil ratio, hours, November 30th.	4-C's Day Care Resource Book	Parent Social Services Coordinator	Home visit re-corded on daily log	Oct. 28		
es will choose two possible day care and call for an appointment to visit ers by December 15th.		Parent		Oct. 28		
	Portage Project-TEACH-Region V					

INDIVIDUAL SERVICE PLAN FOR: The Jones Family

Short-Term Objectives

Social Services   Long-Term Goals: continued

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
will notify Social Service coor- thin two days of the appointment rtation is needed.		Parent		Oct. 28		
will contact Social Services coor- garding results of the visits by ...		Parent	Parent report	Oct. 28		
will enroll Michael and Jennifer are center by February 15th.		Parent	Record informa- tion in Michael's file	Oct. 28		

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Portage Project-TEACH-Region V

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TASK ANALYSIS

Individualized teaching begins with the screening, diagnostic and assess-
ment processes and proceeds through development of an Individual Service
Plan. The I.S.P. provides the blueprint for what to teach the child, but
it is of little use unless it is implemented. The first step in imple-
menting the I.S.P. is breaking the short-term objectives into a sequence
of smaller steps. Each of these small steps will lead to the accomplish-
ment of the short-term objective. The process of breaking the short-term
objective into steps is called task analysis.

The purpose of this session is to present a systematic procedure for
selecting appropriate short-term objectives to teach and a process for
breaking those objectives into a sequence of steps which lead to the
accomplishment of the skill.

As a result of this session participants will:

1. use the I.S.P. short-term objectives and/or the educational assess-
   ment instrument to target skills the child is ready to learn; and

2. break these targeted skills into a sequence of small steps which
   will lead to the accomplishment of the skill.

BACKGROUND FOR THE TRAINER

In preparation for this workshop, the following references are highly
recommended as sources of information about task analysis. They are
referenced in Appendix A of this training guide.

> Early Childhood Development Disabilities, A Self-Paced Course
> for Training Staff to Identify and Integrate Children with
> Handicapping Conditions into Preschool Programs, units 4 and 5;
>
> Mainstreaming Preschoolers: Children with Mental Retardation,
> Chapter 4;
>
> Special Education for the Early Childhood Years;

A Planning Guide to the Preschool Curriculum: The Child, The Process, The Day. You will find additional information about task analysis in Appendix B, pages 223-229, of this training guide.

PRE-WORKSHOP TASKS

If you are using the information on a child from your program for development of the I.S.P., use the information available to make the following transparencies which will be substituted for overhead transparencies #2, #3 and #4 in the workshop.

Transparency #2: Duplicate a sample page from your completed educational assessment. Choose a page that has both items the child can and cannot do.

Transparency #3: Duplicate the short-term objective page from your completed I.S.P. which corresponds to the sample educational assessment page(s). For example, if you used the self-help section of your educational assessment, then duplicate the I.S.P. short-term objectives in the self-help area.

Transparency #4: Duplicate at least one page in one developmental area from your educational assessment. This transparency will be used to demonstrate prerequisite skills throughout a developmental area so be sure that at least 5 skills are present that build on one another or are prerequisites to one another.

PREPARING FOR THE WORKSHOP

1. Duplicate worksheets #1, #2, #3 and #4 for each participant. Note that worksheet #4 has two sides and must be run front to back. Cut worksheet #4 into 11 strips and place them in an envelope, one for each participant.

2. Prepare overhead transparencies #1-#21 using the masters provided at the end of this section. Cut transparency #17 into strips. For transparencies #6-#14, prepare overlay flaps large enough to conceal the suggested task analysis for the "Will Do What" and "Aid" sections.

Place each of these transparencies into transparency frames and secure the flaps with tape to the left side of the transparency frame.
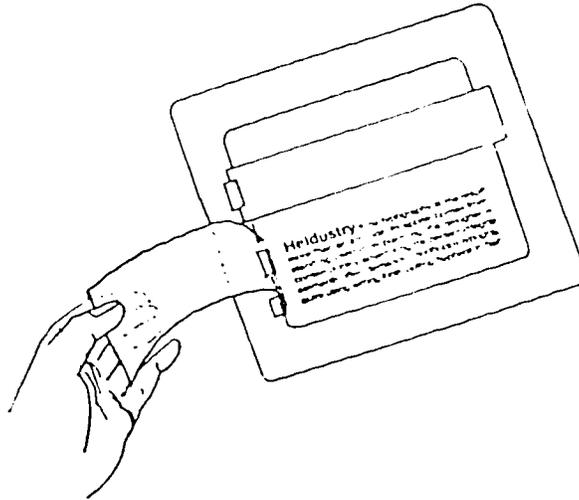
3. Equipment needs will be an overhead projector, movie screen and transparency pens.

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This session has three parts:
1) a presentation and discussion about task analysis using overhead transparencies;
2) the completion of three worksheets to reinforce the concepts presented; and
3) the completion of a self-correcting puzzle.

1. Introduce this presentation by telling participants that now that they have a blueprint for working with the child, the I.S.P., they are ready to begin the implementation process.

2. Display overhead transparency #1, Steps for Individualization. Discuss each step as outlined below with accompanying transparencies.

    STEP 1: Complete a developmentally sequenced checklist or educational
            assessment. This step was completed during the information-
            gathering phase of the development of the I.S.P. Display

overhead transparency #2. This is a sample page from the
completed checklist. Remember that items which are √ed
are those the child can presently do; items which are Xed
the child cannot do. Display overhead transparency #3.
We then transcribed the skills we wanted to teach the child
from the checklist onto the I.S.P. as short-term objectives.
We wrote additional short-term objectives by using infor-
mation from screening, observation, diagnostic and component
assessment reports.
Redisplay overhead transparency #1.

STEP 2: Target a skill the child is ready to learn. Using information
from the checklist or I.S.P. short-term objectives, you will
now select a skill the child is ready to learn.

STEP 3: Think of the skill in behavioral terms. If you are using the
I.S.P. short-term objectives for planning, this step will
already be completed. If you are working from the checklist,
you'll need to mentally expand the listed skills into complete
behavioral objectives (Who, Will Do What, With What Type of
Aid, How Well).

STEP 4: Do a task analysis of the skill. Most handicapped children
will not be able to accomplish items on the checklist or I.S.P.
short-term objectives immediately, therefore you will use task
analysis to develop a sequence of skills which lead to the
accomplishment of the targeted skill. Explain to participants
that during this workshop we will concentrate on steps 2, 3
and 4.

3. Explanation of Step 2. Target a skill the child is ready to learn.
   a. Display overhead transparency #2, the completed developmental check-
      list page. Ask participants how they would choose a skill the child
      is ready to learn. Emphasize that an appropriate skill to teach
      would be one of the first items the child cannot do in a given section
      of the checklist (one of the first Xed items), or a skill marked

"emerging" (this means the child already can do part of the behavior, e.g., can name one of three colors). Explain that by selecting one of the first items the child cannot do, you are helping ensure that the child can do all the necessary steps that come before it. Selection of a skill to teach would also depend upon the usefulness of that skill. (You wouldn't teach a child to put on mittens and hat in June.)

b. Ask participants which skills would probably be appropriate to teach the child depicted in the checklist. Be sure they mention one of the first Xed items and any emerging skills.

c. To highlight the fact that a checklist is developmentally sequenced and that the skills listed build on one another, conduct the following activity.

   1) Display overhead transparency #4, two pages from the checklist. Explain that a checklist is developmentally sequenced and designed so that skills will build on one another. Skills that precede a behavior and are related to it are called prerequisites to that behavior. Since children usually learn skills in a sequence, it is important to determine that the child can accomplish prerequisite skills prior to teaching a new skill.

   2) Referring to overhead transparency #4, ask the group to identify all the prerequisite skills for item #81. They should have listed the following skills: 80, 73, 71, 70, 67, 66, 65, 64, 59, 58, 54, 52, 51, 50, 48, 37, 35.

d. Display overhead transparency #3, the I.S.P. short-term objectives. Explain that since short-term objectives were recorded sequentially from the checklist, the same method for selection of a skill to teach will be used; that is, select one of the first objectives listed. Caution them that any additional short-term objectives that were selected from screening, diagnostic, observational or component assessment reports should also be considered for teaching as soon as they begin to emerge.

4. Explanation of Step 3. <u>Think of the skill behavioral terms.</u>

Display overhead transparency #1 and point out the next step in
the steps for individualization: think of the skill in behavioral
terms. Explain that if they're working from a developmental
checklist, they will now need to think of the skill(s) they've
targeted to teach in behavioral terms (Who, Will Do What, With
What Type of Aid, How Well). At this stage, the Aid will usually
be "without aid" or "unassisted" unless the selected item specifies
additional aid for the child. Point out that if they're working
from their I.S.P. short-term objectives this step will already be
completed.

5. Explanation of Step 4. Do a task analysis of the skill.

   a. Display transparency #5. Explain that task analysis can be com-
   pared to a staircase with each step leading to your targeted skill.
   Some children will need many steps and others only a few.

   b. We generally use task analysis in our every day lives when we
   want to learn new skills. If you ever learned how to swim, task
   analysis was probably used in that process. You probably weren't
   just put in water by yourself and told to swim. That could mean
   disaster! Someone probably physically guided you until you could
   float and do the different strokes. They also demonstrated, ex-
   plained and let you practice each step until you had mastered it.

   c. Let's take a closer look at task analy and the process of
   breaking down a skill. We will first look at the behavior and
   see how that can be made easier for the child. For example, when
   you learned to swim, you probably were first taught to go into
   the water, then to put your head into the water, then to float,
   then to move your arms and kick. This was a task analysis of
   swimming.

   d. Display "will stack 5 blocks" on overhead transparency #6. Tell
   participants that this is a skill as it may appear in a behavioral
   checklist. They are to look at the behavior and decide what parts
   they could change. Generally these changes would include such
   things as the materials used, the number indicated, the position
   of the materials or the action itself. In this example, the number

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of blocks to be stacked or the actual stacking materials can be
changed. After you have gotten responses, uncover the task
analysis sequence under the skill to show them how you could
move from a simple behavior until you reach attainment of the
skill. (Note: only uncover the "Will Do What" task analysis
at this time. Leave "Aid" breakdown covered). The steps which
lead to the final behavior are sometimes called component be-
haviors or sub-skills. Explain that this, as in all examples,
is not the only correct sequence but an example of how you
might task analyze the behavior.

e. Follow the same procedure for the rest of the skills listed on
transparencies #7-#14. Each time, ask them what in the behavior
they could change to make it easier for the child. If partici-
pants suggest aids such as guiding the child's hand etc., explain
that they're already ahead of you - aids such as that will be
discussed next. Right now we're just concentrating on what we
could change in the behavior. The skills you will be discussing
will be:

7 - will skip forward

8 - will name four colors

9 - will count five objects

10 - will button small buttons on
a sweater on self

11 - will follow a 3 step
unrelated direction
within 1 minute

12 - will ask permission to
use a toy a peer is
playing with

13 - will trace a circle

14 - will put on his pants

Note to the Trainer: overhead transparency #13 depicts a shaping
procedure. Explain to participants that shaping involves reinforc-
ing gradual improvement. It's sometimes called "reinforcing succes-
sive approximations." Approximations are behaviors that are some-
thing like, but not identical to the behavior you'd like the child
to learn. Successive approximations are a group of behaviors, each
one a little more like the behavior you want than the one before.
Shaping can be used to teach a wide variety of skills. Some examples

might be: pronouncing new words, drawing, throwing a ball, sitting
quietly for five minutes, etc.

Overhead transparency #14 illustrates a backward chaining process.
Explain to participants that backward chaining involves breaking
the task into small steps and then teaching the last step first.
This gives the child the satisfaction of completing the task and
also helps insure that the child will attend to the beginning
steps, thus learning by observation, in anticipation of being
able to finish the process. Backward chaining can be used success-
fully with any task involving a long series of small steps such
as tying or lacing shoes, putting on clothes, zipping a zipper, etc.

f. Display overhead transparency #15. Divide the group into pairs and
assign one or two behaviors to each pair. They should brainstorm
ways to task analyze the behaviors into sub-skills or component
behaviors and then put these skills in sequence; beginning with the
easiest skill and leading to the end behavior. Circulate among
the group to check answers and give suggestions.

g. Distribute worksheet #1. Ask the participants to number the skills
so they are in order - with #1 being the skill that would be
easiest for the child and #9 being the skill that would be hardest
or the actual desired behavior. After allowing ample time, place
transparency #16 on the overhead projector and number the sequence
so participants can correct their worksheets. Two possible correct
sequences are indicated here. There is no "right way" to do the task
analysis. Answer any questions that may arise at this time.
Summarize this part of task analysis by stating that you have just
looked at one way of making the skill easier for the child - by
simplifying the behavior. The number of steps you will need to break
the skill down will be dependent upon the child.

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Answers for Worksheet #1

6 3 Will walk forward heel to toe on balance beam on floor

8 8 Will walk backward heel to toe on a balance beam raised
      3 inches

5 6 Will walk backward heel to toe on 6 inch wide line

4 2 Will walk forward heel to toe on 6 inch wide line

7 7 Will walk backward heel to toe on balance beam on floor

3 5 Will walk backward heel to toe on one foot wide line

9 9 Will walk backward heel to toe on balance beam raised
      6 inches

1 1 Will walk forward heel to to toe

2 4 Will walk backward heel to toe

h.   Next we will be discussing an additional way to make the skill
      easier for the child - by giving him/her aid or assistance.
      Ask participants to brainstorm the different kinds of aids or
      assistance they use with children. After they have mentioned
      several, point out that these aids, just like the component
      behaviors, can be put in sequential order. Place strips from
      transparency #17 on the overhead projector in this order:
      a, b, c, d. Read each strip aloud and then ask participants
      which one would be the very easiest for the child. Answer: b.
      Put that strip first. Ask which would be next easiest: d.
      Place this one second. Next easiest: a. Place this one third.
      And finally which would be most difficult for the child: c.
      This one is placed last.

      Point out that in this sequence the tea r began teaching by
      physically guiding the child to make the correct response; the
      next step gave the child a visual cue to the correct response;
      next came verbal cues to assist with the correct responses and
      finally the child performed the task independently.
i.   Display transparency #18. Tell participants that aids fall into
      categories. The number of steps involved in teaching a skill is

again dependent upon the child. Often, teaching begins with some
form of physical aid or guidance. This involves assisting the
child through the task. After the child can complete the task
with physical aid, a visual cue can be substituted. Visual cues
assist the child by allowing him/her to see something. Next, ver-
bal cues, or giving specific directions or talking the child through
the task, can be used. And finally, the child does the skill in-
dependently or when asked.

j. To take a more in-depth look at aids in each category, display
overhead transparency #19, examples of aids for doing. Reveal the
aid examples one category at a time. Explain that within each
category there are many possible aids and they too can be sequenced
from the easiest for the child to the most difficult. They can
also be used in combinations. Ask them to think of other examples
in each category before moving to the next grouping.

k. Language activities are an exception - you can't force a child to
talk by touching or showing him/her how to talk. You will generally
need to use verbal cues to assist in talking. Display overhead
transparency #20, Aids for Saying. Explain that this is a sequence
of steps that can be used to teach a child new vocabulary words;
such as colors, shapes, animal names, object names, positional
concepts, letter names, etc. Teaching begins with the aid that
makes the skill easiest for the child and progressively the child
is asked to do more and more. Demonstrate each step in the following
manner.

1) Ask one of the participants to be "the child" for purpose of
this demonstration. Have on hand an object(s) for which you
want the "child" to learn the name(s). For the purpose of this
explanation, a pencil will be used.

2) Explanation of when modeled each time: say to the child, "This
is a pencil. What is it?" Child responds. "This is a pencil,
tell me what it is." Child responds. "Let's see if you can tell
me once more. This is a pencil. What is it?" Child responds.
This procedure gives maximum aid to the child and will only be

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used when the child is having great difficulty remembering the
word or when new vocabulary words are being introduced.

3) [illegible] say to the child, "This is
a pencil. What is it?" Child responds. "What did you say
that was." Child responds. "Tell me once more, what is it?"
Child responds. In this procedure the child must rely on short-
term auditory memory to recall the name. You can make it into
a game by having the child respond loudly or softly or by hid-
ing the object and having it reappear on the second or third
request.

4) Explanation of when given a choice of two: say to the child,
"Is this a pencil or paper?" Child responds. "Is it tape or
a pencil?" Child responds. "Is it a pen or a pencil?" Child
responds. This technique can be used with a choice of three or
four objects also. The more choices there are, the more difficult
the task becomes. Also, the more similar the two words that are
used for the choices, the more difficult it is to select the
correct answer. The child must rely on recognition to respond
correctly. It is like a multiple choice test where the answer is
stated, but it must be recognized among other possibilities.

5) Explanation of when given initial sound cues: say to the child,
"What is this?" It's a 'puh'." Child responds. In this pro-
cedure the child relies on recognition and recall to give the
entire answer. It's like a fill in the blank test which requires
a higher memory level because only partial answers are provided.
If at any point in the demonstration the "child" responds incorrect-
ly, move back to the previous aid in order to elicit the correct
response.

1. Explain to participants that after the child has had the benefit of
physical, visual and verbal aids, and combinations thereof, we will
finally ask him/her to do the skill independently, when asked, or
on request. These are all ways of saying that the child will now do
the skill alone or without aid.

m. Display transparencies #6-#14 again. For each transparency, cover

the hierarchy of aids that are given - show them only the final
step - without aid. Ask participants to imagine themselves
teaching the skill to a child. Ask them to think of all the
types of aid they could think of that would assist the child in
doing the skill. They may wish to put these aids in order.
After responses have been given, uncover the sequence of aids and
discuss each step. Explain that these are only examples of types
of aid. There are many additional aids that could be used, de-
pending upon the needs of the child. Distribute worksheet #2.
Ask participants to number the order with #1 being the skill that
would be easiest for the child and #7 being the skill that would
be hardest or the actual desired behavior. Point out that most
skills include two aids so they should be sequenced accordingly.
After allowing ample time, place transparency #21 on the overhead
projector and number the sequence so they can correct their work-
sheets. Answer any questions that may arise. Summarize this
part of task analysis by stating that you have now looked at
another way of making the skill easier for the child - by giving
him/her aid. Again, the amount and number of aids needed will
depend upon the child.

Answers for Worksheet #2

_3_ Will walk upstairs alternating feet when handrail is used and child
    is shown how

_7_ Will walk upstairs alternating feet without aid

_1_ Will walk upstairs alternating feet when handrail is used and feet
    are guided

_6_ Will walk upstairs alternating feet when shown how

_4_ Will walk upstairs alternating feet when handrail is used and child
    is given verbal directions

_5_ Will walk upstairs alternating feet without handrail and child
    follows footprints

_2_ Will walk upstairs alternating feet when handrail is used and child
    matches colored squares on shoes to same colored footprints on stairs

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n. Distribute worksheet #4. Ask participants to complete each
of the three sections. Circulate and assist in making
the different and participate to assist their ideas.
When everyone has completed the worksheet, mention the
different ideas used.

3. As a summarizing activity, distribute worksheet #4 which has
been cut up in strips and placed in envelopes. Tell partici-
pants to put the puzzle pieces in sequence, beginning with
the first skill they would teach and ending with the last skill
to be taught. When they've assembled the pieces, secure them
with a piece of tape across the center and turn the sheet over.
If they are in correct sequence a picture of a child performing
the task will be in place.

STEPS FOR INDIVIDUALIZATION

Step 1 COMPLETE A DEVELOPMENTALLY SEQUENCED CHECKLIST OR EDUCATIONAL ASSESSMENT.

Step 2 TARGET A SKILL THE CHILD IS READY TO LEARN.

Step 3 THINK OF THE SKILL IN BEHAVIORAL TERMS.

Step 4 DO A TASK ANALYSIS OF THE SKILL.

self-help

PortageGuide

self-help

PortageGuide

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INDIVIDUAL SERVICE PLAN FOR: Michael Jones

Short-Term Objectives

Long-Term Goal: Will perform all items on the Portage Checklist up to #69
June 1

Short-Term Objectives	Special Materials and Methods	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review Date	Achieved
away toys when asked to		mother	parent report	10/28		
used independently each day		"	"	"		
Specialist:						
the zipper foot in the catch of his independently whenever necessary		mother/teacher	observation	"		
face upon request once a day	will practice at bath time	mother	parent report	"		
e self except for back, neck and pendently 5 out of 7 days		mother	"	"		
s self completely when mom sets out ing upon request once a day		"	"	"		
hair upon request once a day		"	"	"		
his clothes up on hangers upon 00s		"	"	"		
out his neighborhood without supervision when given permission eminder by mom 100s		"	"	"		
shoes when on his feet upon request	will work on at home	"	"	"		

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Task Analysis
Transparency #4

self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments

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self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments

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TARGETED SKILL

PRESENT BEHAVIOR
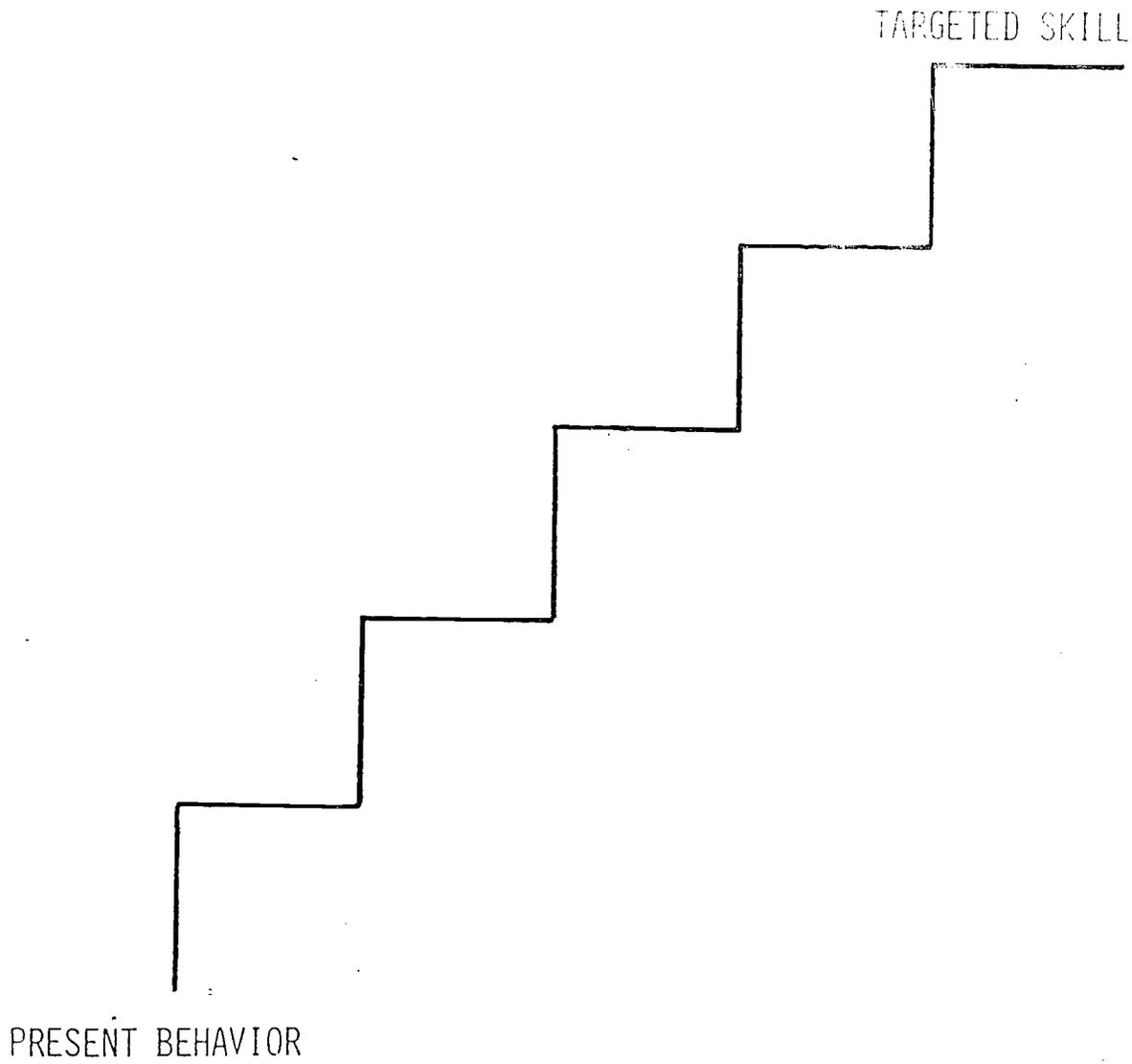
TASK ANALYSIS

•WHO
SAM

•WILL DO WHAT
WILL STACK 5 1" BLOCKS
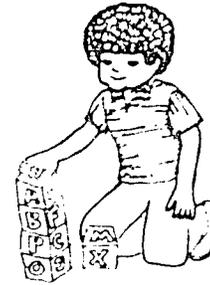
WILL STACK 4 ONE INCH BLOCKS

WILL STACK 3 ONE INCH BLOCKS

WILL STACK 5 LARGE BLOCKS

WILL STACK 5 TIN CANS

WILL STACK 5 BOXES

•AID
WITHOUT AID

WHEN GIVEN VERBAL DIRECTIONS

WHEN SHOWN HOW

WHEN WRISTS ARE GUIDED

WHEN HANDS ARE GUIDED

•HOW WELL
3/3 X

•WHO
TINA

•WILL DO WHAT
WILL SKIP FORWARD FOR 10'

WILL STEP HOP IN PLACE ON ALTERNATING FEET

WILL GALLOP FORWARD (RIGHT AND LEFT FOOT LEADING)

WILL HOP FORWARD (RIGHT AND LEFT FOOT)

WILL HOP IN PLACE (RIGHT AND LEFT FOOT)

WILL STAND ON ONE FOOT 4-8 SECONDS (RIGHT AND LEFT FOOT)

WILL JUMP FORWARD

WILL JUMP IN PLACE

•AID
WITHOUT AID

WHEN GIVEN VERBAL DIRECTIONS

WHEN GIVEN FOOTPRINTS TO FOLLOW

WHEN SHOWN HOW

WHEN ONE HAND IS HELD

•HOW WELL
3/4X

•WHO

    LA MONT
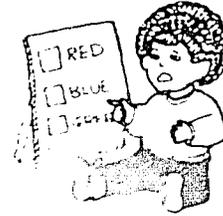
•WILL DO WHAT

    WILL NAME RED, BLUE, GREEN
      & YELLOW

       WILL NAME 3 COLORS

       WILL NAME 2 COLORS

       WILL NAME 1 COLOR

       WILL POINT TO 4 COLORS

       WILL MATCH 4 COLORS

•AID

    V HEN ASKED

       WHEN GIVEN INITIAL SOUND CUE

       WHEN GIVEN CHOICE OF 3 COLORS

       WHEN GIVEN CHOICE OF 2 COLORS

       WHEN GIVEN A MODEL ONCE

       WHEN GIVEN A MODEL EACH TIME

•HOW WELL

    2/2X

● **WHO**
   JENNY
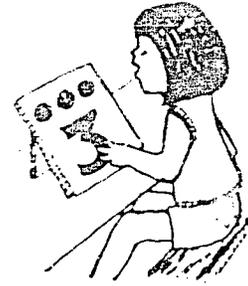
● **WILL DO WHAT**
   WILL COUNT 5 OBJECTS

   WILL COUNT 4 OBJECTS

   WILL PICK UP SPECIFIED NUMBER OF OBJECTS (1-5)

   WILL COUNT 3 OBJECTS

   WILL COUNT 2 OBJECTS

   WILL ROTE COUNT TO 5

● **AID**
   WITHOUT AID

   WHEN GIVEN INITIAL SOUND CUES

   WHEN CHILD IMITATES AFTER ALL NUMBERS ARE SAID

   WHEN CHILD IMITATES AFTER EACH NUMBER

   WHEN PARENT GUIDES HAND AND CHILD IMITATES AFTER
      EACH NUMBER

   WHEN PARENT GUIDES HAND AND COUNTS WITH CHILD

● **HOW WELL**
   3/3X

◦ WHO
LARRY

◦ WILL DO WHAT
WILL BUTTON 5 SMALL BUTTONS ON
SWEATER ON SELF

WILL BUTTON 4 SMALL BUTTONS ON SWEATER ON TABLE

WILL BUTTON 3 SMALL BUTTONS ON BUTTON BOARD

WILL BUTTON 5 LARGE BUTTONS ON SWEATER ON SELF

WILL BUTTON 4 LARGE BUTTONS ON SWEATER ON TABLE WHEN BUTTON
IS INSERTED ½ WAY THROUGH HOLE

WILL BUTTON 3 LARGE BUTTONS ON BUTTON BOARD WHEN BUTTON
•IS INSERTED ½ WAY THROUGH HOLE

WILL PUSH PLASTIC DISC OR QUARTER IN AND OUT OF SLOT

◦ AID
WITHOUT AID

WHEN GIVEN VERBAL DIRECTIONS

WHEN SHOWN HOW

WHEN HANDS ARE GUIDED

◦ HOW WELL
2/2X

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•WHO
GEORGE

•WILL DO WHAT
WILL FOLLOW A 3 STEP UNRELATED DIRECTION WITHIN 1 MINUTE

WILL FOLLOW A 3 STEP UNRELATED DIRECTION WITHIN 3 MINUTES

WILL FOLLOW A 3 STEP RELATED DIRECTION

WILL FOLLOW A 2 STEP UNRELATED DIRECTION

WILL FOLLOW A 2 STEP RELATED DIRECTION

WILL FOLLOW A 1 STEP DIRECTION

•AID
WHEN ASKED ONCE

WHEN ASKED TWICE

WHEN GIVEN VERBAL CUES

WHEN TEACHER POINTS

WHEN SHOWN HOW

WHEN TEACHER WALKS HIM THROUGH IT -

•HOW WELL
3/3 X

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WHO
LATISHA

WILL DO WHAT
WILL ASK PERMISSION TO USE A TOY A PEER IS PLAYING WITH

WILL ASK PERMISSION TO USE WORK OBJECT A PEER IS USING

WILL ASK PERMISSION TO USE OBJECT OF TEACHER'S

WILL SHARE WITH 2-3 CHILDREN

WILL SHARE WITH ONE CHILD

AID
INDEPENDENTLY

WHEN GIVEN ONE REMINDER

WHEN GIVEN TWO REMINDERS

WHEN GIVEN VERBAL DIRECTIONS

WEHN SHOWN HOW AND GIVEN VERBAL DIRECTIONS

WHEN GUIDED AND GIVEN VERBAL DIRECTIONS

HOW WELL
75% OF THE TIME

Portage Project-TEACH-Region V

⊙WHO
CHRIS
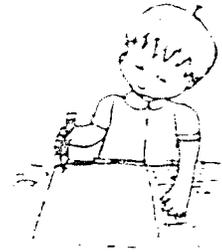
⊙WILL DO WHAT
WILL TRACE A CIRCLE

WILL TRACE MODEL WITHIN 1/2" OF THE LINE

WILL TRACE MODEL WITHIN 1" OF THE LINE

WILL DRAW A CLOSED CIRCULAR PATTERN

WILL DRAW AN UNCLOSED CIRCULAR PATTERN

WILL DRAW IN A CIRCULAR MOTION

⊙AID
WHEN ASKED

WHEN GIVEN VERBAL DIRECTIONS

WHEN GIVEN DOTS TO TRACE

WHEN GIVEN DASHES TO TRACE

WHEN GIVEN A TEMPLATE

WHEN WRISTS ARE GUIDED

WHEN HANDS ARE GUIDED

⊙HOW WELL
4/4X

○ **WHO**
JESSE

○ **WILL DO WHAT**
WILL PUT ON HIS PANTS

WILL STEP INTO ONE LEG AND PULL UP PANTS FROM FLOOR

WILL PULL UP PANTS FROM ANKLES

WILL PULL UP PANTS FROM KNEES

WILL PULL UP PANTS FROM THIGHS

WILL PULL UP PANTS FROM HIPS

○ **AID**
ON REQUEST

WHEN GIVEN VERBAL DIRECTIONS

WHEN SHOWN HOW ONCE

WHEN SHOWN HOW EACH TIME

WHEN HANDS ARE GUIDED

○ **HOW WELL**
3/3 X

LIST COMPONENT BEHAVIORS

1. WILL NAME SQUARE, CIRCLE, TRIANGLE

2. WILL CATCH A TENNIS BALL THROWN FROM 10'

3. WILL DRAW A SQUARE

4. WILL LACE SHOES WHEN ON FEET

5. WILL SET TABLE WITH KNIVES, FORKS, SPOONS, PLATE
     NAPKIN AND GLASS

6. WILL STRING 8 SMALL BEADS

7. WILL REPEAT FOUR LINE FINGERPLAY WITH WORDS AND ACTIONS

8. WILL HOP BACKWARD ON ONE FOOT FOR 5'

9. WILL ZIP AND UNZIP JACKET ON SELF

10. WILL POINT TO PICTURES OF "IN, ON, UNDER" AND "BESIDE"

Directions: Number the skill so they tell with sequence of easiest for the
              child (#1) to hardest for the child (#9)

WILL WALK FORWARD HEEL TO TOE ON BALANCE BEAM ON FLOOR

WILL WALK BACKWARD HEEL TO TOE ON A BALANCE BEAM RAISED 3 INCHES

WILL WALK BACKWARD HEEL TO TOE ON 6 INCH WIDE LINE

WILL WALK FORWARD HEEL TO TOE ON 6 INCH WIDE LINE

WILL WALK BACKWARD HEEL TO TOE ON BAL.   BEAM ON FLOOR

WILL WALK BACKWARD HEEL TO TOE ON 10" WIDE LINE

WILL WALK BACKWARD HEEL TO TOE ON BALANCE BEAM RAISED 6 INCHES

WILL WALK FORWARD HEEL TO TOE

___WILL WALK BACKWARD HEEL TO TOE

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A   WILL WASH HANDS WHEN GIVEN VERBAL INSTRUCTIONS

B   WILL WASH HANDS WHEN HANDS ARE GUIDED

C   WILL WASH HANDS WITHOUT ASSISTANCE

D   WILL WASH HANDS WHEN SHOWN HOW

AIDS

PHYSICAL AID

VISUAL AID

VERBAL AID

WITHOUT AID

EXAMPLES OF AIDS

PHYSICAL AID

WHEN TEACHER HOLDS HAND

WHEN TEACHER HOLDS WRIST

WHEN TEACHER HOLDS FINGER

WHEN TEACHER GUIDES HAND

WHEN USING A CHAIR FOR SUPPORT

WHEN USING A TABLE FOR SUPPORT

VISUAL AID

WHEN SHOWN EACH TIME

WHEN SHOWN ONCE

WHEN GIVEN DOTS TO TRACE

WHEN GIVEN DASHES TO TRACE

WHEN GIVEN ARROWS TO FOLLOW

VERBAL AID

WHEN GIVEN VERBAL DIRECTIONS

WHEN TOLD HOW

AIDS FOR SAYING

WHEN MODELED EACH TIME

WHEN MODELED ONCE

WHEN GIVEN CHOICE OF TWO

WHEN GIVEN SOUND CUES

Directions: Number the skills as they follow in sequence of easiest for the child (#1) to hardest for the child #...

___ WILL WALK UPSTAIRS ALTERNATING FEET WHEN HANDRAIL IS USED AND CHILD IS SHOWN HOW

WILL WALK UPSTAIRS ALTERNATING FEET WITHOUT AID

WILL WALK UPSTAIRS ALTERNATING FEET WHEN HANDRAIL IS USED AND FEET ARE GUIDED

WILL WALK UPSTAIRS ALTERNATING FEET WITHOUT HANDRAIL AND WHEN SHOWN HOW

WILL WALK UPSTAIRS ALTERNATING FEET WHEN HANDRAIL IS USED AND CHILD IS GIVEN VERBAL DIRECTIONS

___ WILL WALK UPSTAIRS ALTERNATING FEET WITHOUT HANDRAIL AND CHILD FOLLOWS FOOTPRINTS

WILL WALK UPSTAIRS ALTERNATING FEET WHEN HANDRAIL IS USED AND CHILD MATCHES COLORED SQUARES ON SHOES TO SAME COLORED FOOTPRINTS ON STAIRS

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Task Analysis Worksheet

1. Using the same objective, change the "What" section. Write three different "Will do Whats" in a sequence from most difficult for the child to easiest.

Who   What   Aid   How well
Jason/will complete 6 piece puzzle/when requested/within 2 min. 3/3x's

_____ most difficult

_____

_____ easiest

2. Using the same objective, change the "Aid" section. Write three different "Aids" in a sequence from most difficult for the child to easiest. Keep in mind the three types of aid (physical, visual, verbal) and write a "specific aid" for each type.

Who   What   Aid   How well
Jason will complete 6 piece puzzle/when requested/within 2 min. 3/3x's

verbal   _____

visual   _____

physical _____

3. Now select one step from each section and combine the steps to make a complete behavioral objective. Write it here.

_____

_____

LISA WILL DRAW A VERTICAL LINE IN IMITATION 3/3x

LISA WILL DRAW A HORIZONTAL LINE IN IMITATION 3/3x

LISA WILL DRAW A CIRCLE WHEN GIVEN A MODEL TO COPY 3/3x

LISA WILL PRINT HER NAME WHEN HER HAND IS GUIDED 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN A TEMPLATE 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN A MODEL TO TRACE 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN DASHES TO TRACE 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN DOTS TO TRACE 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN A MODEL TO COPY 3/3x

LISA WILL PRINT HER NAME WHEN GIVEN VERBAL DIRECTIONS 3/3x

LISA WILL PRINT HER NAME INDEPENDENTLY 3/3x

LISA WILL PRINT HER NAME INDEPENDENTLY 3/3x WITHIN ONE MINUTE

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OVERVIEW

Once short-term objectives have been task analyzed, the teacher will need to utilize task analysis in order to truly individualize for the child. This can be done in a variety of ways, but one of the most systematic and accountable methods for individualization is writing activity charts. Activity charts represent the day to day implementation of the I.S.P. short-term objectives. Activity charts enable the teacher to specify what the child will learn, materials used to teach, teaching techniques to be implemented, reinforcement procedures, and generalization activities. Additionally, a record of the child's skill level at the beginning and end of the teaching period yields a record of progress and allows the teacher to be truly accountable. Activity charts can be written for the parent to use at home or for a teacher aide or volunteer to use in the classroom. They are used in individual daily sessions with the child and plan systematic progress toward the attainment of long-term goals and short-term objectives.

As a result of this session, participants will:

1. state the rationale for using activity charts;
2. describe each section of the activity chart;
3. select items from a task analysis which the child can accomplish in one teaching period; and
4. complete one home activity chart and one classroom activity chart for a child.

BACKGROUND FOR THE TRAINER

In preparation for this workshop, the following sources are recommended. They are referenced in Appendix A of this training guide.

Linking Developmental Assessment and Curricula: Prescriptions for Early Intervention;

A Planning Guide for the Preschool Curriculum: The Child, The Process, The Day;

Early Childhood Developmental Disabilities: A Self-Paced Course for

Training Staff to Identify and Integrate Children with Handicapping

Conditions into Preschool Programs, Units 4 and 5:

Exceptional Teaching: A Multimedia Training Package.

You will find additional information about activity charts in Appendix B, pages 239-243, of this training guide.

PREPARING FOR THIS WORKSHOP

1. Duplicate the handouts and transparencies from the masters included at the end of this section.

2. Staple the 6 pages of Handout #1 together and distribute one to each participant before conducting this session. Instruct each participant to read the handout prior to the session in order to gain an understanding of what will be covered.

3. If you choose to conduct Optional Activity #1, make one transparency for each participant from the master for Handout #3.

4. If you decide to conduct Optional Activity #2, duplicate two copies of Handout #4 for each participant.

5. Prepare 5-6 inch construction paper cut-outs of a circle, rectangle and triangle.

6. Equipment needs for this workshop will be an overhead transparency projector, transparency marking pens and a projector screen.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This session will include three parts:

1) a presentation and discussion covering a curriculum planning sequence and activity charts using overhead transparencies and handouts;

2) the completion by participants of one home activity chart and one classroom chart to measure mastery of the concepts presented;

3) a demonstration and role play on how to use the activity charts for teaching.

1. Display overhead transparency #1, the Curriculum Planning Sequence.

Briefly review Steps 1-4. (For a complete description of each step see the Task Analysis section in this guide.) Have participants follow along on Handout #1.

STEP 1: Complete a developmentally sequenced checklist or educational assessment. This step was completed during the information-gathering phase of the development of the I.S.P. The educational assessment helped determine what the child could presently do and what skills would be appropriate to teach.

STEP 2: Target a skill the child is ready to learn. The next step was to select appropriate skills from the educational assessment or I.S.P. to teach the child. One of the first items a child could not do, or a skill marked emerging were determined as appropriate places to begin teaching.

STEP 3: Think of the skill in behavioral terms. This step is not necessary if you're planning from the I.S.P. since the short-term objectives are already stated in behavioral terms. If you're planning directly from the educational assessment, expand the skill statement into a complete behavioral objective, including Who, Will Do What, With What Type of Aid, How Well.

STEP 4: Do a task analysis of the skill. This step entailed planning a sequence of skills which leads to the attainment of the short-term objectives. The "Will Do What" and "With What Type of Aid" portions of the behavioral objective were broken down or analyzed in order to plan a progression of teaching steps. This task analysis process will now be used to design individual activity charts for children.

2. Explanation of Step 5: Target a behavior from the task analysis that can be taught in one instructional period (1-2 weeks) and write it in behavioral terms. Look at the task analysis of both "Will Do What" and "Type of Aid" and select a step in each part that reflects what the child should be able to accomplish during one instructional period. Generally, instructional periods last one week.

Display transparency #2, a sample task analysis. Point out the break-
down of skills and the steps that were selected. Explain that you
should base your selection of steps on what the child can presently
do in relation to the new skill and how quickly the child learns new
skills. Remember that children learn at different rates and do not
learn the same skills in the same time period.

3. Redisplay transparency #1 and explain Step 6: <u>Write an activity chart.</u>
This is the final step in the curriculum planning sequence. It is
one way to truly individualize for a child. The activity chart con-
tains a statement of what the child will learn, what materials and
teaching techniques will be used and a record of how well the child
performs the task before and after instruction. Activity charts may
be taught by a parent, teacher, aide or volunteer in individual
daily sessions. Using this specific plan enables the teacher to
maintain accurate records of new skills the child has learned as well
as materials and teaching techniques which were effective. Activity
charts can be written for home or classroom use. We will discuss
both types.

4. Display transparency #3, the home activity chart. Participants should
follow along on corresponding Handout #2. Describe the parts of the
chart including the following points:

   a. The home activity chart can be used by parents to teach a
      specific skill at home or during the home visit component
      of the program.

   b. <u>What to Teach</u>: write the complete behavioral objective you
      have selected for the child to accomplish by the end of in-
      structional period.

   c. <u>What to Record</u>: show the symbols to be used in recording the
      child's performance on the task. Generally you use two symbols:
      one to indicate the child completed the activity as stated in
      the behavioral objective and one to indicate the child completes
      the objective with additional aid. These symbols can be the
      same as the symbols used for the educational assessment (i.e.,
      $\sqrt{}$ = yes, x = with additional aid).

d. Directions: these may be written in paragraph form or as num-
bered statements to correspond to each item. The following in-
formation is included in the directions:

Place to work: if the activity requires a special place
to work such as a table for paper and pencil activities,
include this information. Some activities may not require
a special place to work so this may be omitted.

Materials: describe the materials necessary to complete
the activity.

How to present the materials: describe how to elicit a re-
sponse from the child. The presentation of the material
must correspond with the behavioral objective. For example,
if the objective is: John will count to 4 with a model
3/3x, the directions will state: place four blocks in
front of John and count them. Ask John to count the
blocks after you.

How to reinforce: when the child responds correctly, what
reinforcement does he receive? Be creative in selecting
reinforcers; stars or stickers may not be reinforcing for
every child. Be sure the reinforcer is meaningful to the
individual child. Also, children will need different rein-
forcers for different activities. For a very difficult
task a child may need a strong reinforcer everytime she/he
performs the activity. If the child has almost learned the
skill, reinforcement may only be necessary every 2 or 3
times the child performs the behavior. A rule of thumb is
to use the least amount of reinforcement necessary to estab-
lish and maintain the behavior. Reinforcers which are
commonly used may include stickers, tokens, happy faces,
preferred activities, hugs, clapping or praise. Remember
to always use praise even when tokens or activities are also
being used. Praise should always be specific and tell the
child exactly what they are doing correctly. For example,
instead of "good girl", a specific reinforcement would be,

"You're walking the balance beam very well!" or "You're really
working hard."

Type of aid to use as correction procedure: this is the
most important part of the directions. The correction pro-
cedure gives the child additional assistance in performing
the behavior. Generally, the correction procedure is one
step back in the task analysis. It may either give the child
additional aid or make the "Will Do What" simpler for the
child.

How many times to practice: this part of the directions
corresponds to the "How Well" part of the behavioral objec-
tive. If the activity is to be done 3/3 times twice a day,
directions should state to do the activity three times twice
a day.

Additional activities for generalization: generally learning
first occurs in one setting with a specific material. As a
behavior is learned under specific conditions it can gradually
be transferred to other similar situations and then to any
situation where the behavior would normally occur. For example,
a child might first learn to point to pictures of animals in
one specific book, later to pictures in familiar children's
books and eventually to animal pictures from any source. This
is generalization. Directions on the activity chart should
contain suggestions for generalizing the skill.

e. Graph: the graph is used for recording the child's performance
    on the task. On the bottom write a symbol for each day of the
    teaching period. On the vertical axis record numbers for each
    trial. These numbers correspond to the "How Well" part of the
    behavioral objective. The graph records the child's performance
    at the beginning and end of the instructional period and the
    progress during the week. Recording is necessary to determine
    if the activity is appropriate. The first time the activity
    is presented to the child is called baseline or pre-test. The

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activity is presented exactly as written on the chart; do not
use correction or reinforcement during baseline. Record the
child's performance on the chart. Based on this performance,
determine if the activity is appropriate for the child - will
the child be able to accomplish the skill by the end of the
instructional period? If baseline information indicates the
child can already perform the skill or that it is too diffi-
cult to accomplish during the instructional period, modify
the activity. At the end of the instructional period post
baseline or post-test results to determine whether the skill
was accomplished.

5. Show participants sample home activity charts using transparencies
   #4, 5, 6, 7, and 8. As you show each chart, ask participants to
   identify the parts of the directions. Point out the correspondence
   between the type of aid in the objective and the way the task is
   presented. Also point out the correction procedure as steps moving
   back in the task analysis.

   Note to the trainer: You may find it helpful to duplicate trans-
   parencies #4-8 as handouts for participants in order to give them
   sample charts for future reference.

6. Ask participants to write a home activity chart using Handout #3.
   The chart should be written for a child in their program or for
   the child for whom the I.S.P. was written. During this activity
   display a transparency of a completed chart. It will be helpful
   in this activity to check each person's chart as they proceed.
   Circulate and give assistance as necessary until all charts are
   completed.

7. Optional Activity #1: After participants complete one home activity
   chart, distribute blank transparencies of charts and marking pens
   and ask each person to write another chart on a transparency. Share
   these with the group and go over each one. Be sure to reinforce the
   new skills each person is learning.

   Note to the trainer: these activities may be done with the partici-
   pants working in pairs.

8. Display transparency #9. Explain that the second type of activity chart is the classroom chart. Participants should refer to Handout #4. Since this chart will be written and used by the teacher or someone under the direct supervision of the teacher, it can be more concise. This chart will contain directions for completing three activities with a child during the one or two week instructional period. Each activity contains 6 parts:

   a. Goal: state the behavioral objective you have selected for the child to accomplish by the end of the instructional period.

   b. Correction: using the task analysis, list a sequence of 2-3 correction procedures which can be used to teach the objective. Number 1 should give the least help and number 3 the most.

   c. Materials: state the materials necessary for teaching the activity.

   d. Reinforcement: state the specific reinforcer to be given when the child performs correctly.

   e. Graph: record a symbol for each day of the instructional period on the bottom. Numbers on the vertical axis will correspond to "How Well" in the behavioral objective. The first day the activity is recorded is the pre-test or baseline. Use this information to determine if the objective is appropriate. If the child can perform the skill as stated in the objective, change it to a more difficult skill by giving less aid; if the activity is too difficult, give additional aid. You may also choose to keep a record of the child's progress by recording on the chart daily. On the last day of the teaching period record the post-test or post baseline. This indicates whether the child accomplished the stated objective. At the end of the instructional period, indicate in the credit section whether the goal was accomplished as recorded on the post-test.

   f. Recording symbols: are indicated for each activity on the top of the chart.

   g. Generalization activities: when appropriate include games and

activities that will help the child practice the skill in other
settings and with other materials.

). Using transparencies #10, 11, 12, 13 and 14, show participants
samples of completed classroom activity charts. Discuss the
correction procedures.

Note to the trainer: You may find it helpful to duplicate trans-
parencies #10-14 as handouts for participants.

10. Explain how to select developmental areas to teach. During each
instructional period each child will work on three activities.
For special needs children, one of these activities should always
be in the child's weakest developmental area. For example, if
a child is language delayed, a language activity should be planned
for each instructional period. The additional two activities
should rotate among the other developmental areas. During each
month, all developmental areas should be included in the child's
curriculum.

11. Ask participants to use the information provided on the child being
used throughout this training and plan three classroom activities
for the child using Handout #4. Circulate among the group and review
the activities with each participant, providing feedback where
necessary to ensure that each person has written an appropriate chart.

12. Optional Activity #2: After participants have completed one classroom
chart for the child for whom they've written the I.S.P., have them
write another chart for a child in their classroom. Have them use
the chart to teach the child during the week.

13. Demonstrate and role play how to use the activity chart for teaching.
Display transparency #10 and explain that you will demonstrate how
to use the chart to teach an activity using the first stated goal as
an example. Ask a participant to play "the child" during the demon-
stration. Prompt "the child" to respond incorrectly. Explain that
it is the beginning of the instructional period and you have determined
that the child is ready to learn to name circle, rectangle and triangle
without aid or when asked. You know that the child can already point
to circle, rectangle and triangle without aid. You will now give a

pre-test to determine whether or not the new goal is appropriate, i.e., to determine if you expect the child will be able to achieve the objective by the end of the one week instructional period. Without reinforcement or correction, ask "the child" to name each shape three times, using cut out shapes of a ◯, ▢ and △. Record "the child's" correct and incorrect responses in the appropriate spaces on the chart. After the pre-test has been given, if the goal is too hard or too easy for "the child" then modify it accordingly and give the pre-test again on the new goal. After the goal has been determined, the actual teaching procedure can begin.

To demonstrate the teaching procedure, ask "the child" to name the shapes using one of the correction procedures listed. When you have selected the one that gives the least amount of aid and that still allows the child to be successful, that is where you'll begin teaching. During the week, ask the child each time to do the task as stated in the goal. If the child is not successful, gradually work the child toward the goal by using the correction procedure that gives the least amount of aid possible but still helps the child to do the task correctly. At the end of the instructional period, give a post-test to determine whether or not the goal was accomplished as stated. The post-test should be given exactly as stated in the goal, without reinforcement or correction, and the results should be recorded on the chart.

14. After the demonstration has been completed, divide the participants into pairs and have them role play giving a pre-test and then teaching the charts they have written. One person should play the child and the other should play the teacher. Circulate among the group to give feedback, correction and encouragement where needed.

15. Summarize the session by presenting Precision Teaching. Precision Teaching was developed by Ogden Lindsley, from the University of Kansas. There are four steps in this procedure. Let's look

at each step and relate it to the teaching procedure we have been discussing using activity charts. Display transparency #15. Explain each point as follows:

a. Pinpoint - state the behavior the child will learn, this is the behavioral objective and is recorded as the goal on the activity chart.

b. Record - how does the child perform on the activity prior to any teaching? This is recorded on the activity chart as the baseline or pre-test.

c. Consequate - refers to the teaching procedure. On the activity chart these are the directions, how materials are presented, reinforcement and correction and generalization activities.

d. Record - at the end of the teaching period record the child's performance. On the activity chart this is recorded as post baseline or post-test.

Lindsley added a fifth step of Try, Try Again. If the child is not successful in completing the activity, modify either the pinpointed behavior or the teaching procedure. Lindsley found that by using this method, 85% of the children were successful in accomplishing the objective during one instructional period. An additional 10 percent were successful when the activity was modified.

CURRICULUM PLANNING SEQUENCE

STEP 1: COMPLETE A DEVELOPMENTALLY SEQUENCED CHECKLIST
OR EDUCATIONAL ASSESSMENT.

STEP 2: TARGET A SKILL THE CHILD IS READY TO LEARN.

STEP 3: THINK OF THE SKILL IN BEHAVIORAL TERMS.

STEP 4: DO A TASK ANALYSIS OF THE SKILL.

STEP 5: TARGET A BEHAVIOR FROM THE TASK ANALYSIS THAT CAN
BE TAUGHT IN ONE INSTRUCTIONAL PERIOD (1-2 WEEKS)
AND WRITE IT IN BEHAVIORAL TERMS.

STEP 6: WRITE AN ACTIVITY CHART.

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TARGETED CHECKLIST ITEM: LACES SHOES

STATED IN BEHAVIORAL TERMS:

JEREMY WILL LACE HIS SHOES WHEN ON HIS FEET INDEPENDENTLY 3/3x

TASK ANALYSIS:

WHO	WILL DO WHAT	WITH WHAT TYPE OF AID	HOW WELL
EREMY	WILL LACE HIS SHOES WHEN ON HIS FEET	INDEPENDENTLY	3/3x
	WILL LACE SHOE ON BOARD	WHEN GIVEN VERBAL DIRECTIONS	
	WILL LACE LAST 6 HOLES OF SHOE ON BOARD	WHEN SHOWN HOW	
	WILL LACE LAST 2 HOLES OF SHOE ON BOARD	WHEN HANDS ARE GUIDED	
	WILL COMPLETE A SEWING CARD		

OBJECTIVE TARGETED FOR TEACHING PERIOD:

JEREMY WILL LACE SHOE ON BOARD WHEN SHOWN HOW 3/3x.

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ACTIVITY CHART

Child's Name —

Home Teacher's Name -

Week of —

What to Teach

STATE A TARGET BEHAVIOR

(WHO, WILL DO WHAT, WITH WHAT
TYPE OF AID, HOW WELL)

What to Record:

SHOW THE SYMBOLS USED AND
TELL WHAT THEY MEAN

DAYS

Directions:

REMEMBER TO INCLUDE:

1. PLACE TO WORK IF IT IS IMPORTANT

2. MATERIALS AND HOW THEY WILL BE USED

3. HOW TO PRESENT THE MATERIALS AND GET THE CHILD TO RESPOND

4. HOW TO REINFORCE THE CHILD WHEN HE/SHE RESPONDS CORRECTLY

5. WHAT TYPE OF AID TO USE AS A CORRECTION PROCEDURE

6. HOW MANY TIMES TO PRACTICE EACH DAY

7. ADDITIONAL ACTIVITIES FOR GENERALIZATION OF THE SKILL

The
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ACTIVITY CHART

Child's Name __Tina__

Home Teacher's Name __Karen__

Week of __February 18__

What to Teach:

Tina will draw a
square when given dots
to trace ∴ 4/4x.

What to Record:

☺ = completed objective

X = needs additional
aid

4

3

2

1

W   T   F   S   S   M   T   W

DAYS
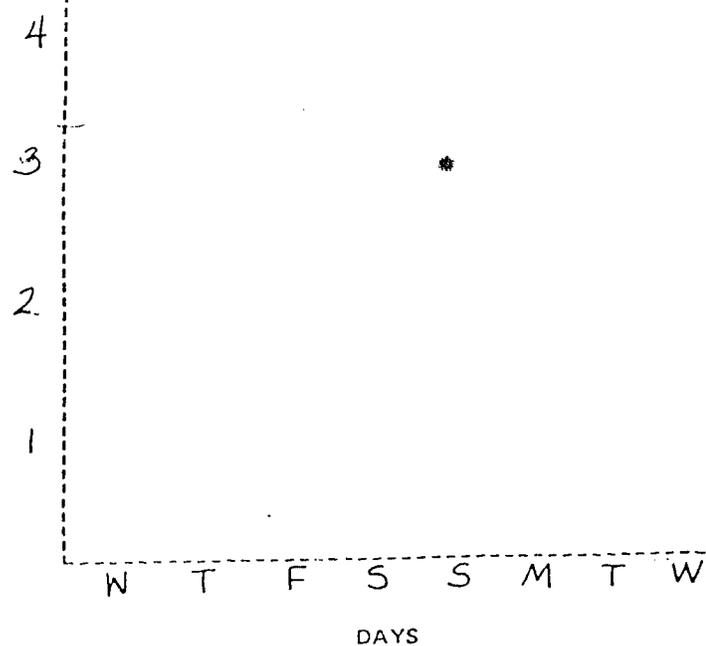
Directions:

Work at the kitchen table with dotted newsprint and felt tip pens. Give Tina the paper with the dots on it and ask her to make a square. If she does it correctly put a face in the square, praise her and mark chart with ☺. If she has trouble, draw a square and have her trace over it. If she still has difficulty give her the square template and have her trace along the lines. Praise her when she completes the square and mark the chart with an X. Have her draw 4 squares a day. During the week play "square hunt" and have her find square objects around the house. Also, serve a snack of square saltines and cheese squares.

The PortageProject

398

ACTIVITY CHART

Child's Name __ Annie

Home Teacher's Name __ Karen

Week of __ October 24

What to Teach.

Annie will name missing
part of pictured objects
when given two choices
5/5 pictures

What to Record:

☺ = names missing
part

X = repeats missing
part

Chair

man

bicycle

horse

truck

T F S S M T W T

DAYS

Directions:

Use the notebook of magazine pictures we made last week. Show Annie
a picture and ask her what it is. Then say, "There's something
missing. Is it the _____ or the _____?" (Example for truck. Is
it the steering wheel or the door?) If she's correct tell her, "That's
right, the _____ is missing" and mark ☺ on chart. Take the
missing part from the back pocket of the notebook and let her put
it where it belongs. If she doesn't name the correct missing part,
tell her " the _____ is missing", and have her repeat it after you as
you show her the part and where it fits. Mark X on the chart.
Practice each picture once a day. You may wish to expand the notebook
with additional catalogue pictures. Do the same activity with them.

The
PortageProject

399

ACTIVITY CHART

Child's Name Shawn

Home Teacher's Name Karen

Week of March 4

What to Teach:

Shawn will separate 30 cards by class names on request ²/₂ x.

What to Record:

☺ = Completed objective

X = needs aid

Pets   2
        1

Clothes 2
        1

Toys   2
        1

W T F S S M T W

DAYS

Directions:

Work at the kitchen table and use the classification game we made. Spread all the cards out in front of her face down. Ask her to pick up a card and place it in the pocket where it belongs. If she places it in the correct pocket, praise her. If she places it in the wrong pocket, tell her what the object is and where it belongs. Have her repeat after you and place it in the correct pocket. Praise her when she repeats correctly. As she is playing, have her tell you what each object is and where it belongs. If she puts all the cards correctly into a pocket mark ☺ on the chart after the correct category. If not, mark X. Play the game twice a day. During the week have Shawn help you sort laundry for more practice in classifying.

The PortageProject

400

ACTIVITY CHART

Child's Name . Beth

Home Teacher's Name Karen

Week of ..... September 30

What to Teach:

Beth will make her
bed on request once
a day.

What to Record:

√ = yes
X = no

.. yes

no

```
|
|
|
|
|
|
|
|__ _ _ _ _ _ _ _ _ _ _ _ _ _
  Th    F    S    S    M    T    W   Th
              DAYS
```

Directions:

After Beth has finished breakfast, tell her to come upstairs
with you to make her bed. If she makes the bed correctly
by herself, praise her and mark the chart next to yes
with a √. If she has difficulty, go to the other side of the
bed and show her how to do the task. Have her complete
her side alone after the demonstration. Praise her efforts. If
she needs help, mark an X after no on the chart. After she
has finished making the bed each morning, let her choose a
sticker to put on the "Good Helper" chart. Let her know how
proud you are that she's learning to help around the house.
Practice once a day.

The PortageProject

401

ERIC

ACTIVITY CHART

Child's Name ... Amy ......
Home Teacher's Name ... Karen ......
Week of ... January 24 ......

What to Teach:

Amy will perform
5 steps in a home
fire drill after complete
demonstration once
a day.

What to Record:

✓ = completes a step

X = after additional model

	Go to Neighbors' House								
Climb Out									
Open Window									
Wake Sister									
Close Door									

M T W T F S S M

DAYS

Directions:

Practice this activity in Amy's bedroom. Demonstrate and explain each step of the fire drill. Tell Amy the reason for and importance of each step. After you've completed all steps, ask Amy to go through each step. When she does a step, praise her and mark a ✓. If she does a step incorrectly or skips a step, stop her and show her what to do. Have her repeat the step after you, praise her and mark the chart with an X. Ask her to go on to the next step. Practice the home fire drill once a day. Amy's sister can do this activity so that she'll learn the procedure also.

The PortageProject

ERIC

CHILD: _____   CREDIT: Goal 1 Yes ___ No ___

DATE: _____   Goal 2 Yes ___ No ___

RECORDER: _____   Goal 3 Yes ___ No ___

GOAL: _____   PRE-TEST   POST-TEST

_____

CORRECTION:
1. _____

2. _____

3. _____

MATERIALS:

REINFORCEMENT:

GENERALIZATION ACTIVITIES: Days

GOAL: _____   PRE-TEST   POST-TEST

_____

CORRECTION:
1. _____

2. _____

3. _____

MATERIALS:

REINFORCEMENT:

GENERALIZATION ACTIVITIES: Days

GOAL: _____   PRE-TEST   POST-TEST

_____

CORRECTION:
1. _____

2. _____

3. _____

MATERIALS:

REINFORCEMENT:

GENERALIZATION ACTIVITIES: Days

Portage Proj. t - TEACH

CHILD: __Candy_____   CREDIT: Goal 1 Yes ____ No ____

DATE: __January 28_____   Goal 2 Yes ____ No ____

RECORDING: __√ = yes_____   Goal 3 Yes ____ No ____
__X = with correction__

GOAL: Will name O ▭ △ when   PRE-TEST   POST-TEST
asked 3/3x

CORRECTION:
1. __Initial sound cue__
2. __Choice of 2__
3. __Model__
MATERIALS: felt shapes

REINFORCEMENT: praise

GENERALIZATION ACTIVITIES: Shape Lotto
Take a shape walk
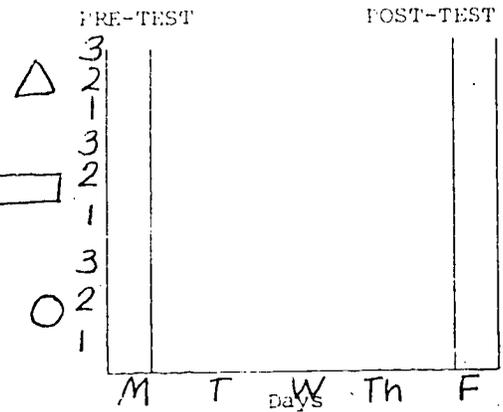
GOAL: Will throw small ball 10 feet   PRE-TEST   POST-TEST
when requested 4/5x.

CORRECTION:
1. __small ball when shown__
2. __guide hands__
3. __large ball when shown__
MATERIALS: small and large ball

REINFORCEMENT: praise and play with ball

GENERALIZATION ACTIVITIES: toss yarn pompoms
at shape targets
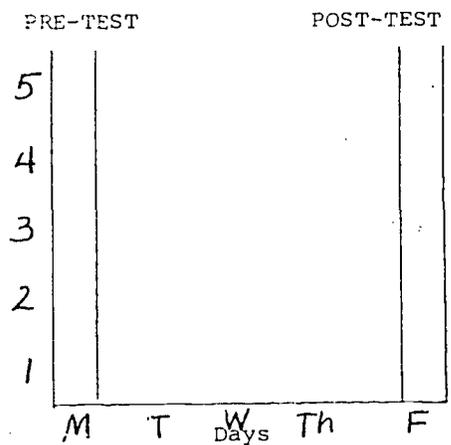
GOAL: will draw ▭ when given   PRE-TEST   POST-TEST
verbal directions 4/4x

CORRECTION:
1. __dots__
2. __trace__
3. __template__
MATERIALS: paper, markers, template

REINFORCEMENT: praise, draw face in ▭

GENERALIZATION ACTIVITIES: paint squares with
water on chalkboard
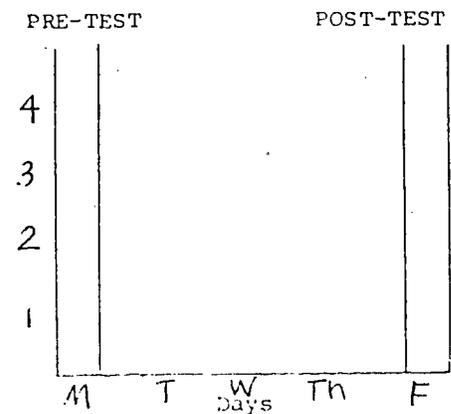
NAME: _Joshua_

DATE: _March 2_

KEY/CODE: _√ = Completed objective_
X = with correction

Goal 1 Yes ___ No ___
Goal 2 Yes ___ No ___
Goal 3 Yes ___ No ___

GOAL: _will name 8 common irregular_
plurals when asked 1/1x each

CORRECTION:
1. _model_
2. ___
3. ___

MATERIALS: _Singular and plural picture cards_

REINFORCEMENT: _praise_

GENERALIZATION ACTIVITIES: _Make a scrapbook_
of plurals

PRE-TEST   POST-TEST

children
people
women
feet
mice
teeth
knives
men

M   T   W   Th   F
Days

GOAL: _will tell color of named_
objects when asked 1/1x each.

CORRECTION:
1. _sound cue_
2. _Show him picture of object_
3. _model_

MATERIALS: _pictures of objects_

REINFORCEMENT: _praise and hug_

GENERALIZATION ACTIVITIES: _Remembering time:_
Have him name all the objects he
can that are a particular color.

PRE-TEST   POST-TEST

sky
pumpkin
leaf
potato
grapes
banana
apple

M   T   W   Th   F
Days

GOAL: _will walk forward 6 ft. on_
balance beam when teacher holds
finger 4/5x.

CORRECTION:
1. _hold one hand_
2. _hold two hands_
3. _walk on tape alone_

MATERIALS: _balance beam, tape on floor_

REINFORCEMENT: _praise and clap_

GENERALIZATION ACTIVITIES: _Play tightrope_
walker on taped line.

PRE-TEST   POST-TEST

5
4
3
2
1

M   T   W   Th   F
Days

405

CHILD: _Andrea_   CREDIT: Goal 1 Yes ____ No ____

DATE: _November 5_   Goal 2 Yes ____ No ____

RECORDING: √ = completes objective   Goal 3 Yes ____ No ____
            X = with correction

GOAL: _will complete a six piece_
puzzle within 2 minutes when
requested 3/3x.

CORRECTION:
1. _When given verbal directions_
2. _point to correct hole_
3. _When first 2 pieces are put in and_
   + points to correct hole
MATERIALS: _6 piece puzzles_

REINFORCEMENT: _Star and praise_

GENERALIZATION ACTIVITIES: _Shape box_

PRE-TEST   POST-TEST

3

2

1

M   T   W   Th   F
        Days
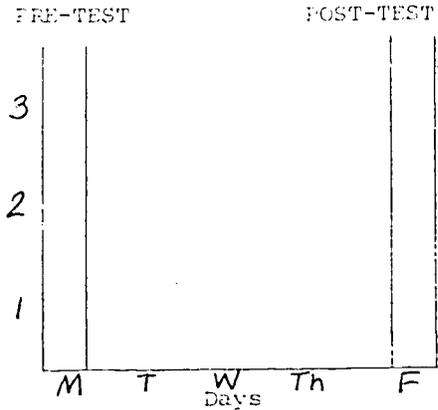
GOAL: _Will pick up 1-3 objects_
when asked 4/4x

CORRECTION:
1. _Count with her_
2. _take her finger and have her point_
3. _   and count_

MATERIALS: _macaroni, Teddy Bear counters_

REINFORCEMENT: _make a necklace from macaroni_

GENERALIZATION ACTIVITIES:

PRE-TEST   POST-TEST

4

3

2

1

M   T   W   Th   F
        Days
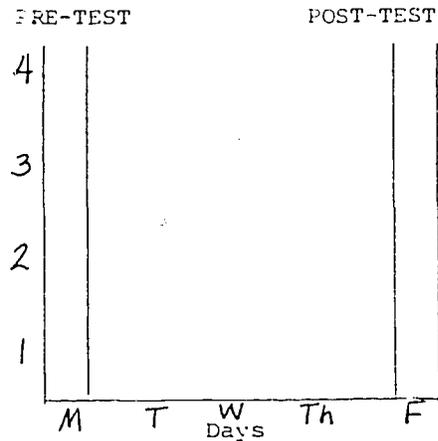
GOAL: _Will cut 2" circle within 1/4"_
of the line when requested 3/3x.

CORRECTION:
1. _show her_
2. _use helper scissors_
3. _cut 4" circle_

MATERIALS: _left-handed scissors; left-handed_
helper scissors; circles drawn on paper
REINFORCEMENT: _praise and smiling face in circle_

GENERALIZATION ACTIVITIES: _Make a snowman_

PRE-TEST   POST-TEST

3

2

1

M   T   W   Th   F
        Days

Portage Project - CESA
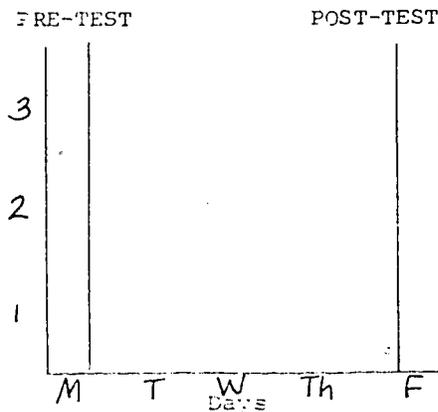
CHILD: Kathie   POST: Goal 1 Yes ___ No ___

DATE: March 15   Goal 2 Yes ___ No ___

RECORDING: √ = Completes objective   Goal 3 Yes ___ No ___
X = With correction

GOAL: Will fold paper in half
when shown 3/3 X

CORRECTION:
1. fold construction paper when t guides hands
2. fold Kleenex when shown
3. fold felt when shown

MATERIALS: felt, Kleenex, construction paper

REINFORCEMENT: praise and clap

GENERALIZATION ACTIVITIES: Fold other childrens'
paintings to go home

PRE-TEST   POST-TEST

3

2

1

M   T   W   Th   F
Days
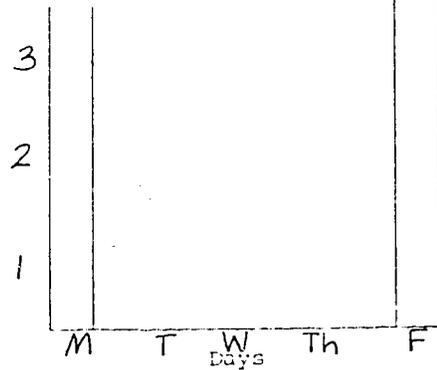
GOAL: Will repeat a 3-line rhym
when given one model 3/2

CORRECTION:
1. give sound cues for missed word
2. repeat each line
3. repeat phrases

MATERIALS: none.

REINFORCEMENT:

GENERALIZATION ACTIVITIES: Have Kathie teach
the rhyme to the class; listen to
Ella Jenkins rhymes; read nursery rhyme book

PRE-TEST   POST-TEST

3

2

1

M   T   W   Th   F
Days
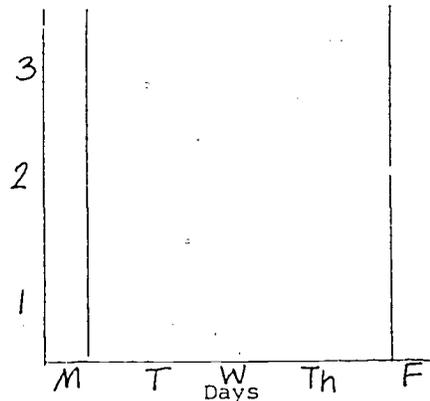
GOAL: Will point to yellow when one
other color is present when
asked 4/4 x.

CORRECTION:
1. Show her
2. guide hand
3. match yellow and blue

MATERIALS: yellow and blue paper
yellow and blue crayons

REINFORCEMENT: praise and sticker

GENERALIZATION ACTIVITIES: Finger paint with
yellow paint; make lemonade

PRE-TEST   POST-TEST

4

3

2

1

M   T   W   Th   F
Days

Autism Project - ?? ?
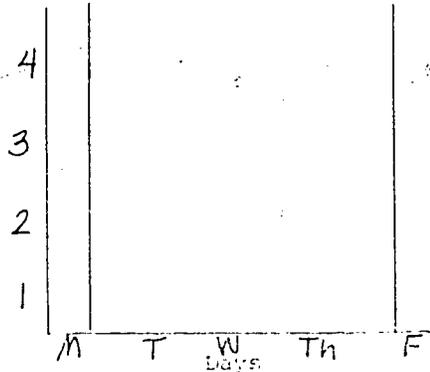
CHILD: _Bobby_____   CREDIT: Goal 1 Yes ____ No ____

DATE: _April 10_____   Goal 2 Yes ____ No ____

RECORDING: _√ = completes objective_   Goal 3 Yes ____ No ____
           X = with correction

GOAL: _Will string 4 large beads_____   PRE-TEST   POST-TEST
      _when asked 4/5x_____

CORRECTION:
  1. _Show him with string_____
  2. _guide hands with string_____
  3. _with tubing when asked_____
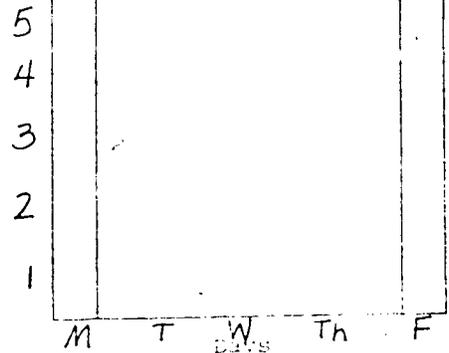
MATERIALS: _plastic tubing, heavy string,_
           beads

REINFORCEMENT: _praise and clap_

GENERALIZATION ACTIVITIES: _Make a bead necklace_
           for mom with clay beads and string.

GOAL: _Will sit in chair for 5 minutes_   PRE-TEST   POST-TEST
      when story is read independently.
      _2/2x_

CORRECTION:
  1. _when reminded_____
  2. _when given a model_____
  3. _____
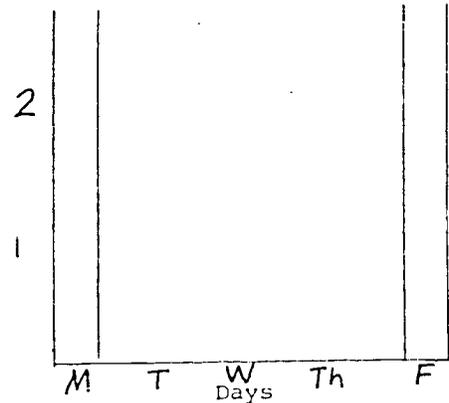
MATERIALS: _books, timer_

REINFORCEMENT: _praise, let him choose story_

GENERALIZATION ACTIVITIES:

GOAL: _Will say first and last name_   PRE-TEST   POST-TEST
      when asked 4/4x

CORRECTION:
  1. _sound cue_____
  2. _model last name_____
  3. _model full name_____
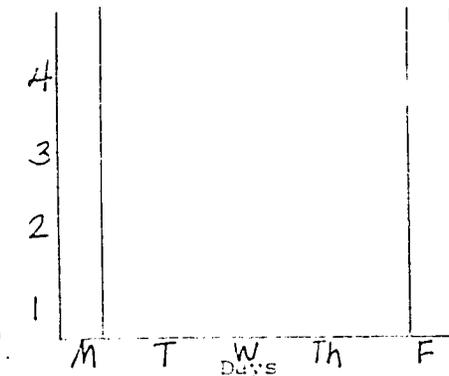
MATERIALS: _none_

REINFORCEMENT: _praise and handshake_

GENERALIZATION ACTIVITIES: _Play "Getting to know You"._
      Roll ball to a friend as you say your
      full name.

PRECISION TEACHING

☞   **PINPOINT**

☞   **RECORD**

☞   **CONSEQUATE**

☞   **RECORD**

☞ **TRY TRY AGAIN**

Curriculum Planning

Once you have completed a developmental checklist on a child and targeted long-term goals and short-term objectives for him/her, you are ready to begin writing weekly or semi-weekly instructional objectives and individualized lesson plans for the child. Remember, we are talking about teaching children with special needs. So we will need to break down those short-term objectives and/or the goals in the checklist into smaller teachable steps.

There are six steps involved in developing instructional objectives for a child:

1. Complete a developmentally sequenced checklist or ed' 'tional assessment.

2. Target an item from the checklist or from your I.S.P. short-term objectives which the child is ready to learn. This means selecting one of the first skills a child cannot do in a given developmental area or a skill marked "emerging." Be sure the child can do all of the previous items in the checklist or I.S.P. which relates to the selected item.

3. Think of the item in the form of a behavioral objective (Who/Will Do What/With What Type of Aid/How Well). Keep in mind that "Who" means the learner; "Will Do What" means a specific measurable action; "With What Type of Aid" is the type of aid or assistance that is given; "How Well" means how often something happens and is usually written in the form of a fraction: $\frac{\text{\# of correct responses}}{\text{\# of total trials}}$

   For example, "will cut a straight line" would be expanded to "Bobby will cut an 8" straight line within ½ inch of the line on request 4/4x." If you are planning directly from the I.S.P. short-term objectives, this step will already be completed.

4. Mentally do a task analysis of the skill changing one or more of the two parts (Will Do What or With What Type of Aid). Remember particularly the types of aid that can be used when you break down the "Aid" part. They are physical aid, visual aid and verbal aid. The purpose of the task analysis is to look carefully at the skill and to break it down so that an appropriate goal can be targeted for the teaching period. You will also use task analysis when selecting correction procedures for your individual lesson plan or activity chart.

5. Target a behavior from the task analysis that can be taught in one instructional period and write it in behavioral terms. Write a behavioral objective that reflects what the child will be able to accomplish by the end of the instructional period (1-2 weeks) using selected levels in the task analysis.

6. Write an activity chart. The chart represents the day to day
    implementation of the I.S.P. short-term objectives. Activity
    charts enable the teacher to specify what the child will learn,
    materials used to teach, teaching techniques to be implemented,
    reinforcement procedures and generalization activities.
    Additionally, a record of the child's skill level at the be-
    ginning and end of the teaching period yields a record of
    progress and allows the teacher to be truly accountable.
    Activity charts can be written for the parent to use at home
    or for the parent to use at home or for the teacher, aid, or
    volunteer to use in the classroom.

Several examples of steps 2-5 of the process follow. Keep in mind that
there are many ways to break down a skill. The number of steps used will
depend upon the child's learning rate. These are only samples of how you
might do it.

Targeted checklist item: Buttons own clothing

Stated in behavioral terms:

Sally will button her sweater independently 3/3x.

Task Analysis:

Who	Will Do What	With What Type of Aid	How Well
Sally	will button her sweater	independently	3/3x
	will button her coat	when given verbal directions	
	will button sweater on Dapper Dan	when shown how	
	will button large button board	when teacher guides hands	

Objective targeted for teaching period:

Sally will button her coat when shown how 3/3x.

412

Targeted checklist item: Counts to 10

Stated in behavioral terms:

Sally will count to 10 when asked 4/4x.

Task Analysis:

Who	Will Do What	With What Type of Aid	How Well
Sally	will count to 10	when asked	4/4x
	will count to 9	when given sound cues	
	will count to 8	when given a model once	
		when given a model for each number	

Objective targeted for teaching period:

Sally will count to 8 when given sound cues 4/4x.

413

Targeted checklist item: Will take turns with 8-9 other children

Stated in behavioral terms:

Sally will take turns with 8-9 other children independently 90%
of the time.

Task Analysis:

Who	Will Do What	With What Type of Aid	How Well
Sally	will take turns with 8-9 other children	independently	90% of the time.
	will take turns with 5-6 other children	with one reminder	
	will take turns with 2-3 other children	with two reminders	
	will share with 2-3 other children	when shown	
		when physically guided	

Objective targeted for teaching period:

Sally will take turns with 2-3 other children with one reminder 90%
of the time.

Targeted checklist item: Will nam regular plurals

Stated in behavioral terms:

Sally will name pictures of a 8 regular plurals when asked
1/1x each.

Task Analysis:

Who	Will Do What	With What Type of Aid	How Well
Sally	will name pictures of 8 regular plurals	when asked	1/1x each
	will name pictures of 6 regular plurals	when given a choice of two	
	will name pictures of 4 regular plurals	when given a model	
	will name actual objects of 6 regular plurals		

Objective targeted for teaching period:

Sally will name pictures of 6 regular plurals when asked 1/1x each.

Now that you have targeted appropriate objectives for Sally for the one or two week teaching period, you are ready to write an activity chart or an individualized lesson plan. The activity chart will more specifically delineate how you intend to teach the skills you have targeted. You can and should be as creative as you wish in planning lessons for children, but always keep in mind your instructional objectives which tell you what you want the child to do when the instructional period is over.

Let's review the parts of the classroom activity chart. After "date" you will write the dates instruction began and ended. After "recording" you will indicate the symbols you will use for correct and incorrect responses. The "credit" section will be used after instruction is completed to tell whether each objective was met or not. After "goal" you will write the behavioral objective that you've targeted for the teaching period (Will Do What/With What Type of Aid/How Well). The graph will be used for recording the child's responses each day. On the bottom of the graph you will write a symbol for each day the lesson will be taught. On the vertical axis of the graph you will indicate the number of total trials the child is to be given each day as per your objective. The directions section is where you will briefly outline how you intend to teach the task. It includes materials, correction procedures, reinforcement, and generalization activities.

To be more specific about the directions:

After "materials" you will indicate all the supplies necessary to teach the lesson. "Reinforcement" is where you will indicate the praise or rewards you will use when the child achieves the objective. The "correction" techniques are the most crucial part of the directions. When you write them you will again refer to your task analysis. Correction techniques are determined by stepping back one, two and even three steps in your task analysis by modifying what the child must do or with what type of aid the child must do it. The purpose of the correction techniques is to teach the targeted skills - they give the child enough help so that he can be successful and thereby learn the skill. When you use multiple correction procedures you can systematically move backward to the level where the child is currently functioning and then progress forward as the skill develops until the stated goal is met. "Generalization activities" are ways to help the child generalize, expand or practice the skills in different situations or with other materials. They should be included whenever appropriate. Now let's look at a sample classroom and home activity chart for Sally using the objectives we've targeted and the task analysis we've completed.

We think you'll find that although this teaching method is time consuming at first, you will reap the rewards in the long run. You will be accountable, you will know what and how to teach and you'll have happier children because they will be experiencing success!!

Portage Project-TEACH-Region V

ACTIVITY CHART

Child's Name _Sally_
Home Teacher's Name _Kris_
Week of _March 8_

What to Teach:

Sally will name pictures
of 6 regular plurals
when asked 1/1 x each.

What to Record:

√ = completes
objective

X = with aid

sweaters

dresses

coats

shirts

socks

shoes

T	W	Th	F	S	S	M	T

DAYS

Directions:

Use the picture cards we cut from magazines last week. Show Sally a card and say, "Sally, what are these?" If she answers correctly say, "Good, these are ____" and mark the chart with a √. If she answers incorrectly say, "are they ____ or ____?" (for instance shoes or tables). If she still has difficulty, tell her what the picture is and have her repeat after you. Praise her efforts but mark the chart with an X if she needs the extra help. Practice each card once a day. During the week, point out other objects around the house that are also plurals and have her repeat the new words after you. When teaching the new words, always tell her the singular and let her give the plural (i.e., This is a spoon; these are ____.)
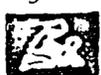
The PortageProject

CHILD: Sally   CREDIT: Goal 1 Yes ___ No ___

DATE: March 8   Goal 2 Yes ___ No ___

RECORDING: √ = completes objective   Goal 3 Yes ___ No ___

X = with correction

GOAL: Will button her coat when shown how 3/3 X
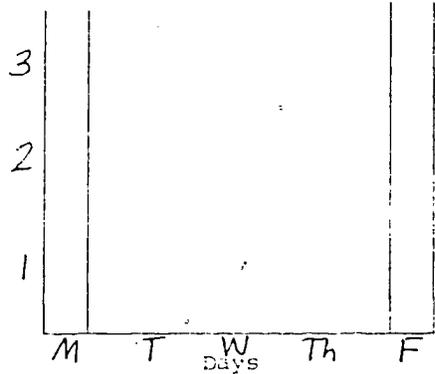
CORRECTION:
1. button coat when t. guides hands
2. button Dapper Dan when shown how
3. button large button board when asked

MATERIALS: coat, Dapper Dan doll, button board

REINFORCEMENT: praise and play outside

GENERALIZATION ACTIVITIES: button / button holes on a string

PRE-TEST   POST-TEST

(Chart: vertical axis 3, 2, 1; horizontal axis M T W Th F, Days)

GOAL: Will count to 8 when given sound cues 4/4 X
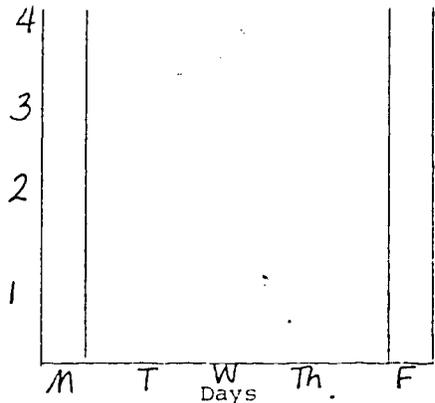
CORRECTION:
1. give model once
2. give model for each number
3. count to 5 on request

MATERIALS: none

REINFORCEMENT: praise and number sticker

GENERALIZATION ACTIVITIES: "10 Little Snowmen" Sesame Street Counting Book

PRE-TEST   POST-TEST

(Chart: vertical axis 4, 3, 2, 1; horizontal axis M T W Th F, Days)

GOAL: Will take turns with 2-3 other children with one reminder 90% of the time
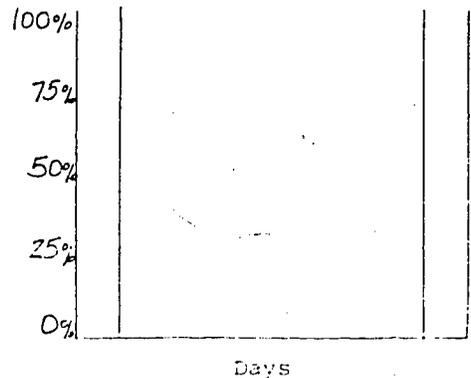
CORRECTION:
1. with two reminders
2. When shown how
3. _____

MATERIALS: group of 2-3 children

REINFORCEMENT: praise and hug

GENERALIZATION ACTIVITIES: Role play with dolls in housekeeping corner

PRE-TEST   POST-TEST

(Chart: vertical axis 100%, 75%, 50%, 25%, 0%; horizontal axis Days)

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ACTIVITY CHART

Child's Name _____ _____

Home Teacher's Name _____

Week of _____ _____

What to Teach:

What to Record:

Directions:

DAYS

CLASSROOM ENVIRONMENT AND SCHEDULE

The class room environment and schedule can directly influence how well we meet the individual needs of each child. A well planned environment and schedule will provide children with the consistency and structure needed to learn and grow, reducing behavior problem behavior.

[Several lines of faded, illegible text.]

As a result of this workshop, participants will:
- assess their own classroom environment and schedule;
- investigate alternative solutions for improving their classroom environment and schedule.

BACKGROUND FOR THE TRAINER

The following readings are recommended sources of information about class-room environments and schedules. They are referenced in Appendix A of this training guide.

   Teaching Early Childhood: Exceptional Educational Needs-Ten
   Resource Modules, Module 3 and 4;

   Resources for Creative Teaching in Early Childhood Education,
   pages 9-84;

   School Before Six: A Diagnostic Approach, Volume I;

   Mainstreaming Preschoolers: Children with Learning Disabilities,
   pages 55-58.

PREPARING FOR THE WORKSHOP

1. Prepare the overhead transparency and handouts using the masters at the
    end of this section.

2. Have available an overhead projector, movie screen, blank transparencies
    and transparency marking pens.

3. Review Handouts #1 and #2.

4. See optional activity for additional material needs.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

This workshop will be conducted in two parts:

1) discussion and assessment of classroom environments;

2. discussion and assessment of classroom schedules.

1. Explain to participants that the classroom environment and schedule
    will directly influence how well they meet the individual needs of
    each child. A well planned environment and schedule will provide
    children with the consistency and structure needed to learn and grow
    and may help limit problem behaviors.

2. Distribute Handout #1. Ask participants to read through each item
    on the left side of the handout. They will then mark a yes or no
    in the corresponding boxes.

3. Place a blank transparency on the overhead projector. Elicit from
    participants the items that were marked "no" and list them on the
    overhead transparency. Take one item at a time and read the corre-
    sponding alternatives on the handout. Then have participants brain-
    storm other possible solutions to the problem. List these on the
    transparency. Have the participants who marked the item with a "no"
    choose an alternative solution to implement in their classrooms. If
    there are more than six items listed, participants can be divided
    into 2 or 3 groups to make the activity shorter. Assign each group
    one or two items to brainstorm. After a predetermined time period
    (approximately 10 minutes), the alternatives can be shared with the
    large group.

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An optional activity is to provide each group with graph paper and cut-outs which represent items in the classroom. Have groups develop a scale model of their classroom which incorporates the alternative options.

Participants will then present the current and revised schedules to the large group. These can be written on blank transparencies. Discuss any problems related to scheduling; brainstorm alternatives to these problems. For example, if staff:child ratio is too large to allow time for individualizing, parent volunteers or high school students might be possible alternatives.

SCHEDULING
FACTORS TO CONSIDER:

1 Staff:child ratio

2 Pacing of activities

3 Routine

4 Acquisition/generalization balance

5 Balance of activities

6 Individualization

7 Balance of subject areas

8 Transitions

9 Personal priorities

10 Inflexible time slots

11 Preparation, planning, evaluation time

12 Flexibility

13 Physical space and materials

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A Checklist for the Classroom Environment

1. Is the classroom arranged so that it allows the teachers to interact with the
    children and to supervise them?

    Does it allow the children to use the materials and facilities independently?

Things to Consider

	Yes	No
Can the teacher see all areas of the room at once from several different places?	☐	☐

Alternatives

If the teacher's view is blocked by per-
manent structures, a staff member could
be assigned to the area that cannot be
seen from other parts of the room. Or
the area could be limited to quiet
activities by only a few children at a
time. If neither arrangement is
possible, the hard-to-see area could be
blocked off and used to store equipment
and materials. Dividers in a room do
not have to be taller than 4 feet, still
allowing one adult to supervise a room.
Activities that take one adult to direct-
ly supervise such as the water table can
be covered with a large piece of plywood
and used as a clay table until an extra
adult is in the room. This can also be
placed in the "hard to see" area.

Are children's
materials on low, open
shelves so that children
can select materials and
put them away?

☐ ☐

If low shelving cannot be arranged in some
activity areas, place heavy brown wrapping
paper on the floor in those areas. Draw
the outlines of the materials to be placed
on the paper, so that the children will
return them to the same spot after play.
Try "walking" around the classroom on your
knees so you see everything from a child's
eye view. Arrange accordingly. Mark
shelves with pictures or outlines to show
the children where to return the materials.
If more shelves are needed, cabinet doors
can be removed and the bottom shelves can
be used for children's material. Place
construction paper or butcher paper over
the top shelves that you do not want
accessible to the children.

Is all equipment arranged
so the children can use it
safely, with a minimum of
adult supervision?

☐ ☐

Are materials kept low so that a child
would not have to attempt to climb to
get an object? [illegible] of equip-
ment [illegible] with [illegible]
water in any other play areas.

Are toileting, hand
washing, and water
fountain facilities
installed at a low height,
so the children can use
them without help?

☐ ☐

If toileting, hand washing, and water
fountain facilities are already installed
for adult height, sturdy footstools can
be bought or constructed at low cost to
make facilities easier to reach. Be sure
the footstools are sufficiently anchored
so that they do not slip out from under
a child's foot. If several children are
awkward or clumsy, a built-in platform
with a larger foot space may be more
appropriate. Provide paper towels at
the child's height and a container near
by to throw the towel away.

Are set-up and clean-up
simple? Are these
expected parts of the
child's activity?

☐ ☐

To make clean-up simple, position art and
snack areas near water facilities. Set
rules and allow time for clean-up as
part of the routine.

Do the children feel
in control of and
responsible for the
physical environment?

☐ ☐

To help children feel responsible for the
environment, involve them in any room
rearrangement. Let them help plan and
implement changes. Initiate a "helper"
system, appointing children to carry out
housekeeping tasks such as table setting,
plant watering, etc.

2. Is the classroom arranged so that it fosters cooperative and positive inter-
actions among children?

Things to Consider

Yes   No

Are activity areas clearly
indicated so the children
can tell where block,
creative play, house-
keeping, manipulative
activities, and so forth
take place?

☐ ☐

Alternatives

To help the children understand where
materials should be used, the boundaries
could be designated with shelves, rugs,
or masking tape. Limit the amount of
materials in each area until the children
learn where each item is to be returned.
Use photos of the objects as visual cues
to replace items to their proper place.

Are activity areas large
enough for both parallel
(side by side) and
cooperative play?

To provide more space in an activity
area, one activity could occasionally
be eliminated to make more room for
another area. For example, housekeeping
could be closed on some days to make
a large block area.

Are these areas arranged so
that a child does not have
to walk through one
activity area to reach
another?

If children must pass through one activity
area to reach another, masking tape,
foot prints or butcher paper might be
used to mark a sidewalk through a heavily
traveled area so that another child's
play is not disrupted.

Are compatible areas near
each other?

Are active areas (such as housekeeping
and blocks) near each other, and quiet
areas (such as books and manipulatives)
near each other? Are the books near a
window for natural lighting? Are snack,
lunch and art activities near the sink?

Are materials for similar
activities stored and used
near each other?

Is all the large motor equipment stored
together? Blocks and cars together?
Manipulative games kept in the same area?

To promote variety and
continued interest, are
major materials changed
from time to time?

Does your housekeeping area reflect your
curriculum? For instance, do the dress-
up clothes reflect a circus unit, commun-
ity helpers unit, and cultural differences?
Is the room rearranged during the year?
If so, do the children have any input?
Are bulletin boards and wall hangings
changed periodically? Are new learning
units incorporated into the materials
available to the children? Are new art,
cooking, safety and health activities
incorporated periodically? Materials and
equipment can be shared with other class-
rooms. Ask parents to collect and bring
in necessary items. Have volunteers assist
with making new classroom materials.

Are there repeated
opportunities for children
to use similar materials?
Are materials available in

Systematically teach the use and rules for
equipment throughout the year, introducing
new materials gradually.

a graded sequence so that
children develop skills
gradually?

Are the equipment and
materials displayed in a
way that invites children
to use them?

☐ ☐

To display equipment and materials in a
way that invites children to use them,
it may be helpful to increase the shelf
space so that toys and so on are not
piled on top of each other. Make sure
that pieces of materials that go together
are placed together and arrange equip-
ment neatly. (Use self-directed acti-
vities with materials that can be used
in more than one way.)

3. Does the classroom arrangement encourage an individualized program for all
children?

Things to Consider

	Yes	No

Alternatives

Is there a quiet area for
individualized or small
group activities?

☐ ☐

If the room is too small to be partitioned
into many individual areas, a corner or a
small area between two bookshelves should
be used.

Is there a quiet area for
a child to relax or calm
down?

☐ ☐

A private space for a child to relax or
calm down can be constructed from a
large appliance box, a wood framed tent
structure, an old bathtub, or by arranging
shelves or curtains to make a cozy cubby.
Make the space as calming as possible by
painting or papering the walls in a
soothing color like blue or pink, and put
soft pillows, a rug and/or a bean bag
chair inside.

Is the group area arranged
so that each child can see
and hear the teacher?

☐ ☐

It is easier to hear the teacher if the
group is located away from the sources
of a lot of noise (such as windows near
a busy street or doors near a noisy
hallway).

Is there an open space for
active play?

☐ ☐

If not, what furniture can be easily
moved to accommodate the activity?

Is the child's work
displayed attractively
at the child's eye level?
☐ ☐
If you have limited display space, hang
work from clothes lines with colorful
clothespins. Construct a cardboard kiosk
for art in the round. Bolt cardboard
cartons together and cover with cloth,
wallpaper or paint. Screw butterfly-wing
clips to the wooden frame of a blackboard
to hold a section of plaster board or
fiber board. This will instantly trans-
form a blackboard into a bulletin board.

Does each child have his/her
own space for materials and
belongings?
☐ ☐
If the children do not have a private
space for their belongings, use dish-
washing tubs, decorated ice cream
rounds or decorated shoe boxes.

Is there a quiet place free
from unnecessary distraction
for 1 to 1 instruction?
☐ ☐
A place for 1 to 1 instruction may be a
table and chairs, a rug on the floor,
any place that is partitioned off and
relatively free from distraction.

Has the environment been
systematically changed
over the year?
☐ ☐
If you are not changing the environment,
you are missing an excellent teaching
opportunity. As the year progresses,
partitions and barriers can gradually
be moved away. Space cues and traffic
pattern cues can become less conspicuous.
Environments can gradually become more
"distracting."

4. Does the classroom arrangement foster parent understanding and observation?

Things to Consider

Alternatives

Yes   No

Are observation chairs
located in inconspi-
cuous places, so that
parents can observe the
children without inter-
ference?
☐ ☐
Not all of us have availability to a
lab classroom with one way mirrors, but
a chair in the corner can provide a parent
with a good view of the classroom.

Are play areas labeled
according to the
particular activity
or skill being taught,
so that parents know
what to look for?
☐ ☐
Write a card for each activity center.
Explain what the center is promoting
and what a parent can do in the center
to help achieve this. You might also
arrange to meet with parents before
class to explain specific classroom
objectives. Share this as a topic at
a parent meeting. Have each parent go
through each center.

Is the daily schedule posted in an obvious place? ☐ ☐ Bulletin boards or large butcher paper with your schedule can be hung on the opposite wall as you walk into the classroom.

5. Do the materials and equipment available in the classroom directly reflect the educational and social goals of the teacher?

Things to Consider

Alternatives

	Yes	No	
Do activities and learning centers clearly reflect individual goals for each child?	☐	☐	Clipboards with individual goals for each child can be kept in each area. Tubs or shoe boxes with individual activities for each child can be used. These could be changed weekly.
Do activities and learning centers reflect the different level of functioning of each child?	☐	☐	Provide a wide variety of equipment, materials and games reflecting various motor, language and cognitive levels such as picture books and books with words; dressing materials with small and large fasteners; large and small manipulative items. Use material that can be used in more than one way such as blocks or clay.
Are there activities to do as an individual as well as in a group?	☐	☐	Self-correcting materials can be used. Provide materials or equipment that encourages cooperation like the game Candyland, a rocking boat or a long jump rope. Provide materials and equipment, such as balls, that can be used with others or alone.
Do children have some choice in selecting activities or learning centers?	☐	☐	Provide a system for children to choose which learning centers they will use. This can be done by providing each child with a clothespin. Each learning center could have a chart with one mark for each child allowed in the learning center at one time. A child would then clip their clothespin on one of the marks before entering the learning center. Once the allotted number of children is reached, all marks would be covered with a clothespin. A child wishing to change centers simply removes his/her clothespin when leaving that center, freeing it to be used by another child. This system prevents overcrowding and fighting over materials.

This also fosters independence in children because they manage their own choices. To avoid children rushing to any particular center, allow different children to choose first each day. This should be a pre-determined system so that each child knows exactly what day they will get to choose first. Provide children with a variety of centers to choose from.

Do the activities and learning centers reflect a philosophical statement about the overall program goals?

Do your activities and learning centers provide opportunities for children to explore, discover, be challenged by and problem-solve through direct experiences? Do you provide activities and materials that lead to independence, self-confidence, and self-esteem? Do your centers and activities reflect all component areas? Do they reflect the skills children will need in later schooling?

Periodically, step back and observe how your classroom functions to see if it is meeting the program goals. Have an outside observer provide additional feedback in meeting the needs of the children. Observe in other classrooms for new ideas.

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Scheduling the Program Day

When you sit down with a blank lesson plan book you need to consider
several factors as you fill in the spaces. If you have a checklist or
strategy to use when planning, you may be better able to produce a syste-
matic and comprehensive program that will be responsive to the children's
needs and to your needs as well. Effective scheduling is the key to pro-
viding children the opportunity to accomplish individual goals.
Factors to consider as you map out your program day include:

1. STAFF: CHILD RATIO: Is the schedule realistic in terms of the number
   of children and adults in the room (i.e., can you be six places at
   once)? Are volunteers used in the classroom? If so, how many and for
   what period of time? You will probably need the greatest amount of
   help during free play/individual activity time.

2. PACING OF ACTIVITIES: Are active and quiet times interspersed through-
   out the day? Do these active and quiet times reflect the needs of the
   children and yourself? If students arrive or leave at various times,
   schedule an interactive play period at the beginning or end of the day.
   Does your schedule have a quiet period after snack and lunch? Are spe-
   cial events planned for the end of the day?

3. ROUTINE: Can the children expect certain things to take place each day
   at approximately the same time? Consider drawing and labeling pictures
   representing each part of the day and posting them in timeline fashion
   for the children to refer to. A daily schedule that the children can
   see will provide them with the security of a predictable routine.

4. ACQUISITION/GENERALIZATION BALANCE: Is time allotted only for new and
   emerging skill development or are children given opportunities to
   practice existing skills and to generalize these skills to new
   situations?

5. BALANCE OF ACTIVITIES: Have you included time for both child - directed
   and teacher - directed activities? Is there a balance between informa-
   tive and creative tasks; structured and unstructured tasks? Is there a
   balance of observing and participating for children? A time for them to
   be alone, with other children, with you?

6. INDIVIDUALIZATION: Are you including time for large group, small group
   and individual activities? Are these activities designed to meet the
   needs and individual learning styles of the children? Are these activities
   adaptable to various levels of development?

7. BALANCE OF SUBJECT AREAS: Have you planned time for skill development
   in all developmental and component areas (i.e., socialization, gross and
   fine motor, cognitive, language, self-help, nutrition, dental and
   health)?

8. TRANSITIONS: Do you prepare children for transitions? Can you meet
   objectives during transition times (i.e., rolling across the carpet to
   the tables; saying what we will do next in a complete sentence, singing
   a song)?

9. PERSONAL PRIORITIES: Have you thought about your philosophy of early childhood education and included activities which reflect those beliefs (i.e., all preschool children should be read to each day; music is a must; language activities must take precedence)?

10. INFLEXIBLE TIME SLOTS: Have you allowed for those pre-scheduled inflexible times like when meals are served, the time your group can use the gym, times when specialists are scheduled to work with individual children.

11. PREPARATION, PLANNING & EVALUATION TIME: Do you have enough staff, volunteers and preparation time to plan and set up each daily activity? Have you defined and assigned specific responsibilities to staff and volunteers? Have you designated regular intervals to evaluate your plans with staff, noting recommendations for the future?

12. FLEXIBILITY: Have you anticipated the need for alternate plans due to change of weather, shortage of staff, personal crises, children's readiness and "activity levels"?

13. PHYSICAL SPACE AND MATERIALS: Do you have enough space and equipment to accomplish your daily goals (i.e., two staff members can't use one record player at the same time)?

Consideration of all these factors is a big order to fill but it is worth it if you remember the 5 P's: Pre-Planning Prevents Poor Performance.

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TRANSITIONING

Making a transition from one environment to another can sometimes be a
difficult experience. Adults and children alike make many transitions.
Going from reading a book to doing the wash, from playing outside to
eating lunch or from the babysitter's house to our own home are examples
of the smaller transitions we make in our daily lives. We also make
larger transitions, e.g., from living in one town to residing in another,
from an old job to a new one. Going from a known, comfortable environ-
ment into a strange, new one can be an unsettling experience.

This workshop addresses the transitioning of children with handicapping
conditions into the public school system. Since this change can create
confusion, anxiety, and frustration for both the child and parents, steps
to ease this transition s   initiated by Head Start personnel.
This transition can be made smoother and more successful if the proper
groundwork is laid; careful planning and support maximizes the "head start"
the child and family will have. The steps involved are but a continuation
of the parent involvement skills you've helped the parents develop through-
out the year.

As a result of this workshop, participants will:
1. identify the skills a child and parents must have to succeed in the
   next educational setting; and
2. brainstorm ideas for teaching these skills.

BACKGROUND FOR THE TRAINER

For further information about transitioning, refer to Appendix B, pages
159-174, of this training guide.

PREPARING FOR THE WORKSHOP

1. Duplicate the handouts, worksheet and overhead transparencies using

the masters at the end of this section.

2. Equipment needs include an overhead projector, movie screen, 16 mm
   movie projector and transparency marking pens.

3. Order the movie "Laton Goes To School," or contact your Resource
   Access Project for a loaner. The movie can be ordered from:

   > Calvin Communications, Inc.
   >
   > 1105 Truman Road
   >
   > P.O. Box 15607
   >
   > Kansas City, Missouri 64106
   >
   > Phone: 816/471-7800
   >
   > Rental cost: 5 days, $35.00 plus $2.50
   >   for postage and handling
   >
   > Purchase cost: $165.00 + $2.50 for
   >   postage and handling

DIRECTIONS FOR CONDUCTING THE WORKSHOP

This workshop will be conducted in four parts:

1) an introductory discussion using overhead transparencies on tran-
   sitioning factors;

2) large group brainstorming of transitioning concerns for children;

3) small group brainstorming of transitioning concerns for parents;
   and

4) a movie and summarizing discussion.

1. Introduction

   Using the transparencies and the following script, introduce the
   concept of transitioning.

   Overhead Transparency #1

   "Can you remember a time in your life when you made a large transition
   such as a change in jobs, going away to camp or moving to a different
   town? Was that transition an easy or difficult time in your life?"

   "The transition from Head Start into the public school system is
   a major change and can be a difficult and unsettling experience for

a child unless he/she is properly prepared. There are four factors that can influence a transition. We will first look at these factors and then examine more closely the actual changes that will take place and the skills that will be needed in the next environment. We will then see how we can work with the parents and the child to specifically assist them both with a smooth and successful transition."

Overhead Transparency #2

"How great is the change? The first factor to consider is the environmental and structural change the child will experience such as: larger school bus, different building, longer day, etc."

Overhead Transparency #3

"Does the child have the skills needed in the next environment? We need to look at the specific skills the child will need in the next setting. In addition to traditional 'readiness skills' the child will also need 'survival skills' such as the ability to listen in a group, share and take turns and ask for help when he/she needs it. •These skills will help him/her blend in and adapt to the next environment."

Overhead Transparency #4

"How many people does the child have to support her/him? This factor relates to the number of people the child has to assist him or her in the transition and the quality of that support system. We need to look at and plan for the type of assistance parents, teachers and handicap services coordinators can give to the child."

Overhead Transparency #5

"How does the child feel about him/herself at the time of the transition? The last factor to examine is the child's self-concept and self-esteem, which can greatly influence the success of the transition. If the child feels confident and secure and has a positive self-image, the change will be easier. Preparation for transitioning should include providing opportunities and experiences for both the parents

and child which bolster their confidence in their abilities and build skills for making a successful transition."

2. <u>Large Group Brainstorming of Transitioning Factors for Children</u>

Introduce this activity by explaining to the group that they will brainstorm the changes the child will need to deal with when making a transition. They will then be sharing ideas for preparing the child for making these changes, and discussing how various people can help in the process.

Using overhead transparencies #6, 7 and 8, present the introductory statements and elicit responses from participants; write their responses on the transparencies.

Note to the trainer: the following are suggested responses to assist you in initiating or supplementing participants' responses.

Overhead Transparency #6

What will be different for the child?

- bathroom facility
- different size tables for working and eating
- play equipment
- size of building/classroom
- meals served in cafeteria style rather than family style
- teacher:child ratio
- being in a school with older children
- transportation to and from school
- time per day/days per week

Overhead Transparency #7

Brainstorm ideas and activities for teaching the skills needed to deal with these changes. Be creative and imaginative!

- plan cooperative activities with a kindergarten or first grade class. For example, seasonal parties, friendship stew (each child brings something to add to a stew that is cooked, and then shared), a teddy bear picnic (each child brings a peanut butter and jelly sandwich, their favorite teddy bear and goes on a picnic), etc.

-take a field trip to a public school and arrange to eat lunch with another class, use the playground equipment, spend some time in the classroom.

-take photos of the next environment or read stories about the "big school". Discuss what it might be like.

-have a kindergarten class draw and describe pictures about their school experiences. Organize the pictures into a booklet for discussion.

-have a first or second grade student come to talk about what school is like for them.

-work in larger groups and lengthen the time of directed teaching activities.

-require more independent work.

Overhead Transparency #8

Describe the supportive role each of the following could provide:
Head Start Teacher:

-review with parents the rights guaranteed by Public Law 94-142.

-participate in public school staffings as an advocate for the parent.

-plan cooperative visits with a kindergarten teacher.

-plan a "make and take" materials workshop with kindergarten teachers.

-observe a kindergarten class. Invite kindergarten teacher to observe your program.

-invite kindergarten teacher to speak at a parent meeting to suggest ways that Head Start parents can use the summer months to prepare their children for school.

-distribute summer calendars to all Head Start parents (See next page and Handout #1 for further information).

-prepare Progress report for the parent and public school personnel (See next page and Handout #2 for further information).

-conduct a parent meeting to discuss "Survival Skills" and ways to continue to teach these at home during the summer (See next page and Handout #4 for further discussion.

The Parents:

-attend the school staffing

-visit with the new teacher and share the techniques that work best
 with their child

-visit the new school with the child

-visit the parkand teach the child to use larger equipment

-eat at a cafeteria

Administrative Staff:

-coordinate arrangements necessary for parent and child to visit
 the new environment

-provide each parent with information about the school their child
 will be attending:

>   -name of school
>
>   -name of principal
>
>   -address
>
>   -phone number
>
>   -name of teacher

-coordinate a Transition Planning Meeting with parents, Head Start
 and public school personnel. This may be done in conjunction with
 the final review of the I.S.P. (See next page and Handout #3 for
 further information)

3. Additional Discussion and Information on Transitioning Factors for
   Children

   The following points and activities may be covered during or after the
   large group brainstorming at your discretion.

   a. Inform participants that prior to any transition procedure, it
      is necessary to get written consent from parents or guardians
      to release information to anyone in the child's next educational
      setting. This must be done prior to talking to kindergarten
      teachers, specialists, etc. and prior to exchanging written in-
      formation. A "Release of Information" form must be specific
      about "who" is releasing "what" information "to whom" for "what
      purpose" and "for what period of time" the release of information
      consent extends. This must be done for all information that is
      released.

b. Distribute Handouts #1 and #2, the sample summer calendar and
    Early Childhood Progress Report.

c. Distribute Handout #3, the Transition Planning Meeting forms.
    Discuss the feasibility and value of such meetings in your
    particular setting and situation.

d. Distribute Handout #4, "Out of the Nest", which delineates
    eleven survival skills. Introduce the concept of survival skills
    by explaining that survival skills are competencies that enable a
    child to blend, adapt and compete within a classroom environment.
    These skills are not developmental targets, for example, to say
    the alphabet or name eight colors, but behaviors that assist a
    child in getting along in the environment. They are skills the
    child must have to enter, maintain and succeed in kindergarten.
    Using the overhead transparency #9, discuss each skill and tell
    participants that ideas for teaching these skills are listed in
    the handout.

Optional Activities for Survival Skills:

1) Have participants choose one of the survival skills and in groups
    of 3-6 participants, brainstorm all the possible ways of teaching
    the skill. Groups would share ideas using round robin method.

2) Have each group choose a different survival skill. Allow 15 minutes
    to brainstorm all the possible ways to teach that one skill.

3) Select one survival skill and using Handout #5, the lightbulb, have
    each participant write an idea for teaching that skill. Ideas
    should then be exchanged by placing the handouts in a box and
    having participants draw one. Participants then read the ideas
    that they selected. The person who wrote the idea may elaborate
    on it if they wish.

4. Small Group Brainstorming of Transitioning Factors for Parents
    Divide participants into groups of 3-5 members. Distribute Worksheet
    #1 to each group, and ask that each group select a member to act as
    recorder. Each group will complete the worksheet by brainstorming.
    Assist groups, as needed. Allow at least 20 minutes for task comple-
    tion. As a large group, use the round robin technique to share ideas.

(See Introduction section entitled "Discussion Strategies" for a description of round robin.)

5. Movie

Introduce the movie "Laton Goes To School" by telling the participants that it portrays a successful transition from a Head Start classroom into the public schools. The movie depicts skills and procedures that can be used by teachers and parents in helping a child make a successful transition.

Ask participants to note activities that the parents, the Head Start teacher, and the public school teacher do to assist Laton in his transition.

You may wish to lead a summarizing discussion of the movie using the following questions:

a. What was different for Laton in the new environment?

b. How did his Head Start teacher help him prepare for his new school?

c. What did Laton's parents do before, during and after his transition into first grade?

d. What did Laton's new teacher do to aid in the transition?

e. What ideas are applicable to you as a Head Start teacher?

6. Summary

This session might best be summarized by deciding as a group which of the transitioning procedures to implement. The discussion could center around the pros and cons for each procedure, a decision on which procedures to use and how each procedure could be implemented.

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SCHOOL

HOW
GREAT
IS THE
CHANGE?
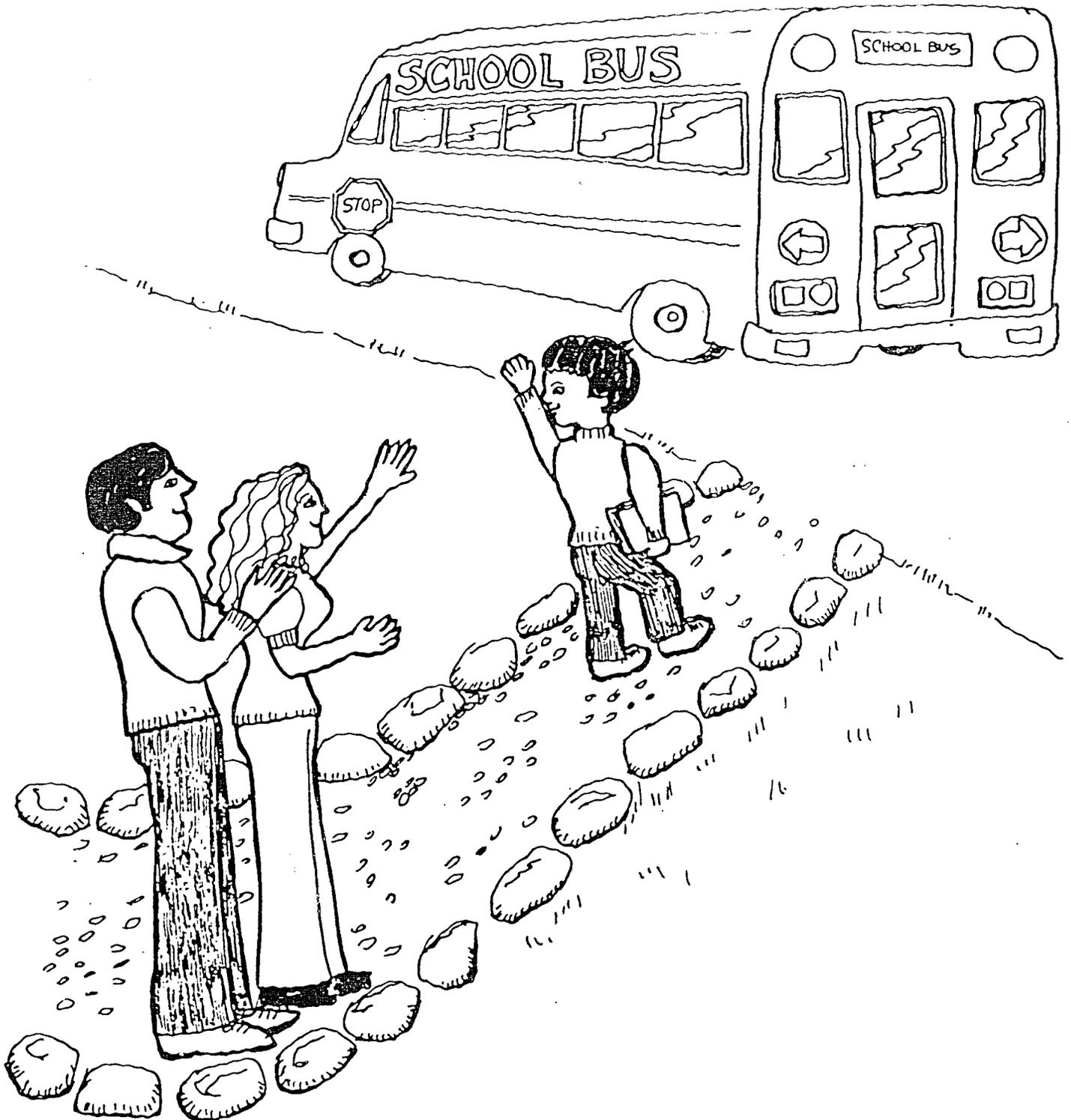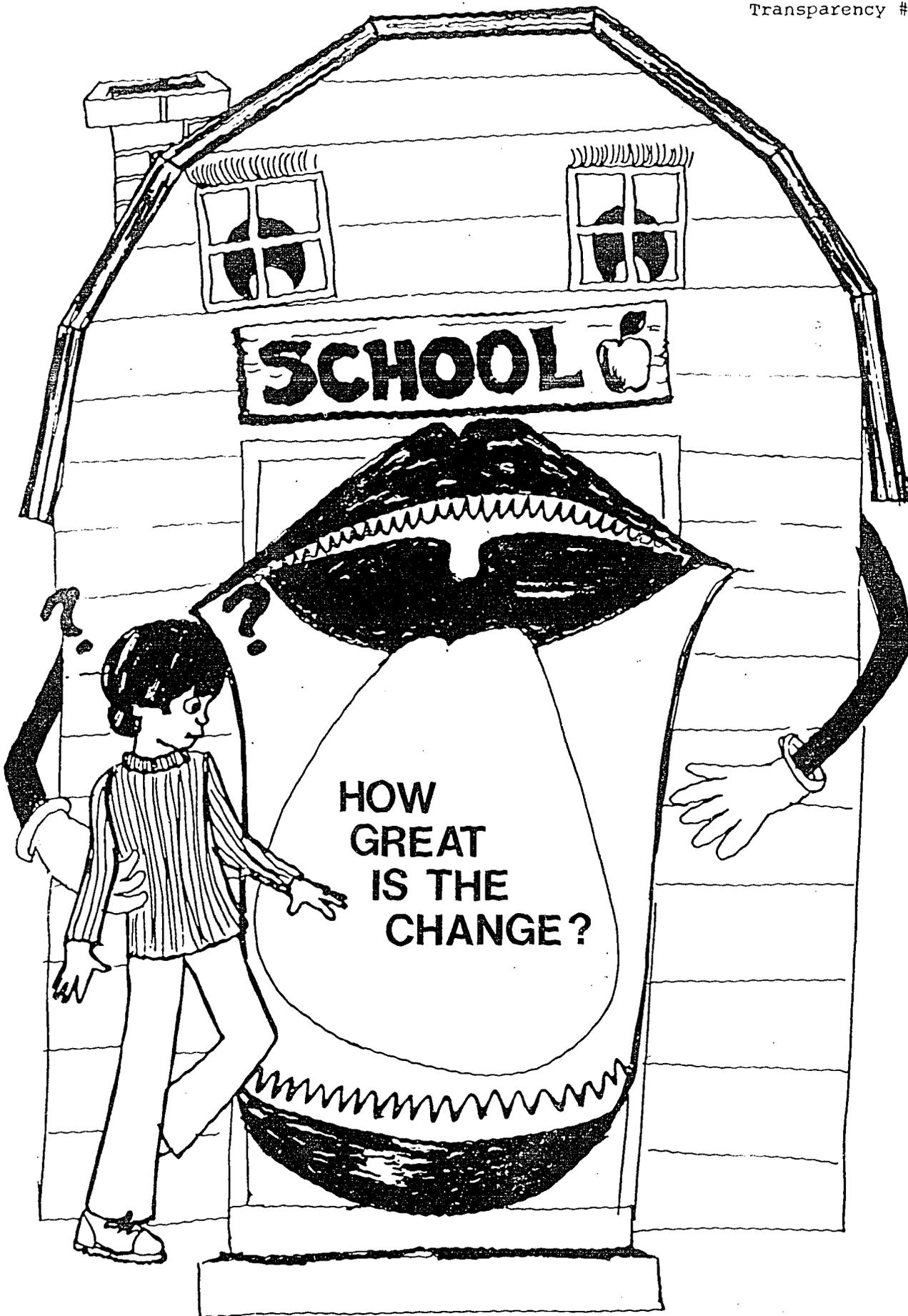
DOES THE CHILD HAVE THE
SKILLS NEEDED IN THE NEXT
ENVIRONMENT ?

HOW MANY PEOPLE DOES THE CHILD HAVE TO SUPPORT HIM/HER ?

Portage Project-TEACH-Region V

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HOW DOES THE CHILD
FEEL ABOUT HIM/HERSELF
AT THE TIME OF THE
TRANSITION ?

Portage Project-TEACH-Region V

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1. WHAT WILL BE DIFFERENT FOR THE CHILD?

2. BRAINSTORM IDEAS AND ACTIVITIES FOR TEACHING THE SKILLS
   NEEDED TO DEAL WITH THESE CHANGES. BE CREATIVE AND
   IMAGINATIVE !

Portage Project-TEACH-Region V

3.   DESCRIBE THE SUPPORTIVE ROLE EACH OF THE FOLLOWING
     COULD PROVIDE:

     HEAD START TEACHER:
     _____

     PARENTS:
     _____

     ADMINISTRATIVE STAFF:
     _____

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SURVIVAL SKILLS

1. RESPONDS POSITIVELY TO SOCIAL RECOGNITION AND REINFORCEMENT.

2. EXPRESSES EMOTIONS AND FEELINGS APPROPRIATELY.

3. ATTENDS TO A SPEAKER IN A LARGE GROUP.

4. RELATES EXPERIENCES AND IDEAS TO OTHERS.

5. FOLLOWS THREE-PART DIRECTIONS RELATED TO TASK.

6. MAKES CHOICES.

7. COMPLETES ABILITY LEVEL TASKS INDEPENDENTLY.

8. RAISES HAND AND/OR GETS TEACHER'S ATTENTION WHEN NECESSARY.

9. MOVES THROUGH ROUTINE TRANSITIONS SMOOTHLY.

10. WAITS TO TAKE TURNS AND SHARES.

11. HAS BASIC INDEPENDENT SELF-HELP SKILLS:

    A. WILL PUT ON/OFF OUTER CLOTHING WITHIN
        A REASONABLE AMOUNT OF TIME.

    B. CARES FOR OWN BATHROOM NEEDS.

    C. FEEDS SELF.

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The PortageProject
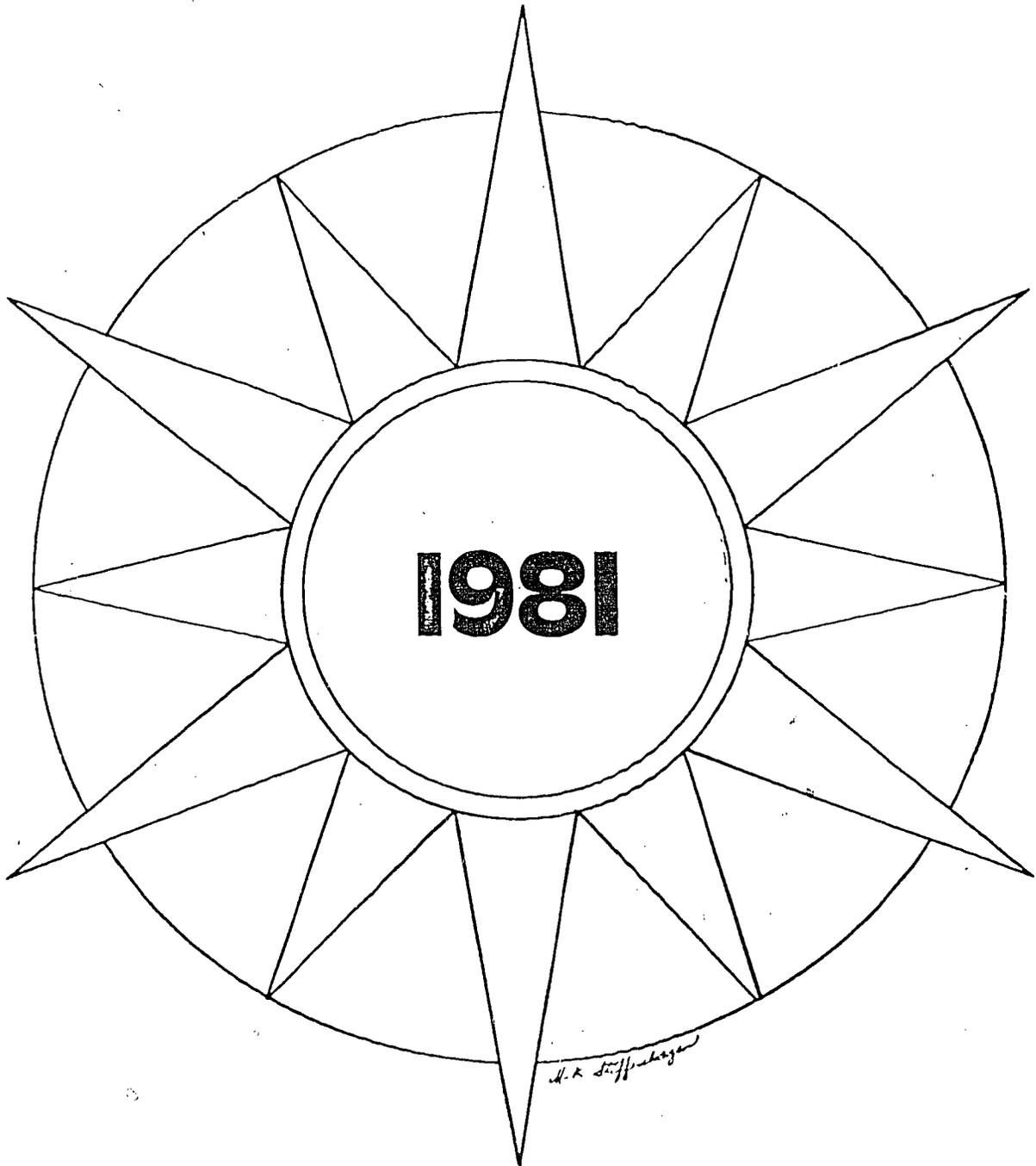
1981

SUMMER CALENDAR

DIRECTIONS

The 1981 summer calendar includes lots of ideas and activities that your family can do with your preschool child. All the ideas will not be appropriate for any one child, so sometimes you may need to alter an activity slightly to make it easier or harder for your child. Or, you may wish to substitute an idea of your own.

There are specific suggestions and calendar pages for each date in June, July and August. Just read the ideas for the date, change it if necessary, then try it with your child and let him put a star or a happy face on the calendar after he's done the activity. Additional activities are included at the back of the booklet.

We hope you have a wonderful, fun-filled summer.

Acknowledgements

June 1

[illegible] will plant a green growing thing today. Have him put three bean seeds
in a small pot and cover lightly with soil. Let him water them. He should
put three more bean seeds on a wet paper towel on a saucer. Put both con-
tainers in a low-light area. Together watch the beans on the saucer to see
[illegible] developing in the soil. Water together each day.

June 2

To library - get card to check out books, albums, etc.

June 3

Have your child water those beans today. Use an empty dish detergent bottle
filled with water. Have him squirt a few drops. Now let him go outside and
draw pictures on the sidewalk by squirting the water. It's a good idea to
fill a large bucket with water and put it outside. This way they won't run
in and out of the house to refill their bottles.

June 4

Take a sponge and put grass seeds on the sponge and keep it moist to watch
grass grow.

June 5

Shape [illegible]. Cut out a shape. Give it to your child as a sample. Let
him look inside and outside to find shapes that are the same. If several
children participate, have a race or see who can find the most.

June 6

Name and show your child different shapes. Draw shapes for your child.
Have him cut them out. Arrange toothpicks into shapes. Name them.
Shapes in the environment - orange slices, etc., use everyday objects to
stress shapes. Look for shapes in food, furniture, plants, etc.

June 7

Draw shapes with your finger on plastic zip lock bags with paint, mustard or
ketchup. Use a "zip lock" bag. Put in two tablespoons of paint, mustard
or ketchup. Lock the bag and tape with masking tape. Work bag until fluid
is evenly distributed. Now let the child draw with his finger or trace
shapes.

June 8

Have children look in the kitchen today for different shapes. Have the child
name the shape of crackers, cookies, bread, etc. Together use cookie cutters
to change the shape of the bread, bologna, jello, etc. Also look in the cabinet
and name the shape of containers.

June 9

Gather leaves from shrubs in the yard. Play a game by having the child find
the same shape leaf on a shrub. You may change the game by using flowers.

June 10

Collect empty cardboard boxes of varying sizes. Decorate if you desire. Use
to make a fort or obstacle course. You can also sequence them according to
size.

June 11

Make a wind chime. Take a coat hanger, string or yarn and metal objects such
as large nails, empty tin cans, old silverware, broken metal toys. Tie them
to the coat hanger and hang in a windy spot.

June 12

Treasure hunt. Hide a treasure in the yard (a treat). Draw pictures to use
as clues to help the child find the treasure. For example, draw a tree. At
the tree the child will find another clue that shows a lawn chair and so on
until the treasure is found.   452

June 13

Let's look for living things outside. Go outside with your child and have him look for living things on the ground. Either dig for worms, look for ant hills or turn over a rock. Make a circle with string to see if the child can find living things.

June 14

Flag Day. Take a drive around town with your child and point out flags. Tell him about the flag. Make a flag out of an old pillow case or similar piece of cloth or paper. Use a broomstick or a stick for a handle. Use crayons, markers or paints to decorate it.

June 15

Have your child make a costume from an old paper bag. Help him cut out a place for arms and head. Have the child paint or color the costume or glue fabric or paper scraps to decorate the bag. Use the piece of paper to make a hat. Get out your flag (June 14) and have a parade.

June 16

Have your child make a gigantic card for Father's Day. Use a large paper bag. Trace around child. Have him paint, color or decorate the body form & give it to dad on Sunday. Also have your child bake something special for Dad. Let your child fill the measuring cup and help you stir. If you make cookies or cake decorate them for Father's Day.

June 17

Have your child do something special for dad today. He/she can bring him the paper, breakfast in bed, draw a special placemat on a paper towel and tell him you love him and give him a big hug.

June 18

Make frozen yogurt pops.   1 C. frozen unsweetened strawberries
                            1 C. plain yogurt
                            5 Tbsp. honey
                            7 - 3 oz. paper cups
                            7 wooden ice cream sticks

Put strawberries in blender, blend until smooth. Pour into bowl & stir
in honey & yogurt. Fill cups 2/3 full with mixture. Put stick in center.
Freeze 1-2 hours. Remove from cup and serve.

June 19

How a Plant Drinks. Fill a container with water and some red food coloring.

Cut the bottom ½ inch off from rib of celery and place it standing in the

cup of colored water. Let stand several hours. Cut it open to see where the

plant has drunk the water or bridal wreath daisies also work.

June 20

Give your child chalk on the sidewalk or driveway to make a hopscotch pattern.

Let the child throw a bean bag or stone on a square; hop to the square and back

to start.

June 21

First Day of Summer. There are more daylight hours today than any other day

of the year. Do something with sun. Draw a picture of a sun.

June 22

Walk the line. Stretch out a six foot piece of yarn or string. Show the

child how to walk on the line one foot in front of the other. Make the string

into a ◯, 8 or letter and try to stay on the line.

June 23

Make parachutes with your child. Use a square of cloth or old hankie. Tie a

ten inch string to each corner and tie other end of strings to an empty thread

spool. Have your child paint faces or decorate the spool. Have him/her toss in

the air or drop from steps or chair.

June 24

Have the child sit in front of his/her house. He should count windows, doors, etc., or make a picture of a house and draw in the windows, doors, etc.

June 25

Make a bowling alley using ten half gallon milk cartons or jugs filled with sand and an unopened soup can for a ball. Roll the can and knock over the milk cartons or jugs.

June 26

Make "some mores". If you barbeque dinner on a charcoal grill, let your child toast a marshmallow after dinner when the coals have cooled. Have the child put the toasted marshmallow on half of a graham cracker and place a square of a chocolate bar on top of it. Top with the other half of a graham cracker.

June 27

Take pieces of cardboard and place around the yard to form a path. Using a toy car or truck drive around the neighborhood. You might give directions for the child such as, "drive to the store, stop at the park and come home." You could also ask questions like, " Whose house is closest to the store?"

June 28

Make a punching bag. Draw a face on an old pillow case using colored markers. Stuff it with rags or newspapers and tie the top together. Hang punching bag from a tree with a sturdy rope and punch!

June 29

Shining pennies. Give your child either vinegar or lemon juice with salt and a piece of sponge, cotton or cloth to shine the pennies.

June 30

Make your own bubble blow. Have your child help you mix ½ cup of liquid dish
detergent with 1½ cups of water. Soft, distilled or rain water will give the
best results. Give your child either a bubble pipe or a wire loop. Works
well outside.

July 1

Go fishing in a tub of water. Put out a variety of objects and let your child
discover which one will sink and which ones will float. Then make a fishing
pole of a stick with a string and a pipe cleaner or wire hook at the end.
See how many fish each person can catch.

July 2

Work with your child to make musical instruments for a 4th of July parade.

Shakers - Put dried peas and beans in a foil pie tin. Place another tin of the
same size on top. Either lace or tape together. Or put the beans in an empty
Pringles can and shake.

Kazoo - Put a square of wax paper over the end of a hollow cardboard tube. Se-
cure with a rubber band. Have your child hum into open end of tube to play a
tune.

Cymbals - Use foil pie tins with pipe cleaners.

July 3

Make more band instruments today. Make a drum out of a salt, oatmeal, or coffee
can. Leave the ends on the salt or oatmeal box. Remove both ends of the coffee
cans and place plastic lids on each end; use a wooden spoon for a drum stick.
Make sandblocks using two blocks of wood (2 inch X 1 inch). Glue sandpaper to
each block. Rub blocks together to make noise.

July 4

Have a parade for the fourth. Get together the instruments you made. Get

out a flag (the one made on June 14th) and have someone hold the flag to

lead the parade. March around the yard. Exchange instruments and let each

child march with the flag. Teach song, "Yankee Doodle Went To Town".

July 5

Circus toss. Cut a large circle in an old sheet, rug, or box. Decorate it

like a clown face with the hole being the mouth. Hang the sheet on the clothes

line. Use a ball, dry sponge or bean bag and try to throw it through the hole.

July 6

Homemade popsicles. Dissolve one package of jello, one package of kool-aid, and

one cup sugar in two cups very hot water. Stir in two cups of very cold water

and mix. Pour into paper cups and insert popsicle sticks, plastic spoons or

use toothpicks in ice cube trays. When frozen, eat and enjoy.

July 7

Whipped soap painting. Place soap flakes and small amount of water in large

bowl. Show child how to hold and turn egg beater. When mixture becomes

frothy, use fingers to make designs with soap on paper (construction paper or

paper bags).

July 8

Have children make a tent. Attach one end of an old blanket to a wall or fence.

Use sticks or rocks to hold opposite end to the ground. Or put blanket over

clothesline and secure ends with rocks or sticks.

July 9

Puppets - Have your child draw a face on a sock with a crayon or marker. Sew on

buttons for eyes and use yarn or string for hair. Make just one or make the char-

acters in a favorite story.

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July 10

Make a puppet theater to put on a show with the puppets you made yesterday.
Cut one side out of a cardboard box. On the opposite side cut a large square.

July 11

Help your child make a toss and catch game using 2 plastic milk jugs or
bleach containers with a handle, whiffle ball and three foot string. Cut the
bottom half off the bottle; punch a hole on the cap and push the string through
knot the string so that most of the string is in the bottle; tie the ball on
the other end of the string. Hold the jug and toss the ball, catch it in the
jug or toss a loose ball with your hand and catch it in the jug.

July 12

Have your child make a fruit float. Fill a glass with fruit such as strawberries,
banana slices, melon pieces that he/she has prepared. Pour in chilled gingerale
or lemon lime soda. Top with a scoop of sherbet.

July 13

Have the child draw a picture, write or copy a letter or make a symbol story.
Help the child fold the paper and put it in an envelope. Address the letter to
the child and take it to the Post Office. In a few days, the child will get a
letter in the mail with the letter/picture he made. You can also have your child
write to friends in town or relatives.

July 14

Roast something on a stick besides a marshmallow. Have your child put a hot
dog lenthwise on a stick and wrap "weiner wraps" around it. Or use a tube of
biscuits and wrap biscuits on the stick. Be sure to be there to help. Your
child will probably eat it even if it's burned - things taste so good when you
make them yourself.

July 15

If it's a warm evening have your child go out and catch lightening bugs before
it's completely dark. Count how many you see. Try to catch them while they're
flying.

July 16

Tin can stilts. Use two 2 1b. coffee cans - pound a nail into bottom to
make 2 holes. String and knot about an 18-inch section of clothes line
rope through holes. The child stands on the cans and holds the rope to walk.

July 17

Yellow day. Have your child take a walk around the house and yard; put a
yellow string on all the yellow things you can find. Wear a yellow ribbon
or something yellow today. Eat corn on the cob and butter, talk about the
color of the food.

July 18

Red day. Try to put as much color in the day as you can. Name the color for
your child often. Have your child count all the red things you can find. Have
some watermelon or a cherry. Make red jello. Find a red car or truck. Look
for vehicles with a red light on top. Wear something red.

July 19

Blue day. Have your child wear something blue today. Have him see if anyone
in his family has blue eyes. Have him look for the color blue on signs and on
boxes and cans. Ask, "Is the sky blue today?" Have your child take out his
blue crayons and draw a bluebird or a blue boat. Give your child a blue bal-
loon and play catch with it.

July 20

Mix colors. Show your child red, yellow and blue food coloring. Let him paint on a piece of paper with a q-tip with each color. Then mix them to show him how to make a new color. Your child can also do this with crayons coloring one color on top of another.

> Red and blue make purple.
> Blue and yellow make green.
> Red and yellow make orange.

July 21

Look for a rainbow when it is raining and the sun is shining. Can your child find red, orange, yellow, green and blue? Have a rainbow race with your child while you're waiting for the rainbow. Have your child sit by a window and each choose a drop of rain that is sitting at the top of the window pane. Watch to see whose raindrop reaches the bottom of the window first. If it's a sunny day, make a rainbow with a garden hose or sprinkler. Put child's bathing suit on him and have him run through the sprinkler.

July 22

Decorate your tricycle. Have your child attach an old playing card to the spokes of the wheel with a clothes pin. Have him make streamers for the handles from an empty plastic bag. Have him cut strips to within 2 inches of the end of the bag. Roll-up and tape to handle grip. Wrap bright colored paper around the handle bars. Secure with masking tape.

July 23

Have a picnic today even if it's only in your backyard. Let your child help you mix lemonade or kool-aid. Also have child help make sandwiches, perhaps peanut butter and jelly. If you live in the country, take a walk in the woods and enjoy your picnic there.

July 24

Have your child build a castle with sand and water. Have him make a mound

of sand, wet a handful of sand and let it drip in the mound. Continue drip-

ping the sand to form a castle.

July 25

Give the child a large pan of water, a plastic meat baster, small pitcher or

measuring cup and smaller containers marked with lines. Let the child use the

baster to fill the smaller containers. Tell the child to fill the container

to the line. Compare the amount of water in each container.

July 26

There are many fresh vegetables available now. Find one that your child is

not familiar with. Let him pick it out in the store or from the garden. Talk

about its color, how it grows, look for its seeds. Plan on serving it for the

evening meal. Let the child help you prepare it if possible.

July 27

Send your child on a scavenger hunt. Make a list by drawing pictures of things

both inside and outside of the house to find. When child finds all objects,

they win the prize-treat, blue ribbon, etc.

July 28

Have your child watch as you make a paper airplane from a piece of notebook

paper or an 8 X 11 inch piece of newspaper. Then help him make one also.

1) Fold two corners to the center. 2) Fold along center. 3) Fold each

side in half once more to make wings. Put a paper clip on the nose to make

it fly more easily. Children can color the airplane or glue pictures to it.

July 29

Wash the bike and car today. Show your child how to attach the hose to the
spigot. Let the child use the hose to wet the car and bike. Use rags and a
squirt bottle filled with water to complete the job. Show the child how to
polish the chrome until he sees himself.

July 30

Have your child make a dandelion necklace, bracelet or crown. Pick lots of
dandelions but be sure to keep the stems on. Make a chain by making a slit
in the stem and pulling another stem through it up to the flower. Make a
slit in that stem and repeat until you have enough to make the necklace, crown,
or bracelet or cut the dandelion stems into pieces and string them on a string.

July 31

Find a new pet today. Have your child look for a spider, a caterpillar, a frog,
a turtle, a worm, some ants, a lady bug, or any other bug. Put him in a jar
with tiny air holes in the lid. Watch it and see what it does. Let them go at
night.

August 1

Broad jump. Get two pieces of string each about two feet long. Stretch
them out on the grass about 2 inches apart. Each time your child can jump
over both strings move them farther apart.

August 2

Start a collection. Suggest to your child some things he could collect.
Some ideas might be bottle caps, popsicle sticks, pretty stones, shells, leaves
to press, insects. Show your collection to your friends.

August 3

Make a mineral garden that grows crystals. Fill a shallow bowl ½ full with
water. Have your child stir in salt, one tablespoon at a time and dissolve
it. Continue to stir in salt until no more will dissolve. Add about a table-
spoon of vinegar. Now completely fill bowl with charcoal. Salt crystals will
form in a day as the water evaporates.

August 4

Ladder fun. Place a flat ladder on the ground. The child can 1) walk forward
with feet between rungs, 2) walk forward with feet on rungs, 3) walk forward
with feet on sides of ladder and 4) jump with 2 feet together between rungs.

August 5

Make a ring. Have the child use pipe cleaners and large buttons with 2 or 4
holes,or one with a wire loop underneath. Put pipe cleaner through the holes
and adjust to fit finger.

August 6

Be a detective. Select many common household items. Blindfold the child and
have him identify objects by touching, tasting or smelling. Include items to
feel: uncooked macaroni, dried beans, spoons, forks, towel, sock. Items to
smell: lemon, peppermint, vinegar, perfume, soap. Items to taste: milk,
chocolate milk, pop, kool-aid, orange or apple juice.

August 7

A day for big words. Let today be the day for size words. Use these words.
in describing things to your child, tell them what they mean. Have him say
them, too. Look around the house, yard and neighborhood to find objects that
fit the description. Words to use: Gigantic, huge, collasal, tiny, miniscule,
microscopic.

August 8

Have a ball game. Include family members or two and fill the afternoon. Here are several options, play the game that your child might be most interested in:

Keep away -   Circle toss -   How many times can you catch it -

August 9

Barefoot walk. Have your child take off his shoes and go on a barefoot walk. Do it in your own yard, neighborhood or go to the nearest park. Try to find different surfaces to walk on and talk about how they feel: cool, warm, soft, hard, rough, squishy, dry and wet. Walk on grass, concrete, sand, gravel, through a puddle of water. Talk about which ones feel the best on your feet. Try it blind folded or with eyes closed.

August 10

Play a game of shapes. Draw shapes on the sidewalk or driveway with a piece of chalk. Draw the same shapes on squares of paper. Let the child pick up a piece of paper and then stand on the shape. Try to get to the end first. Play as 'Captain may I".

August 11

Try a new fruit today. Buy a fruit that your child has not yet tried. Talk about how it tastes, smells, looks, where it grows and what kind of plant it grows on.

August 12

Have your child find large rocks. Wash them and let them dry. Let the child use waterpaint to make faces or other designs on the rocks. You can also glue scraps of fabric on the rocks. Use the completed ones for paper weights or door stop.

August 13

Play a "what's missing" game. Use a wagon or large truck; place 3-5 objects in the truck. Let one child push the truck behind a screen and remove one object. Push the truck back and let the children guess what's missing.

... your child ... today. ... a large shallow pan of water. ... his/her barefeet
wet in the water. Then ... your child make ... pattern foot prints on the side-
walk or driveway.

August 15

Sticking horse. You'll need an old broomstick or sturdy long mailing tube, an
old sock and rags or newspaper, put the top of the sock over the end of the stick
and ... securely with string. Have your child draw features on horse with
... marker. Add some reins if you want.

August 16

Have your child make a pop bottle band. Help him fill pop bottles to different
... with water. Have your child blow into the pop bottles and discover the
different sounds you can make.

August 17

Trash day. Help your child make a game of cleaning up the yard. Explain to your
child what belongs in yard and what doesn't. Give him a special box to put the
things in. Tell him to see if he can fill the box.

August 18

Sit outside with your child. Have your child listen to the sounds in the night.
Some sounds to listen for might be crickets chirping, dogs barking, cars going by,
frogs croaking. See if your child can name the sounds he hears.

August 19

Dress up day. Find old curtains, dresses and jackets for your child. Have your
child dress up like someone else. Have a parade or tea party.

August 20

Draw a picture today and mail it to grandmother. Instead of drawing, the child
could pick small flowers and glue them to a piece of paper. Cover the paper with
clear contact if desired. Let the child trace their name to sign the card.

August 21

Make a train with your child. [faint text] any containers, both boxes and cans will
[do]. Have your child decorate the containers to look like tank cars, engines,
flatcars and boxcars. Tie the containers together and pull them like a train.

August 22

Make a ball toss. Have ball toss divided pop case, apple or tomato crate
dividers or make your own with your child by cutting down and putting milk cartons
side by side. Have your child toss ping pong balls, bean bags, etc., into the
sections. Child who gets most balls to stay in the sections is the winner. For
older children, sections can be numbered or colored so some have greater value and
score can be totaled. Or draw a grid on paper and toss pennies.

August 23

Make some juicy jellies with your child. Make sure to have your child help make them.

> 4 envelopes unflavored gelatin (or 4 tablespoons
> 1½ cup cold water
> 1 6-ounce can frozen concentrates grape juice,
>   thawed, undiluted (or orange juice)

Sprinkle gelatin over water in pan. Stir over low heat five minutes until gelatin
is completely dissolved. Remove from heat and stir in juice. Pour into eight inch
square pan and refrigerate at least two hours until firm. Cut into 36 squares, keep
refrigerated.

August 24

This is the day for your child to clean up toys. Take out trucks, cars, Big Wheel,
and anything else that looks grimy. Get a bucket, sponges, rags, and water and maybe
even a tablespoon or so of detergent. An old toothbrush or scrub brush is fun to
use, too!

August 25

Frozen bananas. Cut bananas in half. Place popsicle stick, dip in chocolate
syrup or honey. Roll in nuts or Rice Krispies. Or slice bananas and use tooth-
picks for sticks. Place in freezer 1 to 2 hours.

August 16

... look in the paper for ... sales ... Let your child
find a toy, ... hat, or something else he likes. Talk to him about the things
you see and what they could be used for. An order or catalog might also be a good
place to look.

August 27

Wet and dry. Fill wading pool or bucket with water. Gather things that will be
different or change when they are wet (different color, weight or size). For example,
material, tissue, newspaper, rocks, etc. Have child feel the difference between
wet and dry. See how the texture changes when you hang materials on the line to dry.

August 28

... Place bottles or cans in pairs about 12 inches
apart to make a track or path. Your child can kick a ball along the track or use
... push ball keeping it between the bottles or cans.

August 29

... Place a wide mouth bottle on the floor behind a chair. While
kneeling on the chair, have the child drop clothespins into the bottle. As this
becomes easier, use a bottle with a smaller mouth.

August 30

Circus Day. Talk to your child about circus animals, their trainers, the clowns and
... etc. Have the children pretend to members of the circus. Use old clothes and
hats for costumes. You be the ringmaster and announce each act. Have popcorn for
snack after the circus.

August 31

Write a story about the things you and your child did this summer. Have your
child draw pictures. Then let him tell you what each picture is about. Write the
story below the pictures. Make a cover and tie the pages together. Tell the
story to a friend.

Calend   Ideas

Mail a Letter

In each child's name, address. Address an envelope with child to
himself. Have the child stamp and mail. (Slip in a picture to color
or a note to surprise him when he/she gets the letter.)

Fire Safety

Discuss an "escape route" from your child's room in case of fire or
emergency. Have a "fire or emergency" drill. Then play fireman.
Make a firehat or add a badge to an old hat.

One to One Correspondence

Have child paste pictures of animals, people, dishes, etc. on a sheet
of paper. Have child count the number of objects and put an equal
number of paper clips on the page.

"Chickens Have Feathers"

Have the child place their hands on their shoulders in such a way that
their arms resemble wings. Ca   ut various animals. If the animal
has feathers, the child "flaps" ...s wings. If not, no movement.

> chickens have feathers (flap, flap)
> dogs have feathers (no flapping)

Or select another activity such as clapping two times. Use such topics
as things we eat or wear.

> We eat bananas (clap, clap)
> We eat shoes (no clap)

Counting

Count the furniture <u>legs</u> in the kitchen r dining room.

Bean Bag

Make a bag from an old pot holder. Fill it with rice or beans and sew shut.

Take A Trip

Draw a large suitcase on a piece of paper. Cut out of catalog clothes
you need for trip. Paste on suitcase.

Library

Take a trip to the library. Take out a card in your child's name. Help
your child choose and check out a book.

Calendar Ideas continued

Concept

Use a coat hanger and pinch clothes pins to match number symbol
with number of objects.

Color Matching

Use a square cardboard or a pizza cardboard. Cover parts with colored
paper or paint with poster paints. Match colored plastic clothes pins
to color on board.
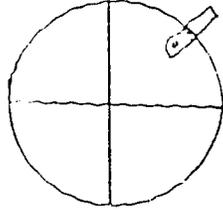
Early Childhood Progress Report

CHILD'S NAME _____ PARENT'S NAME _____

BIRTHDATE _____ ADDRESS _____

SCHOOL _____ PHONE NUMBER _____

REPORTER _____ POSITION _____

I. PROGRESS REPORT: CHILD CAN UPON REQUEST, EASILY PERFORM THE
    FOLLOWING ACTIVITIES:

    A. COGNITIVE SKILLS:

    B. MOTOR SKILLS:

    C. LANGUAGE SKILLS:

    D. SOCIALIZATION SKILLS:

    E. SELF-HELP SKILLS:

II. EMERGING SKILLS: THE NEXT ACTIVITIES THE CHILD SHOULD BE ABLE
    TO LEARN ARE:

    A. COGNITIVE SKILLS:

    B. MOTOR SKILLS:

    C. LANGUAGE SKILLS:

    D. SOCIALIZATION SKILLS:

    E. SELF-HELP SKILLS:

III. PROGRAM FINDINGS: HOW DOES THE CHILD LEARN BEST?

   A.   AREAS OF STRENGTH

   B.   AREAS OF NEEDS

   C.   MEANINGFUL REINFORCEMENT

IV. PROGRAM RECOMMENDATIONS:

V. SUGGESTED PARENT INVOLVEMENT:

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Transition Planning Meeting Summary*
Region IX RAP

Child _____ Birthdate _____ Age _____

Referral Source _____ Title _____

Meeting Date _____

1. Description of child at home:

2. Major concerns of family at this time (for child, others in family):

3. Description of child at school:

4. Major concerns of staff regarding child, family:

5. Other than Head Start, what services is the child receiving?
   (medical, therapeutic, etc.)

6. Description of major developmental changes made by the child during
   year:

*Designed to organize the relevant information and concerns gene.
 the planning meeting and to assist the participants in the consi
 of future program planning and educational goals for the child.

7. What educational goals are suggested for the next school program?

8. What other agencies have diagnostic information regarding the child?

9. Is it recommended that the child enter the next school program in the summer or in the fall?

10. What type of program placements are recommended for next year? (i.e., Head Start, Head Start and Public School Combination, Public School Special Education class, Public School Mainstreamed Program, Regular Public School Program, etc.)

11. What related services are recommended for next year? (i.e., transportation, speech therapy, physical therapy, etc.)

12. Signatures of persons attending Transition Planning Meeting

Name   Position

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

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Dear   ,

We are inviting you to attend and participate in a meeting to review your child's progress this year and to plan your child's needs. We will also be talking about services which may be available to you and your child next year.

The meeting will be held at _____ and will last about ____ hour(s). The names and titles of Head Start staff and representatives from other agencies in the community also participating in this meeting are attached.

We very much want to plan with you to meet the special needs of your child. _____ has been asked to meet with you individually before this meeting takes place to answer your questions, explain the purpose of meeting and how you can participate in it. He/she will also discuss any questions you may have about the presence of the other persons attending this meeting as well as your wish to invite a representative of your choice. You may call _____ for a time to meet.

We look forward to seeing you.

Sincerely,

Please check one below and return.

_____ I will attend the Transition Planning Meeting.

_____ I will not be attending the Transition Planning Meeting, but I understand that I will be informed of all that takes place and will have to give my permission for the exchange of information with any other agency.

_____
Parent/Guardian Signature

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_____
Date

TRANSITION PLANNING MEETING
FOR STAFF FROM OTHER AGENCIES
Region IX RAP

Dear:

We would want your attention and participation in a meeting
regarding _____ _____. We will review his/her
progress this year and discuss his/her needs. We will also be
_____ _____ to him/her next

_____

The meeting will be held on _____ at _____
AM/PM at _____ and will last about
_____ hour(s). The names and titles of Head Start staff,
parents and representatives from other agencies in the community
who are participating in this meeting are attached.

We look forward to seeing you.

Sincerely,

- -

Please check one below and return.

_____ I will be attending the Transition Planning Meeting.
_____ I will not be attending the Transition Planning Meeting.

_____
Signature

_____
Agency

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OUT OF THE NEST

Instructional Strategies

To Prepare

Young, Exceptional Children

For Kindergarten

Edited by Barbara Wolfe and Jenny Lange

Portage Project-TEACH

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introduction

The following list of skills and strategies is the result of two workshops held in Wisconsin

in the summer of 1979 which focused on issues and concerns related to mainstreaming young

handicapped children. Sixty Head Start kindergarten and Early Childhood - Handicapped

teachers attended the three day workshops. This booklet was compiled and edited by Barbara

Wolfe, Jenny Lange, Harriet Putzer, Trish Modell and Sue Treb under the auspices of a State

implementation grant awarded to The Wisconsin EC:EEN Project, Dept. of Public Instruction,

126 Langdon St., Madison, WI 53702. The concept was based on the initial "Survival Skills"

work of Betty Vincent, Gail Walter and Pansy Brown of UW-Madison.

It is interesting that the survival skills compiled here are not concept-oriented ("can name

five farm animals") or perceptually-oriented ("knows under, over and behind") or reading-

oriented ("recognizes three lower-case letters"). While concepts, perceptual skills and

reading readiness are important, they are not sufficient for kindergarten success. Perhaps,

this group of teachers is suggesting that it is not so much what a child is taught but how

.the child perceives him/herself as a learner that can make the difference.

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1. RESPONDS POSITIVELY TO SOCIAL RECOGNITION AND REINFORCEMENT

A "Wonderful Work" board, or a similar theme, can be used to display children's work.

"V.I.P. Day" - One very important person is leader for the day and during circle time, the child's peers each take a turn to tell something good about him/her. An extended version of this is "Child of the Week". A table display of his/her favorite things, family pictures, etc. are also suggested. The principal may wish to announce the "Child of the Week" over the P.A. system. In addition, the child may tell the teacher a brief story about him/herself (family members, pets, hobbies, etc.) The teacher writes the story on a large tagboard and attaches a picture of the child to the top. The board is displayed outside the classroom for all to enjoy. The story can be duplicated in the class newsletter.

Share accomplishments with parents and ask them to set aside a place at home for the child's "good work".

Acknowledge class accomplishments with "group praise" vs. individual praise.

If you're using constant individual reinforcement, start phasing out and look at the child when you give group praise so that the child understands he/she is included in that recognition.

Have an "I Can" place in the room. Children tell when they are proud that they can do something. The new skill is added to the board. Examples: I can tie my shoes! Eric; I can count to five! Sarah. Include the teacher in the accomplishments.

Special accomplishment pictures. Take a picture of the children with appropriate props when they have mastered something difficult. Pictures could be of groups or individuals. Examples: "We can say the alphabet", "I can use my walker alone", "I helped Jimmy put on his coat", "I completed a whole worksheet". Display the pictures prominently and send them home occasionally with an explanatory note.

Warm Fuzzy Clothesline. Each child decorates a clothespin for him/herself and names are attached. Notes which recognize the child's accomplishments and efforts are placed on the lines to be read in class and taken home.

Sunshine calls. Put a phone at the child's place. He/she calls someone in the class and gives a compliment.

Don't be afraid to "get a little crazy" with group reinforcement - especially at first. Try making up impromptu songs with actions to reinforce the kids for specific class accomplishments. Any impromptu action will do, and kids eat it up! Be a cheerleader and let them applaud and cheer for themselves.

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2. EXPRESSES EMOTIONS AND FEELINGS APPROPRIATELY

There are a number of commercial products available which are helpful in facilitating this skill:

My Friends and Me by Duane E. Davis; American Guidance Service, Inc., Circle Pines, Minn. 55014.

This kit for preschoolers emphasizes appreciation of personal identity and development of social skills and understandings. The materials which include illustrated stories, songs, musical recordings, puppets and metal activity board with magnetic characters are very motivating.

DUSO Kit D-1: Developing Understanding of Self and Others by Don Dink Meyer; American Guidance Service, Inc., (address above).

This kit designed for kindergarten and the lower primary grades helps children increase their "feelings vocabulary", understand their feelings, and express themselves more freely about their own behavior and feelings. The colorful story - feelings books, posters and puppets are attractive and appealing for youngsters.

T.A. for Tots by Alvyn M. Freed; Available from: Gryphon House, 3706 Otis St., P.O. Box 217, Mt. Rainer, Maryland 20822

Transactional analysis for use with young children. Helps youngsters develop socially and emotionally. Common sense guidelines that help children understand themselves and others. From preschool to fourth grade.

Me-Doll; Available from: Childcraft, 20 Kilmer Rd., Edison, N.J. 08817. The mirror face of the Me-Doll adds a unique quality all other dolls lack: reflecting any expression or mood the child wishes. The mirror is unbreakable and the doll comes in brown or white.

Alternative ways to "release" angry or mad feelings may be offered to the child who is aggressive. A punching bag in the corner may offer an alternative.

Use of puppets or dolls may prove helpful, a child may be able to tell you how the doll "feels" before he can reveal how he/she "feels". Role playing activities may also help children "act" out their feelings.

Let the child know it's okay to feel mad, bad, sad, etc., but that we need to find ways to get over those bad feelings without hurting others, i.e., quiet place, secret for teacher, etc.

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3. ATTENDS TO SPEAKER IN A LARGE GROUP

Be specific as to exactly what you want from the children. A key phrase might be "I know you're listening when I see your eyes," "Let me see your x-ray eyes."

Seating strategies may prove helpful. Seat the child near a peer who is attending well. (Reinforce appropriate attending) If the child is constantly distracted, cue him/her to sit near you or in the front row. At a table activity, place him/her between two good peer models, rather than at the head or edge of the table.

A teacher's use of vocal inflections and body gestures may bring a wandering mind back to attending. Puppets, manipulative materials, mechanical toys and cubicles will often aide in building attention span.

Visual cues such as colored drawings on board to depict directions or pictures will often keep a child's attention.

Ignore interrupting behaviors as much as possible and reinforce appropriate attending.

Make "Listening Ears" for good listeners. These can be used during "special" listening time. (Tagboard or laminated colored paper works well for ears.)

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4. RELATES EXPERIENCES AND IDEAS TO OTHERS

Make sure the child has something to express or something to talk about, i.e., pass an object around and each child tells one thing about it.

At role call each day, the teacher may request the children to share or relate an experience. For example, "Steve, tell us what you ate for breakfast?" or "Tell us about something you saw on your way to school.", etc.

A "Picture Place" can be created - a special spot for children to bring pictures that they want to share and tell about. (Cover with plexiglass so pictures aren't smudged.)

Provide time for "show and tell". This may be limited in large groups by assigning a child to a day - be sure to inform parents.

Set up the physical environment so that children are facing each other in coupled activities. Provide play materials that encourange interaction.

Use the classroom typewriter and you play secretary. Let the children dictate messages or letters (to each other, to parents, to the President) which you type for them. Then have them "send" the message to the intended receiver.

Play guessing games, "I'm thinking of something _____". Children must respond with question, "Is it the chair?" Simple pantomines are performed and children must ask, "Are you combing your hair?", etc.

Bring a paperbag or a box to school. Place something from the classroom in it. Children must ask questions to find out what it is. "What color is it? Can I play with it? Can I eat it?" No guessing is allowed until everyone has asked a question.

Play "Catch the Teacher" - warn the children that you might make some mistakes reading a familiar story, and they will have to stop you if you do, i.e., "Once there were four bears...."

Read a familiar story without showing the pictures. Ask the class to close their eyes, think of a picture that fits the words and describe out loud what they see. Then, with felt tip pen in hand they can make their own illustrations.

When you want children to answer questions about a field trip, try taking along a tape recorder and recording some of the noises you hear and the children's reactions. On return, play a bit of the tape, then stop it. "Who remembers where we were when we heard that noise?" "What is it?" "Who else was there?"

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Use the toy telephones so children can practice appropriate responses. The teacher may choose to prompt calls: "Larry, pretend Doug is Santa Claus and tell him over the phone what you want for Christmas."; "Amy, call Karen and tell her all about your birthday party. See if she can come." "Tammy! Tammy, your house is on fire! Call Larry the fire chief and tell him about it!" Tape some of the conversations to play back.

Keep "abreast" of interesting events going on at home. A "traveling notebook" can give you new info to ask children about.

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ERIC
Full Text Provided by ERIC

Start with one or two step visual directive games (actions, use of body). The children can model a series of actions, such as touching body parts, moving to music, playing instruments. Cards or pictures with actions can be used without teacher verbal direction. The teacher may also give visual cues.

Next, pair visual directive with verbal directive. ("When I say one, clap your hands, when I say three, sit down.)

Child follows verbal directions without visual cues with manipulative materials. (example: Place child behind screen. Place blocks in front of child. Child builds tower according to specific verbal directions. Compares end result to teacher model. Any manipulative items can be used.)

Write directions on △ □ ○. Have child pick up one of each. Adult reads it for child. Lower functioning children can just choose   and   . (Two step).

Go to the door.

Touch your nose

clap your hands

Play auditory memory/listening games such as: "I went to the store and bought. . ." Each child repeats what others said plus adds one of their own. Use picture clues at first and withdraw them.

Play restaurant with picture cards representing the menu displayed prominently - one person places an order and the waiter/waitress gets the order.

Read stories and have them answer simple questions.

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6. MAKES CHOICES

Teach children how to use the materials that are available.

Limit choices at first, then expand the options.

Use snack time, art time, surprise times as opportunities to make choices.

Give the children who can't make choices, the opportunity to go first.

Encourage parents to let their children make choices at home regarding wardrobe, breakfast, etc.

Provide choices through learning centers.

Examples of choices might be choosing crayon, marker, colored paper, brush, paint shirt, and then on to deciding which activity they would like to do next.

Let children help plan the schedule for the day by making choices between activities.

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7. COMPLETES ABILITY LEVEL TASKS INDEPENDENTLY

Try to be scientific in determining task level of each child. Points to consider when determining task level are: length of time needed to complete task, number of items, cues needed, setting of task, and reinforcement appropriate to group or child. Begin with short simple tasks which you know the child can complete successfully.

Increase length and complexity of task as children succeed.

Fade out visual and auditory cues on a gradual basis.

Reward them with personal "favorite" activities upon completion of task. Other rewards to consider: "Happy Notes" to go home; a star, smiley face or sticker on a chart, praise and a hug, peer reinforcement.

The use of a timer or hour glass will aid the child in determining how much time he/she has.

Group the child with a peer model who has adequate on-task behavior.

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8. RAISES HAND AND/OR GETS TEACHER'S ATTENTION WHEN NECESSARY

A "Smiley Face" on their hands can serve as a reminder.

Putting hands up in songs or games to the tune of "If you're happy and you know it.", or if you want to go outside, share your toy, have a cracker, etc., "raise your hand."

Initially, you might try pairing raising hands with a visual cue: light on and off or use an auditory clue such as a clicker.

Determine when children need to raise hands to speak, i.e., circle time not learning center time and be consistent so children learn to discriminate.

Raising hands may be illustrated using a puppet or stuffed animal raising his paw up.

During roll call have child raise hand when you call their name and then ask them a question - remind child to speak after he/she raises his/her hand.

Ignore "blurted out" responses when they are at inappropriate times and praise children who remember to raise their hands. Be sure to recognize the ignored child as soon as he/she remembers to raise his/her hand to speak.

Make sure adults are not meeting child's needs before child has to ask or tell (school and home). For example: Wait until child asks before giving snack or drink of water.

Have other children model asking for their needs to be met - praise them and verbalize what they have done in front of the other child. For example: "I like the way you raised your hand and said 'May I use the red paint' when you needed red."

Set up activities where children must ask others to get materials to complete their projects. For example, if the task is to paint a picture using three colors, give each child one jar of paint, each a different color. Or, if children want seconds on snacks, require them to ask.

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ERIC

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9. MOVES THROUGH ROUTINE TRANSITIONS SMOOTHLY

Give children an explanation of the daily routine. It is sometimes helpful to use visual cues, i.e., pictures, to give children a better understanding of what will happen. Place the pictures on a wall in a time line so that children can see what comes next.

Sequencing the events of the day is not only reassuring but gives the children a sense of what happens first, next, etc.

Challenge them to recall the "plan for the day": Ask questions like, "We are finished with this activity, what will we do next?"

Arrange for orderly transition with a game, i.e., everyone with brown hair may start a new center, wearing the color red, etc.

Awareness of daily schedule gives children a sense of security - Major changes in schedule should be shared with the children in advance, whenever possible.

Remember to keep directions clear and concise when ready to start a new activity.

Give signal which cues children to get ready for next activity such as a bell, piano chord, etc. If a particular child has special difficulty with transition, sound the signal and then go touch the child, quietly telling him/her what to do and what will happen next.

Sometimes a transition is simply a diversion. For example: "Wiggle from head to toe before you sit down." Do relaxation exercises with the children to help settle them down. Model as you wind up tight as a spring and relax like a sleepy dog.

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10. WAITS TO TAKE TURN AND SHARES

Shares stories that depict the chaos that exists when no one takes turns or shares.

Assign numbers to take turns at a specific game.

Cooking activities are easy to organize turns for by using the adding of ingredients and the actual mixing as "turns".

The children's names on the "Helper Charts" are alternated so that all the children get to have a "turn" at the different jobs.

Structure activities so children have opportunities to share with each other, i.e., in art two children may be required to share crayons.

Seek out filmstrips that demonstrate sharing, such as:

> The Adventures of the Lollipop Dragon - These cartoon stories use Lollipop Dragon and the children of Tum-Tum to demonstrate the positive values of sharing, working together, and taking turns. (Includes: filmstrips, cassettes, script/guides, coloring book, and teacher's materials.) For more information contact: Singer Society for Visual Education, Inc., 1345 Diversey Parkway, Chicago, Illinois 60614.

Provide play materials that foster cooperative play. Teeter totters and wagons encourage "twosomes".

Pair kids who play well with kids who don't. (Avoid threesomes, "odd-man-out" for child having problems in this area.)

Model cooperative play techinques for the children.

Send home "Special Buddy Awards" or certificates for two children who play well together. Love Publishing Company, Denver, Colorado, has a great book called "It's Positively Fun". It is chock full of awards to be sent home.

Group projects such as a seasonal mural where each child contributes a drawing or picture or a Christmas wreath made up of outlines of each child's hands.

> Cooperative Puzzle: Everyone has a few pieces and children take turns placing them in frame.
> Group Bulletin Boards: Everyone contributes material on various subjects, for example: "Our Pets", "Our Families", "Our Nature Walk", etc.
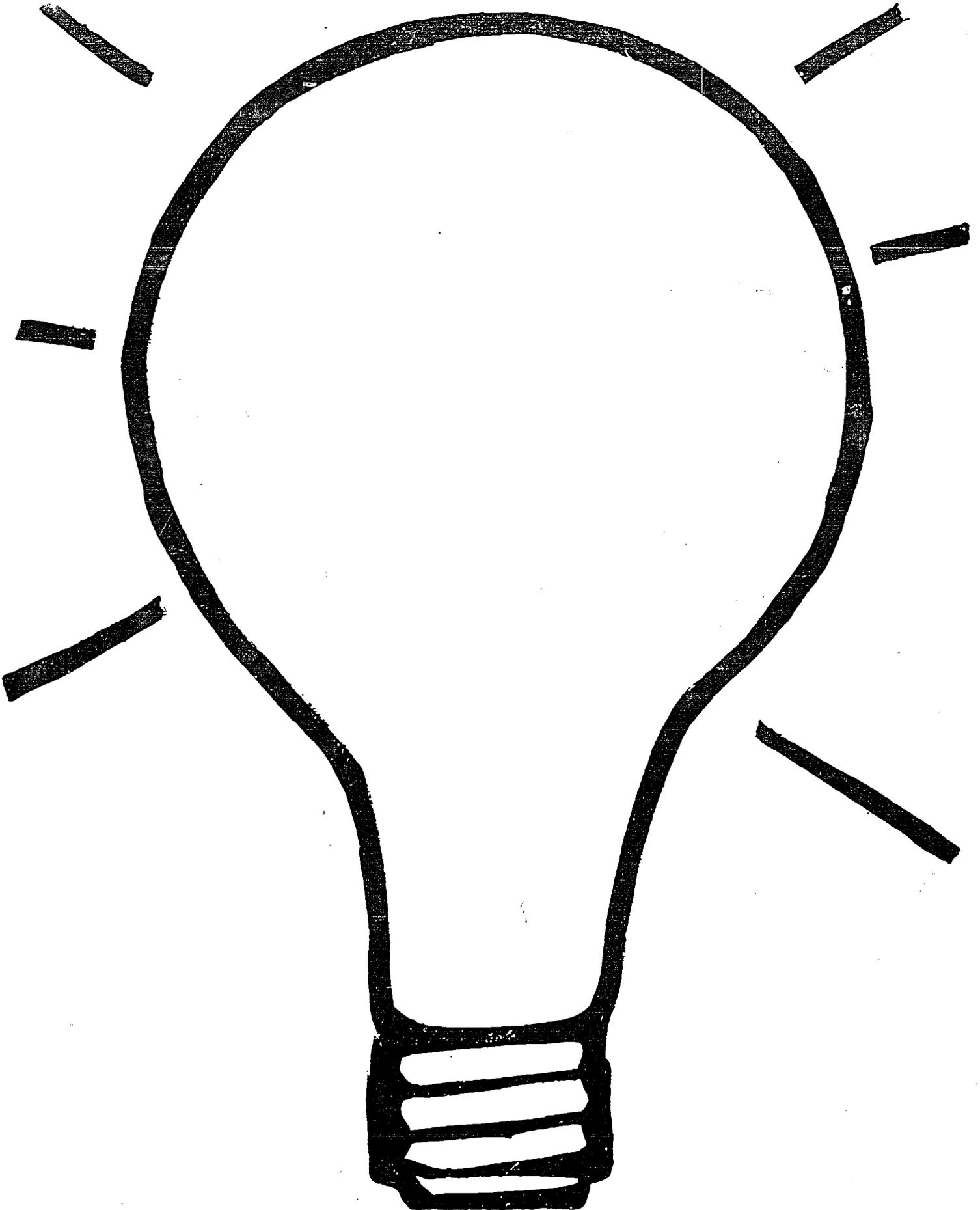
WHAT WOULD YOU NEED TO CONSIDER WHEN TRANSITIONING A CHILD
FROM A HEAD START CLASSROOM OR HOME-BASED SETTING INTO THE
PUBLIC SCHOOLS?

1. WHAT WILL BE DIFFERENT FOR THE CHILD?

2. BRAINSTORM IDEAS AND ACTIVITIES FOR TEACHING THE SKILLS
    NEEDED TO DEAL WITH THIS CHANGE. BE CREATIVE AND IMAGINATIVE!

3. DESCRIBE THE SUPPORT ROLE EACH OF THE FOLLOWING COULD PROVIDE:

        THE HEAD START TEACHER?

        THE PARENT?

        THE NEW TEACHER?

        THE ADMINISTRATIVE STAFF?

A Comprehensive Approach for Developing Individual Education Programs
for the Preschool Handicapped Child

By G.W. Bryant, V. Campbell, R.A. Freeman Jr., S. Vaugh and

A.S. Sanford.

Available from your Resource Access Project

"Developing Individualized Education Programs for Young Handicapped
Children"

By A.H. Hayden and E. Edgar.

in Teaching Exceptional Children, Volume 10, 1978, pages 6.   ..

Developing Observation Skills

By Carol A. Cartwright and G. Phillip Cartwright, 1974.

Available from: McGraw-Hill

Manchester Road

Manchester, Missouri 63011

The Diagnostic Process

By Ann Gilman, Cynthia Sirk and Rhona Watkins, 1976.

Available from your Resource Access Project

Early Childhood Development Disabilities, A Self-Paced Course for Training
Staff to Identify and Integrate Children with Handicapping Conditions Into
Preschool Programs

Edited by LeAnne D. KcKelvey, Betty Rintoul and Sharon H. Carter.

Available from your Resource Access Project

Exceptional Teaching: A Multimedia Training Package

by O.R. White and N.G. Haring, 1976.

Available from Charles E. Merrill, Columbus, Ohio

Identifying Handicapped Children: A Guide to Casefinding, Screening,
Diagnosis, Assessment, and Evaluation

Edited by Lee Cross and Kenneth Goin, 1977.

Available from: Walker and Company

720 Fifth Avenue

New York, New York 10019   ($8.95)

Linking Developmental Assessment and Curricula: Prescriptions for Early
Intervention

 By Stephen J. Bagnato and John T. Neisworth, 1981.

 Available from: Aspen Systems Corporation

      1600 Research Boulevard

      Rockville, Maryland 20850

Mainstreaming Preschoolers: Children with Learning Disabilities and
Children with Mental Retardation

 By J. Liebergott, A. Favors, Jr., C. Saaz von Hippel, and H. Liftman
 Needleman, 1978.

 Available from your Resource Access Project

A Planning Guide To The Preschool Curriculum: The Child, The Process,
The Day

 By J. Findlay, P. Miller, A. Pegram, L. Richey, A. Sanford, and
 B. Semrau.

 Available from: Kaplan Press

      600 Jonestown Road

      Winston-Salem, North Carolina 27106

      Telephone: 1-800-334-2014

      $9.95 + $2.25 for shipping and handling

Preparing for the I.E.P. Meeting: A Workshop for Parents

 By Jean Nazzaro, 1979.

 Available from: The Council for Exceptional Children

      1920 Association Drive

      Reston, Virginia 22091

"Public Law 94-142 and Section 504: What They Say About Rights and
Protections," in Exceptional Children, Volume 44, 1977, pp. 177-185.

Resources for Creative Teaching in Early Childhood Education

 By Bonnie Mack Flemming, Darlene Softley Hamilton, and
 JoAnn Deal Hicks, 1977.

 Available from: Psychological Cooperation

      757 3rd Avenue

New York, New York   10017

$17.95

School Before Six: A Diagnostic Approach

　　　By L. Hodgden, J. Koetler, B. Laforse, S. McCoord, and D. Schramm, 1974.

　　　Available from: The Cemrel Institute

　　　　　　　　　　　　3120 59th Street

　　　　　　　　　　　　St. Louis, Missouri   63139

Screening, Assessment, and Educational Programming of Pre-School
Handicapped Children:` A Primer

　　　By Steve E. Sommer with Margaret Churton, 1978.

　　　Available from: Community Services Administration

　　　　　　　　　　　　5th Street at Lawrence

　　　　　　　　　　　　Ironton, Ohio   45638

　　　　　　　　　　　　Telephone: (614) 532-3534

　　　　　　　　　　　　$7.95

Special Education for the Early Childhood Years

　　　By Janet Lerner, Carol Mardell-Czudnowski, and Dorothea Goldenber,
　　　1981.

　　　Available from: Prentice Hall, Inc.

　　　　　　　　　　　　Old Tappan, New Jersey   07675

　　　　　　　　　　　　$20.95

Talking With Parents: Communication Skills for Educators-Reminders for
Effective Communication

　　　By James C. Chalfant and Margaret Van Dusen Pysh, 1981.

　　　Available from: Pathescope Educational Media, Inc.

　　　　　　　　　　　　71 Weyman Avenue

　　　　　　　　　　　　P.O. Box 719

　　　　　　　　　　　　New Rochelle, New York   10802

Teaching Early Childhood: Exceptional Educational Needs - Ten Resource
Modules

    Edited by Marshall E. Poole, 1979.

    Available from your Resource Access Project

Working With The Young Exceptional Child: A Training Guide

    By Mary C. Barbera and Bonnie Myers Berger, 1980.

    Available from: Tompkins County Economic Opportunity Corporation

                318 North Albany Street

                Ithaca, New York   14850

Writing and Implementing an I.E.P.: A Step by Step Plan

    By Thomas Lovitt, 1980.

    Available from: Pitman Learning, Inc.

                6 Davis Drive

                Belmont, California   94002

                Telephone: (415) 592-7810

                $7.95

Writing Long-Term and Short-Term Objectives, A Painless Approach

    By Duane G. Thompson, 1977.

    Available from: Research Press Company

                2616 North Mattis Avenue

                Champaign, Illinois   61920

                $3.95

The following individual groups are additional valuable resources
in Region V.

Handicap Service Advocates

Minnesota

Kathy Schultz
Minnesota Handicap Advocate
Department of Economic Security
690 American Center Building
150 Kellogg Boulevard
St. Paul, MN 55101
(612) 297-3390

Indiana

Chris Isaccson
Indiana Handicap Advocate
635 S. Main Street
South Bend, IN 46601
(219) 234-2150

Wisconsin

Chris Lehman
Wisconsin Handicap Advocate
2nd Floor
315 W. Gorham
Madison, WI 53703
(608) 266-6547

Ohio

Mary Patterson
Ohio Handicap Advocate
Columbus Metro Area CAO
315 E. Long
Columbus, OH 43215
(614) 221-9938

Michigan

Sandy Reeder
Michigan Handicap Advocate
Eight CAP, Inc.
P.O. Box 612
Alma, MI 48801
(517) 463-6255

Illinois

Eura Thomas
Illinois Handicap Advocate
Department of Human Services
Child and Youth Services Division
640 N. LaSalle
Chicago, IL 60610
(312) 744-6104

Resource Access Projects

Minnesota, Wisconsin, Michigan

Portage Project RAP
626 E. Slifer Street
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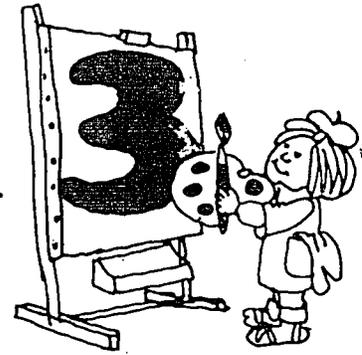
Screening, Assessment and Diagnosis

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

Occasionally, however, you notice something is not quite right. The engine is running a bit sluggish, or you hear a strange ping. You step out of the car and open the hood. You listen carefully and perhaps check a part or two to try and assess the problem. From your assessment, you determine that some things are working fine and others are suspect. You don't trust yourself to solve the problem, so you take your car to a specialist. You share your assessment with the specialist, and he runs some special tests to diagnose the problem. From this diagnosis he can remediate the problem and perhaps give you some helpful hints to avoid future difficulties.

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

Why do we need a three step process?

- To see if further evaluation is needed

- To determine if a handicapping condition exists

- To provide a complete picture of the needs of the child and family in all developmental and component areas

- To individualize curriculum planning

What is screening?

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

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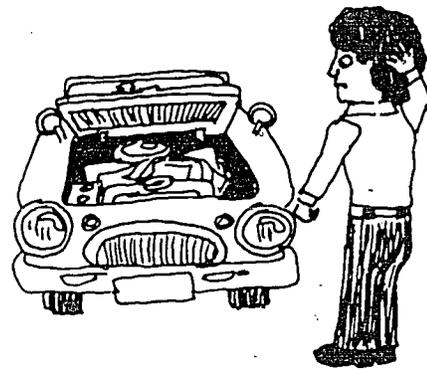
What is assessment?

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

What is diagnosis?

Children identified through screening as needing further evaluations are referred to professional diagnosticians. These evaluations use techniques or instruments which require professional training to administer. For example, the following are professional diagnosticians: physicians, psychologists, speech therapists, physical therapists or special educators with training in testing. As a result this evaluation will determine whether or not a handicapping condition exists. The diagnostician should also provide suggestion: which the home visitor can use in planning teaching activities. Anytime a home visito: observes behaviors which cause concern, the child could be referred for diagnosis Behaviors which might cause concern will be specified in the assessment section of this chapter.

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Screening

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

What are educational screenings?

These are instruments or tools which sample a child's behavior in several developmental areas (language, motor, self-help, socialization and cognitive). Some screenings contain materials such as puzzles, balls and blocks; others use materials which are commonly found in preschool programs. The screening will consist of several test items. For example: "Child will build a tower of five blocks." The person doing the screening will observe the child performing each item and record it as either passed or not passed. All screenings provide a score; this score is the first indication of whether the child should be referred for further evaluation.

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

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

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How is a screening administered?

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

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

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

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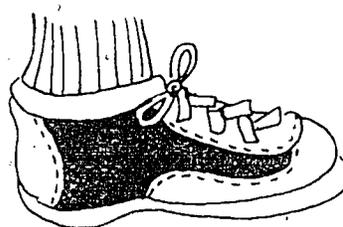
Screenings sample large developmental steps to determine if further evaluation is needed.

- **Position of the materials:** are the materials set up in a way that would most likely help the child succeed? Are they too far from the child to handle? Are there other materials placed too close to the object being tested? Materials should be placed at a comfortable height for the child and at the correct angle so he or she sees things right side up.

- **Size of material:** use standard recommended materials of the size specified by the screening tool.

- **Color of materials:** use standard colors for color identification, do not use off colors such as light blue, forest green, etc. Don't confuse the child with color matching when requesting sorting of shapes. Use same colored items when screening for items other than color matching. (Example — imitation of three block bridge should be presented in one color of blocks.)

- **Child's attention:** if you notice a child getting tired, either change activities or continue the test at another time. A child should not be failed on an item because of inattentive behavior.

- **Reinforce:** praise should be given after each item is presented for the last time. Verbal reinforcement should be given after each item if the child fails the item. (That was a good try, nice stacking, etc.) Reinforce effort not success.

- **Distractions:** are there any visual or noisy distractions in the room which seem to be interfering with the child's performance? Screenings should take place in a quiet comfortable room away from noise and interruptions. Turn off televisions or radios in the home.

- **Time of the day:** be aware of the child's moods during the day. Ask the parent if the behavior you are seeing is typical for that child; test during the child's best time of the day. Be aware of whether the child is getting too close to his or her meal time or if the screening is being done at the child's usual nap time.

- **Comfort of materials:** does the child feel at ease with the materials? The child should have some time to become familiar with the materials before the screening takes place. While you interview the parent, allow the child to explore some of the test materials.

- **Initial success or failure:** start screening with items you know the child can do. End the screening with a success even if it means going back and presenting an item already passed.

- **Tell — Don't Ask:** when presenting items, state your request, "Draw a picture of a person." Avoid a chance for rejection such as, "Would you like to stack these blocks?"

- **Order of assessments:** arrange the items so the child does not have to sit too long. If the child seems shy, start with items that do not require verbal responses.

- **Presentation of each task:** to get the most valid results, follow the manual guidelines in presenting items. Screenings are not designed to "teach" items.

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Explaining screening to parents

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

Results of screenings must also be clearly explained. Upon completion of the screening, discuss the child's results in terms of what the child did. For example, "Jane was able to draw shapes and a person, she also did a nice job of counting and completing a puzzle. Some skills which we can work on are cutting and repeating rhymes." The actual scoring will be done after you leave the home; it is usually more meaningful to explain screening results in terms of the child's behavior rather than scores. However, after scoring has been completed, parents who wish to know the scores should be given this information.

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

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

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

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

- Screen children in all developmental and component areas.

- Use   ardized screening tools.

- **Follow** c   'ions for administering and scoring as   ivided in the manual.

- Complete the screening process prior to referral for professional diagnosis.

Assessment

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

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

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

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

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

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

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

There are also things the child may do which could cause concern. These are termed **high risk behaviors** because they could be signs of a problem which needs further evaluation. It must be emphasized that a child could do any of the high risk behaviors and have no problem; the concern arises when a child does several of the behaviors consistently. In a home-based program, the home visitor will see children other than those enrolled in the program. **If you observe a child who demonstrates several high risk signs, discuss this with the parents and request their permission to have the child evaluated.** A formal evaluation may not be necessary; perhaps the Handicap Coordinator could observe the child during a regular home visit before a decision is made to refer the child.

What are high risk behaviors? The following list (Figure 1) provides some samples. Additional lists are contained in the *Mainstreaming Preschoolers* Series.

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Figure 1

High Risk Behaviors

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

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

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

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Explaining Assessment to Parents

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

Family Assessment

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

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

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

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

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

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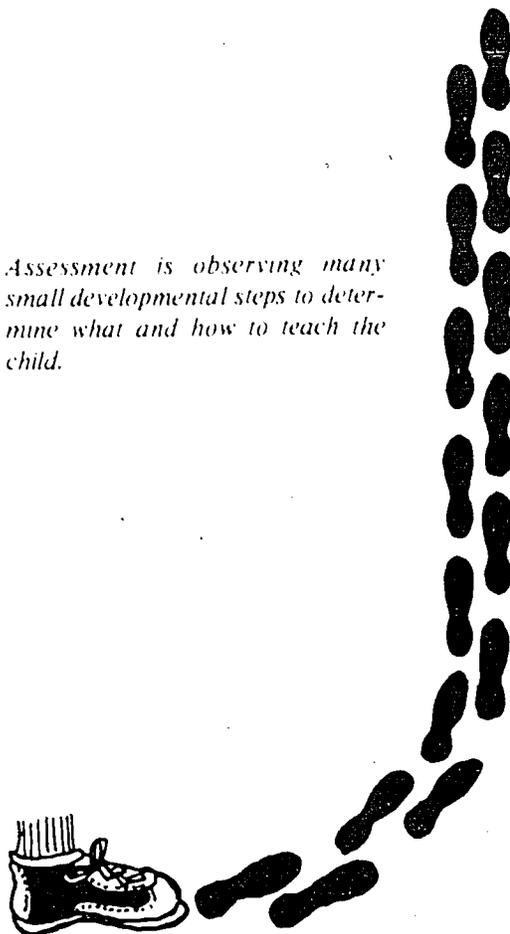
FAMILY ASSESSMENT TOOL LOG SHEET

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

FAMILY ASSESSMENT TOOL WORK SHEET

Area __Nutrition__   Objective __Molly will eat recommended portions of the basic 4 daily.__

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

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

Agencies Involved

Name	Agency	Address	Phone
Dr. Olsen	Oldtown Medical Clinic	216 Long Ave.	835-2213
Fran Smith	Rock County Extension	85 Brown St.	835-7742

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

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

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Diagnosis

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

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

Some information which could be requested from the diagnostician includes:

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

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

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

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

Summary

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

Figure 3

Summary of Screening, Assessment and Diagnosis

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

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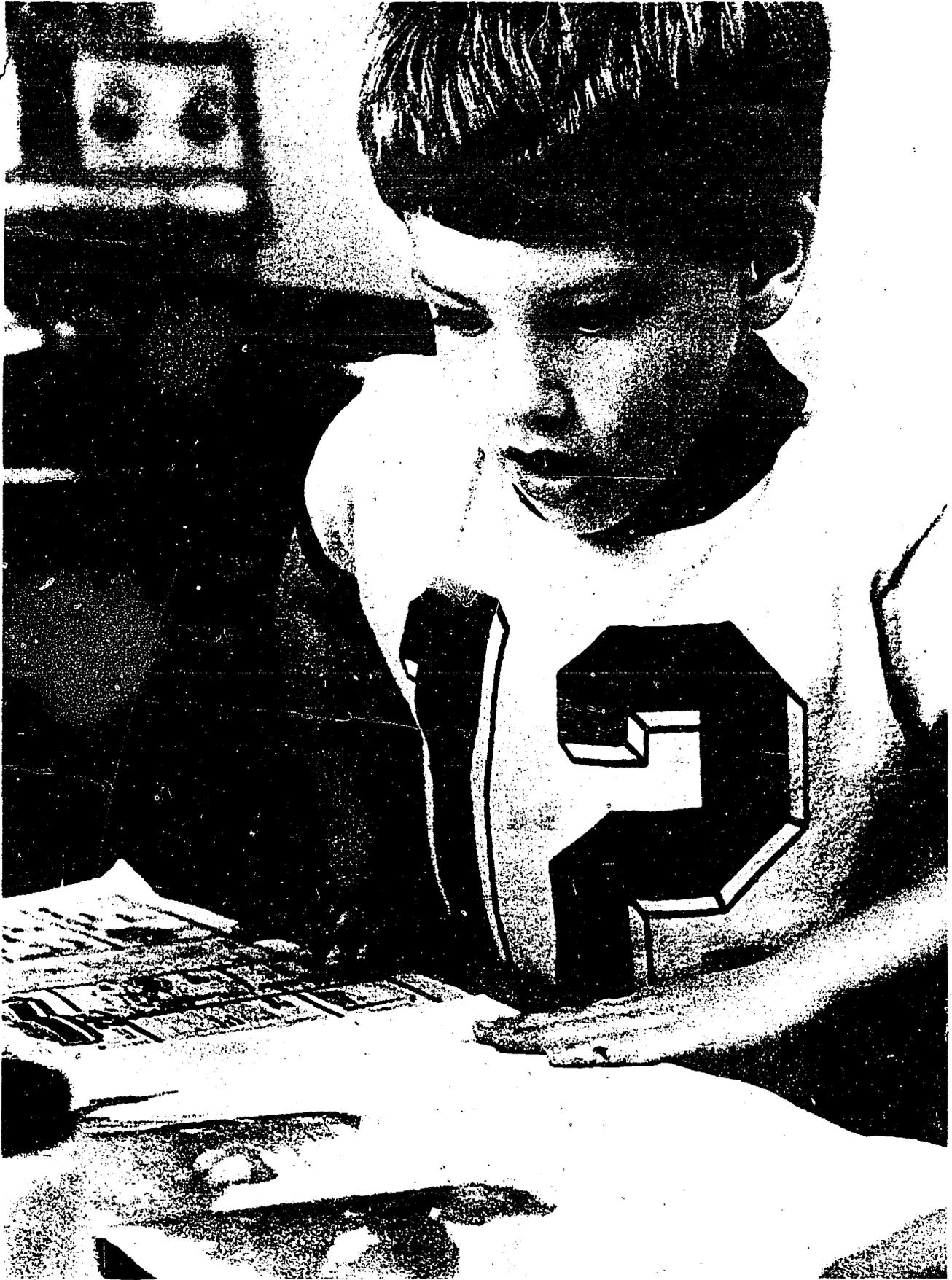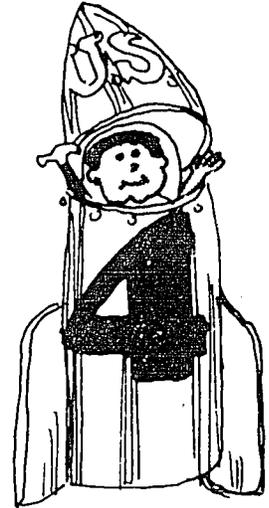
Individual Program Plan

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

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

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

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

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

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START

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

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

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

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

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

Petrified Checklists
Don't rely on milestone markers alone.

DESTINATION

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

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

Components of the IPP

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

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

Most public schools call the plan an IE This plan covers the educational needs of t child. The plan in Head Start addresses t educational needs of the child, as well needs in other component areas such health, parent involvement and social sei ices. Head Start programs in different regic vary in what they call the plan. This manu calls it the Individual Program Plan, or IPl

Although the name of the plan m vary, the content remains the same. The I dividual Program Plan must contain the f lowing:

- **Current Level of Functioning** — this i statement of the **child's** present streng and needs in the educational area. It i summary of information obtained dur screening, assessment and diagnosis.

- **Annual Goals** — these goals indicate w the child and parent will be able to do the end of the year. Goals are written all component areas.

- **Short-term Objectives** — for each goa sequence of short-term objectives planned. Accomplishment of each shc term objective leads toward meeting annual goal.

- **Statement of Person Responsible** meeting each objective such as teach parent or speech therapist.

- **Time Line** for meeting each objective.

- **Evaluation** of each objective.

Home visitors and parents have valual information to contribute in developing a pl for each child. Although some of the woi mentioned above may seem "strange", t IPP itself should be clearly written and pi vide home visitors and parents with a use guide of appropriate services for the child.

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Developing the IPP

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

Preparation

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

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

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

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

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

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IPP Planning Meeting

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

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

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

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

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

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

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

Figure 1

Carl Jones

EDUCATION

Cognitive

STRENGTHS	NEEDS
(skills the child has)	(skills the child does not have)

STRENGTHS
(skills the child has)

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

Comments:

Goals:

NEEDS
(skills the child does not have)

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

HEALTH/NUTRITION

Jones Family

STRENGTHS

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

Comments:

Goals:

EXPRESSED NEEDS

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

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Figure 2

Methods of Writing Current Level of Functioning

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

For cell 1b, the inner table:

Area	Age	
physical	3-2	Information
social	3-0	from the
cognitive	3-4	*Alpern-Boll*
communication	2-10	*Developmental*
self-help	3-8	*Profile.*
Date	9/15/79	

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

IPP Conference

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

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

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

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

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

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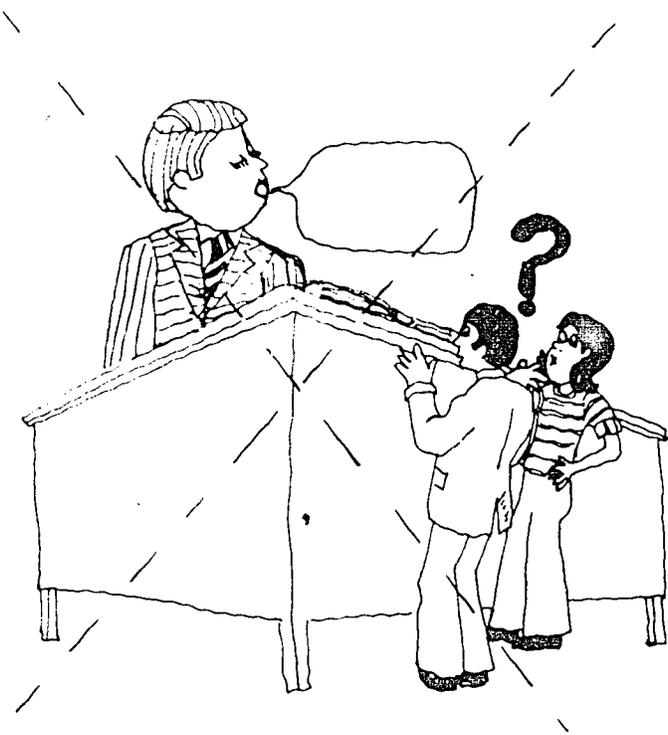
Parents are important contributors in the development of the IPP. Speak in terms they understand and use their ideas in developing a program for their child.

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

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

Sample IPP

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

INDIVIDUAL PROGRAM PLAN

PARTICIPANT

Name: *Carl Jones*

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

Address: *411 N. 60th*   **Phone:** *555-1111*

DOB: *7/21/75*   **Age:** *4-2*

Center: *Hilldale School*   **County:** *Washington*

Entry Date: *9/1/79*   **Date of Conference:** *10/15/79*

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

IPP COMMITTEE

Name	Required:	
Judy Johnson		Home Visitor
Julie Miller		Chairperson
Mary Jones		Parent

	Optional:	
Sara Smith		Speech Therapist
		Health Service Component
Hilda Roberts		Social Service Component
		Nutrition Component
		Mental Health Component
		Other Professional/ Specialists

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

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

Annual Goals:

1. *Carl will increase language skills by six months.*   *Language*
2. *Carl will develop physical skills to the four year level.*   *Fine & Gross Motor*
3. *Carl will increase cognitive skills to the four year level.*   *Cognitive*
4. *Carl will increase self-help skills to age level.*   *Self-help*
5. *Parent will provide 3 nutritious meals daily for the family and obtain services for health care needs.*   *Health/Nutrition*
6. *Parent will use community resources to meet family needs such as medical and financial by January 1.*   *Social Services*

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Special Services To Be Provided:

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

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

I agree with this Individual Program Plan. ☒

I disagree with this Individual Program Plan. ☐

10/15/79
_____
Date

Mrs. Mary Jones
_____
Signature of Parent(s)

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

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

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INDIVIDUAL PROGRAM PLAN FOR: *Carl Jones*

Short-Term Objectives

Page 3

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

3. Present Behaviors: *See the IPP Worksheets*

4. Objectives	5. Special Materials and Methods/Parent Activities	6. Person(s) Responsible	7. Evaluation Criteria	8. — Time Line —		
				Begin	Review	Achieved
• *Carl will kick a large ball when rolled to him without assistance, 4/5x.*	*Home visit activities which parent will carry out daily according to written plan. (All objectives)*	*Home visitor and parent for each objective.*	*Parent records daily. Home visitor records baseline and post-baseline information for each objectives.*	*10/15*	*1/15*	
• *Carl will walk on tiptoe when asked for 8 to 10 steps, 3/5x.*				*10/15*	*1/15*	
• *Carl will lift his feet and swing his arms when marching for 10 steps, 3/5x.*				*1/15*	*1/15*	
• *Carl will catch a large ball with both hands when asked, 4/4x.*				*1/15*	*1/15*	
• *Carl will stand on one foot without aid 4-5 seconds, 4/5x.*				*1/15*	*1/15*	
• *Carl will bounce and catch a large ball without assistance, 4/5x.*				*1/15*	*5/30*	
• *Carl will walk down stairs alternating feet when using handrails, 3/3x.*				*1/15*	*5/30*	
• *Carl will hop on one foot 5 successive times with no assistance, 3/4x.*				*2/15*	*5/30*	
• *Carl will walk backwards on the balance beam alternating feet toe to heel when asked, 3/4x.*				*2/15*	*5/30*	

SHORT-TERM OBJECTIVES —

1. **Area:** Indicate the developmental area from education (motor, language, etc.) or one of the component areas (health, social services, parent involvement) which will be detailed on this page.

2. **Goal:** Copy the annual goal from the cover page. Have a page for each annual goal. If there are nine annual goals, there should be nine pages with short-term objectives.

3. **Present Behaviors:** List skills that the child has already acquired. If these skills are listed on attached IPP worksheets they do not need to be listed here.

4. **Objectives:** Short-term objectives that lead to the accomplishment of the annual goal. Write these objectives in behavioral terms. Provide a sequence of short-term objectives for each annual goal.

5. **Special Materials/Methods/Parent Activities:** List any special equipment, reinforcement or teaching technique that works particularly well for that child and would be effective in meeting the objective. It is helpful, but not necessary, to complete this section for each objective.

6. **Person(s) responsible:** List name(s) of those who will be primarily responsible for teaching/carrying out each objective; for example, home visitor, nurse, speech therapist, parent.

7. **Evaluation:** state how each objective will be evalua: ...ervation, post-test, data recording, etc.) and the results of the evaluation if criteria for accomplishm.....s not met.

8. **Time Line:** State the date when the parent/child begin work on the objective, the date when progress will be reviewed, and the date the objective is accomplished.

Short-Term Objectives

Page __4__

Area: *Fine Motor*

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

Present Behaviors: *See IPP Worksheets*

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	— Time Line —		
				Begin	Review	Achieved
• *Carl will trace templates on request. 4/4x*	*Home visit activity. Parent will carry out activity daily according to written plan. (All objectives)*	*Home visitor and parent.*	*Parent records daily. Home visitor records baseline and post baseline.*	*10/15*	*1/15*	
• *Carl will cut along straight line on request. 3/3x.*				*11/15*	*1/15*	
• *Carl will cut along curved line on request. 3/3x.*	*Gradually increase thickness of paper and amount of curve.*			*12/15*	*1/15*	
• *Carl will cut out 2" circle on request. 3/3x.*				*3/15*	*5/30*	
• *Carl will draw simple recognizable pictures such as house, man, etc. on request. 4/4x.*	*Initially add parts to figures then draw complete picture.*			*1/15*	*5/30*	

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Short-Term Objectives

Page 5

Area: *Cognitive*

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

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

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	— Time Line —		
				Begin	Review	Achieved
• *Carl will match 1 to 1 (using 3 or more objects) when asked, 3/3x.*	*Home visit activities which parent will carry out daily according to written plan (All objectives).*	*Home visitor and parent*	*Parent records daily. Home visitor records baseline and post baseline. If objectives are not accomplished home visitor will evaluate and plan additional activities.*	*10/15*	*1/15*	
• *Carl will point to long and short objects when verbally instructed, 4/4x.*				*10/15*	*1/15*	
• *Carl will arrange objects into categories when asked, 4/4x.*	*Use familiar objects found at home.*			*11/15*	*1/15*	
• *Carl will draw a diagonal line from corner to corner of a 4" square of paper when asked, 3/3x.*				*11/15*	*1/15*	
• *Carl will count 10 objects in imitation, 4/4x.*				*1/15*	*5/30*	
• *Carl will sequence or pattern blocks or beads when asked, 5/5x.*	*DLM pattern cards — gradually increase complexity of design.*			*1/15*	*5/30*	
• *Carl will copy a series of connected V strokes when asked, 3/3x.*				*2/15*	*5/30*	
• *Carl will complete a six piece puzzle when asked without trial and error, 3/3x.*	*Wooden puzzle with large pieces, gradually reduce physical aid.*			*3/15*	*5/30*	
• *Carl will name objects as same and different when asked, 3/3x.*	*Use common objects found in the home.*			*4/15*	*5/30*	

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INDIVIDUAL PROGRAM PLAN FOR: *Carl Jones*

Short-Term Objectives

Page 6

Area: *Health/Nutrition*

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

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

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review	Achieved
Meals ● The Health/Nutrition Coordinator will provide material for a 3 day record of the family diet to be completed by the mother within 3 days of presentation of materials.	To be completed during home visit	Health/Nutrition Coordinator	Record of family's diet for 3 days completed	1/1	12/1	
● Parent will call and make appointment with County Extension agent by (date) after Coordinator provides the number.	Use Community Resource Directory	Parent	Appointment made	11/15	11/30	
● Parent will keep above appointment with one written reminder from Coordinator.		Parent	Appointment kept	11/15	11/30	
● Parent and Coordinator will plan one nutritious meal (including 4 basic food groups) for each day of a two week period.	Dairy Council pamphlets	Parent and Coordinator	Meals planned	1/15	2/15	
● Parent will provide family with one nutritious meal daily by July 31, 1980.		Parent	Periodic record of meals served	2/15	5/30	

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Short-Term Objectives

Area: *Health/Nutrition* *(Continued)*　　　　　　　　　Goal:

Present Behaviors:

Objectives	Special Materials and Methods/Parent Activities	Person(s) Responsible	Evaluation Criteria	Time Line		
				Begin	Review	Achieved
Health Care Needs:						
• The Health/Nutrition Coordinator and parent will list the health care needs of the family and locate appropriate resources by November 1.	Community Resource Directory	Parent and Coordinator	List complete	10/15	11/1	
• When provided the number by the Health/Nutrition Coordinator, the parent will make appointment with physician within 2 days.		Parent	Appointment made	10/30	11/15	
• The parent will keep the medical appointment with one written reminder from H/N Coordinator.		Parent	Appointment kept	11/15	1/15	
• The parent will follow through on recommendations from medical appointments as specified and within 5 days.		Parent	Record of recommendations which were kept	1/15	2/15	

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Summary

Each part of the Individual Program P
is illustrated on Carl's completed IPP. T
process suggested for developing the IPP
children with special needs includes th
steps: (1) preparation, (2) planning meeti
(3) conference. The objectives for the pl:
ning meeting include summarizing the chil
strengths and needs, formulating the chil
current level of functioning and establish
annual goals for the child and parent. The I
is completed at a conference; short-term
jectives, materials and teaching techniq
are developed for each annual goal. Part
pants at the conference and planning meet

Summary

Each part of the Individual Program Plan is illustrated on Carl's completed IPP. The process suggested for developing the IPP for children with special needs includes three steps: (1) preparation, (2) planning meeting, (3) conference. The objectives for the planning meeting include summarizing the child's strengths and needs, formulating the child's current level of functioning and establishing annual goals for the child and parent. The IPP is completed at a conference; short-term objectives, materials and teaching techniques are developed for each annual goal. Participants at the conference and planning meeting include parents, home visitor, Handicap Coordinator and other individuals who have knowledge about the child and family. The Individual Program Plan is a comprehensive plan which includes program objectives for all developmental areas in the education component and also in the other important component areas. This plan gives the home visitor a concise picture of where the child "is" at the beginning of the year. It also aids in planning activities for the child and parent which will lead to attainment of goals. Finally, it helps the home visitor and component staff to address the expressed needs of the family and to evaluate progress toward meeting those needs.
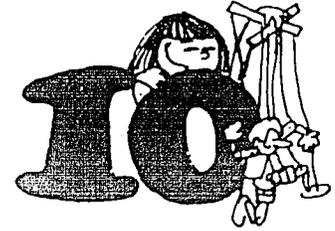
Helping The Child Make A Transition

If you've ever moved from one town to another, you know how hard a transition can be. Going from a familiar, comfortable environment into a strange, new one can be unsettling. Think of it: new people to meet, new surroundings to become familiar with, a new routine to get used to and so forth. Sometimes it seems that your old ways of behaving just don't fit into the new surroundings.

Moving can be even more difficult if someone close to you will not be going with you. Perhaps you'll be leaving your parents or other close relatives behind, which will probably make you feel a bit sad and less secure about the move.

Children have the same feelings when they move from one place or program to another. They feel unsure of themselves. They may not know how to behave in the new program. Perhaps they are a little anxious or fearful and have trouble making new friends. They probably wish their mom and home visitor were with them.

A transition is usually harder for handicapped children. They may have fewer skills to cope with the move than would a non-handicapped child. Providing a successful transition for a handicapped child from a home-based program to another program cannot be left to chance. A lot of planning and groundwork must be done to ensure a successful transition for everyone — child, parents and teachers. Without this, much of the success you worked so hard for may be threatened or lost. Plan the transition carefully and help the child along the way. Some of the questions you should consider are the following:

- When is the child ready for a transition?
- What records should go with the child?
- What can I do to help make the transition easier?
- How can I ensure continued parent involvement?

When Is The Child Ready For A Transition?

Deciding when a handicapped child is ready for a center-based program is not always an easy task. You need to know when the child will profit more from a program other than the home-based option. Often the information you would use to make this decision depends on the other programs available to the child. You may need to consider which of several center-based programs would best meet the child's needs. Your transitional program then needs to be carefully planned and carried out. For example, a handicapped child may be eligible for several center-based preschool programs such as Head Start, public school or a private agency program. Many different factors need to be considered in deciding if the child is ready, and for which program. Occasionally one factor will suggest the child is ready for a transition and another one will suggest he or she is not ready. Most important, however, should be the needs of the child. If a child's needs can be better served in a different program, then you should attempt to place the child there. Some factors to consider in making this decision include the following:

1. Imitative Skills

Imitative skills are the ability to copy the example of other people. To benefit from a center-based program, imitative skills are almost a necessity. For very young children, imitative skills are shown in playing pat-a-cake or peek-a-boo. Older children imitate the examples of their parents and older brothers and sisters. They try to play with toys like the older children or walk like their mother or father. Children can learn much through imitating other people.

A big advantage of a mainstreamed, center-based placement is the opportunity for the handicapped child to learn from non-handicapped peers. If the handicapped child does not have basic imitative skills, then this advantage for mainstreaming does not apply. Obviously, teaching imitative skills is important. This might best be done in the home with the parent as the teacher. The parent can prompt and reinforce imitation in natural situations throughout the day. These same imitative skills can be taught in the center, but the consistency of the parent's involvement makes home visits a more attractive alternative. Fortunately, most handicapped children have developed imitative skills by three years of age. If so, they are good candidates for a mainstreamed setting if other factors are also positive.

2. Nature of IPP Objectives

A second important issue is the nature of the program objectives for the parent and child. Where a highly individualized program is needed for the child and parent, the home-based option best meets this need. This is especially true when meeting the parent's needs would significantly help the child. However, when most of the child's objectives could be taught just as well in the center and the parent's help could be continued another way, then the child may be better off in the center.

Consider the case of a child with severe behavior problems enrolled in a home-based program for a year. Most of the behavior problems were cleared up by helping the parent become a better manager and teacher of child behavior. Because both the parent and child showed good improvement, it was decided to have the child attend a center-based program. The child's other developmental skills were taught just as easily in the center. Also, having the child play and cooperate with other children helped the child's social development. The parent continued working at home on the behavior problems and was involved in the center activities as well.

For another child, you might decide to continue with the home-based option because the child's behavior problems at home are still severe. It is also important to develop the child's social skill with other adults and children. Therefore, the primary objectives are carried out in the home and the child also attends the center once or twice a week for socialization.

3. Nature of Receiving Program

Another factor to consider in deciding "readiness" is the type of program in which the child would be placed. Many people argue that the child's needs should be the only factor to consider in integrating a handicapped child. To them this means that if the child is ready, then the placement should be made whether the receiving program is ready or not.

Unfortunately, such a view ignores some practical considerations. Among these are:

- The receiving teacher's attitude toward accepting handicapped children.
- The potential for individualized instruction.
- The potential for modifying the current program curriculum.
- The potential for modifying the room arrangement.
- The skills the handicapped child might need to "survive" in the new placement.

Realistic compromises might be required for the sake of the child. If the receiving teacher is not happy about having the handicapped child in the program, he or she may need extra help at first. You might want to gradually introduce the handicapped child into the program and give the new teacher help with the child. Sometimes the attitude of the receiving teacher might be so bad that you will want to reconsider making the move. It may not be in the child's best interests. Fortunately this is rare, but it can happen. Be sure to talk with the new teacher before you make a transition.

You should also consider the potential for individualized instruction in the new program. Handicapped children often require more help than other children in completing tasks. A structured, individualized approach is often needed. Sometimes they do not benefit from group instruction. The teacher/child ratio may be an important factor, as would be the amount of time spent in group versus individual activities. If all the time is spent in large group activities, then the individual needs of the handicapped child may be lost in the process. This would be more likely to occur if there are only a few adults in the center.

To successfully integrate a handicapped child, some changes may also be needed in the center's curriculum or room arrangement. The IPP that you have been working from should provide the new teacher with specific curriculum objectives for the child. You should discuss these objectives with the teacher prior to placement so that you can help make changes in the curriculum. Usually this will mean that the teacher will have to "scale down" the curriculum objectives and activities through task analysis (see Appendix II). It may also mean that special materials will be needed to teach the child or that some changes will be needed in the room arrangement. This may be needed if the child is in a wheelchair or needs other special adaptive equipment. All of these things should be considered and discussed prior to placement. Being fully informed will help everyone make the right decision for the child.

Finally, you should consider certain developmental or group adaptation skills the handicapped child may need in order to succeed in the center program. These are skills which the child needs to participate in a group setting where one-to-one attention will not always be available. A lack of these skills points to a child as being "different". It can hurt the teacher-child relationship and put the child's continued placement at risk. Examples of important developmental skills for classroom participation include:

- Follows a simple command.
- Has basic dressing/undressing skills.
- Takes care of own toileting needs.
- Attends to a task at least briefly (5 to 10 minutes).
- Works with more than one adult.
- Sits still in group situation.
- Plays and works independently.
- Takes turns in simple games.
- Raises hand or gets teacher's attention when necessary.
- Moves through routine changes without difficulty.

These are just some of the skills needed for a child to "blend in" with the other children in the classroom. These skills will differ from teacher to teacher depending upon the child/teacher ratio and normal routine followed in the classroom. It is a good idea for you to talk with the receiving teacher to find out what skills will be needed. You can then help ease the transition by:

- Making some of these needed skills program objectives while the child is still in your program
- Telling the new teacher how the child could be managed in the new program even though he or she doesn't yet have the skill.

Together you and the receiving teacher can develop a plan which states the skills the child needs to develop prior to making a transition. This plan can also suggest how the child will be mainstreamed in the center:

- During what activities will the child receive individual attention?
- How will the child participate in small groups?
- When will the child receive instruction on IPP objectives?

Be careful not to be overly concerned with "kindergarten readiness" skills such as counting rote to ten, saying the alphabet, knowing one's address and so forth. Some parents and teachers consider these skills as "markers" which suggest a child is "ready" for a public school program. With handicapped children, you could easily fall into the trap of attempting to teach the child skills beyond his or her developmental level. These skills may have no use for the child and would soon be forgotten. The skills necessary for classroom participation may be needed for the child to stay in the center, but otherwise you should stick to the child's developmental needs to determine your IPP for the child. Focusing too much attention on supposed "kindergarten readiness" skills may steal time and effort from the child's real needs.

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Parents and teachers can plan together to help the child make a smooth transition from home to center.

What Records Should Go With The Child?

An important part of the transition process is the transfer of appropriate records. Make sure the child's new teacher gets all necessary information. This can save the receiving teacher, child and parents a lot of problems. The new teacher can quickly be introduced to the child's background information, especially specific information on the child's educational needs and strengths. This will help in the planning and instruction for the child and avoid giving the child tasks which are too easy or too hard. When the appropriate records have been transferred, the receiving program staff will not have to ask the parents questions they have already answered. This saves time and helps create good will between the parents and agency staff.

The home visitor will have a wealth of information regarding the child's instructional program, which will be extremely valuable to the center-based teacher. The information should be included in written form and sent along with the child's confidential record. Better yet, the information could be written and discussed with the receiving teacher during a meeting, which includes the child's parents. This type of meeting allows the parent and receiving teacher an opportunity to get to know one another. It also provides much more useful information than that provided through written reports. If you have used a behavioral checklist with the child, it is helpful to go over this with the new teacher, perhaps giving him or her a copy.

When a child is transferred from a home-based option to a center-based program within Head Start, the transfer of records will be completed easily. The confidential records should not have to be moved and will stay in the central office. Head Start policy does not allow access of confidential records to some people within the agency. If confidential records do need to be transferred within Head Start, an administrator, such as the Handicap Coordinator will arrange it.

When a child is to be transferred to a program not administered by Head Start, parents must give permission prior to a release of records. Confidentiality must be ensured and the records should not be given to another agency without this signed permission. Home visitors can easily get the signed permission, by explaining to the parents the reasons for transferring records and discussing which information would be released. Have forms ready for the parent to sign stating which records will be sent and to whom. Your groundwork can save the receiving program's administrators much time and trouble. Records which are typically sent include:

- Progress Report
- Individual Program Plan
- Specialist's Reports
- Behavioral Checklists
- Health Records

Other helpful information for the receiving teacher should also be sent. A sample Progress Report (Figure 1) and a sample Release of Information Form (Figure 2) are included on the following pages for your inspection. As you can see, the kinds of information included on the Progress Report would be extremely helpful for any teacher in working with a new child.

Figure 1

Early Childhood Progress Report

Child's Name _____   Parent's Name _____

Birthdate _____   Address _____

School _____   Phone Number _____

Reporter _____   Reporter's Position _____

I. PROGRESS REPORT: Child can, upon request, easily perform the following activities:

    A. Cognitive Skills:

    B. Motor Skills:

    C. Language Skills:

    D. Socialization Skills:

    E. Self-Help Skills:

II. EMERGING SKILLS: The next activities the child should be able to learn are
    A. Cognitive Skills:

    B. Motor Skills:

    C. Language Skills:

    D. Socialization Skills:

    E. Self-Help Skills:

III. PROGRAM FINDINGS: How does the child learn best?
    A. Areas of Strength

    B. Areas of Weakness

    C. Meaningful Reinforcement

IV. PROGRAM RECOMMENDATIONS:

V. SUGGESTED PARENT INVOLVEMENT:

Figure 2

SAMPLE
RELEASE OF INFORMATION FORM:

I give permission for the _____ (agency name) _____
to release:

_____ (name or names of reports or information) _____

_____

_____

about my child _____ (child's name) _____

to _____ (name of person and that person's agency) _____

at _____ (full address of that agency) _____

This permission is given only for the following dates:

_____ to _____

I understand that I have the right to view all of these records and to obtain copies

of them if I so desire.

Signed _____ (parent or guardian) _____

Witness _____ (name of witness) _____

Date _____ (date signed) _____

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What Can I Do To Help Make The Transition Easier?

Providing an effective transition for the handicapped child may require special steps or supports. Transferring records and meeting with the receiving program staff are necessary steps, but they may not be enough. Additional strategies may be needed, even though you could be limited in what you can do by the amount and kind of resources available. Consider the following steps in planning for transition:

1. Know Your Community's Resources

Without being informed about the possible placements that exist for handicapped children in your community, you could easily miss an opportunity to integrate the child on a full or part-time basis. Being informed also helps you make better placement recommendations. Some center-based programs are offered by the public schools, others by private or community agencies serving the handicapped. Recreational programs might be offered by city, county or state agencies. Your Handicap Coordinator could arrange for home visitors to visit a community program serving handicapped children. Later each home visitor could report the visit to the group at a staff meeting. A list of these agencies could then be made along with their important characteristics. This would serve as an important reference for the Handicap Coordinator and home visitors to use when considering a transition. Some things to look for when you visit a program include the following:

- Classroom (or program) schedule
- Staff to child ratio
- Amount of one-to-one teaching time
- Amount of small group, large group time
- Amount of structured or unstructured time
- Behavior management techniques used
- Parent participation in program
- Special services available and used
- Assessment devices and progress reports used
- Skills emphasized in the program (e.g., language, motor, cognitive, etc.)

Pay attention to these program characteristics during your visit; you wi then have important information to re port to the group.

2. Discuss Possible Change With Handicap Coordinator

The initial step in planning for transition is to discuss the idea with th Handicap Coordinator or other perso who serves that function in your agency Be ready to give the pros and cons of program change for the child. Remem ber, you know the child's progress bette than the coordinator, but the coordinato can help in deciding whether there is good match between the new progran and the child's needs. Again, this shoul be a fairly informal discussion. Keep th focus on what is best for the child.

3. Discuss Possible Placement With Parents

The parent is a partner in any deci sion made regarding the child's program Discuss the idea of making a transitio with the parents. This can be done infor mally during your home visits, perhap

when going over the child's progress since the beginning of the year. This discussion should help you get some idea of how the parents would feel about the child being transferred to a new program. Tell them why you think a change would be in the child's best interests. Give the parents some idea of what the new program is like and how you feel their child would fit in. No decision needs to be reached at this point. Just lay the groundwork for the transition and get the parents' permission to explore the possibility further.

Meet With The Parents And Handicap Coordinator

After your individual discussions with the Handicap Coordinator and parents, a conference should be held to further discuss a possible program change. Ideas for the transition might come from this meeting. Some of these ideas could be used on a trial basis prior to making a formal decision regarding program change. Testing some of the ideas ahead of time could help ease the transition for the child. For example, you might want to work on some of the developmental skills that would be needed by the child in the center program. You could use a cluster experience to evaluate these responses and teach those the child needs to learn.

5. Parent Visits Receiving Program

Before a formal decision is made regarding transferring the child to a center-based program, the parents should visit the classroom being considered. This is very helpful if the parents are worried about whether or not their child should attend a classroom program or about the kind of classroom it is. Arrange for the visit and try to go with the parents on the visit. Share your thoughts with the parents regarding how the child would fit into the program. You might help the parents be better observers by first suggesting what to look for (see #1 above).

6. Classroom Teacher Makes Home Visit(s)

Another possibility is to have the receiving teacher go with you on a home visit before placing the child in the center program. Several advantages are clear.

- The receiving teacher can observe the child in comfortable surroundings and get a better idea of what the child can do.

- The teacher can observe the level of parental involvement, including the parent's teaching skills.

- The receiving teacher can also observe the home resources and limitations, which will help him or her decide how the family can continue their involvement with the child.

- The visit should be presented to the parent and child as a "get acquainted" visit. The home visitor might ask the parent and child to show some of the tasks or skills that they have been successful with. This allows the child to "show off" a little bit. It can also prompt positive reinforcement from the receiving teacher, thus setting the stage for a good relationship.

7. Child Visits Classroom Prior To Placement

As an introduction to the center program, staff and children, it is helpful for the child to visit the classroom with the parents and home visitor. Ideally, this should happen after the classroom teacher visits the home. Then, at least the child would have met the teacher and have had some positive interaction with him or her. Try to keep the visit casual. Too much preparation might frighten the child. Simply tell the child that you are going to visit a classroom where there are some other children. Plan a fun activity that is geared toward the child's level. Choose something the child can do with other children like sharing a snack, doing an art project, or singing a song. Also, try to keep the visit short so the child does not lose interest. Overlapping with snack time might be a good idea; this allows you to see the child in a social situation. It also should prove reinforcing to the child!

8. Home Visitor Helps in The Classroom

Your presence in the classroom may be needed for a while to help the transition of the handicapped child. This could help ease the process for everyone — child, parent and receiving teacher. The security of having a trusted adult in a strange, new environment will reassure the parent and child. Also, you can work with the handicapped child in the center. You can show the center staff which techniques work best with the child and help them interact. Gradually your presence can be faded out when the child is fully integrated in the center. Better yet, the parent might be able to carry out the home visitor's function by helping the

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center staff work with his or her handicapped child. This can be very reinforcing to the parents. It allows them to show some of the important teaching skills learned in the home-based program. This should also help to keep the parent involved in the child's program, either volunteering in the center or helping the child at home.

9. Enrollment in Two Programs

Some handicapped children can be helped best by being enrolled in home-based and center-based programs at the same time. This strategy has worked well for many handicapped children. It offers the opportunity for the child to learn the needed socialization and group adaptation skills from the center program, while still receiving individualized developmental skills from the home visitor and parent. This strategy can rapidly increase the child's development in a number of areas. As the child adapts to the group situation, he or she spends more time in the classroom. Later, home visits can be reduced from weekly visits to every other week, and gradually eliminated. How fast home visits can be reduced depends upon the needs of the child.

Enrollment in both programs can be used by many Head Start programs that offer both home-based and center-based services. Where two different teachers are involved, close cooperation and communication is essential for an effective transition. This is true whether both programs are operated by Head Start, or by Head Start and some other agency. In Head Start programs that have a variation in center attendance option, the teacher in the center and home program may be the same person. In such situations, the transition process is greatly facilitated for everyone.

These nine transitioning options can be used alone or with one another. You must individualize each situation for each child and family. Also remember that if some doors are closed because of a lack of interagency cooperation, try to advocate for better cooperation and coordination. It is surprising what can happen when people press for better services for handicapped children and their families. Don't become discouraged or upset by temporary setbacks.
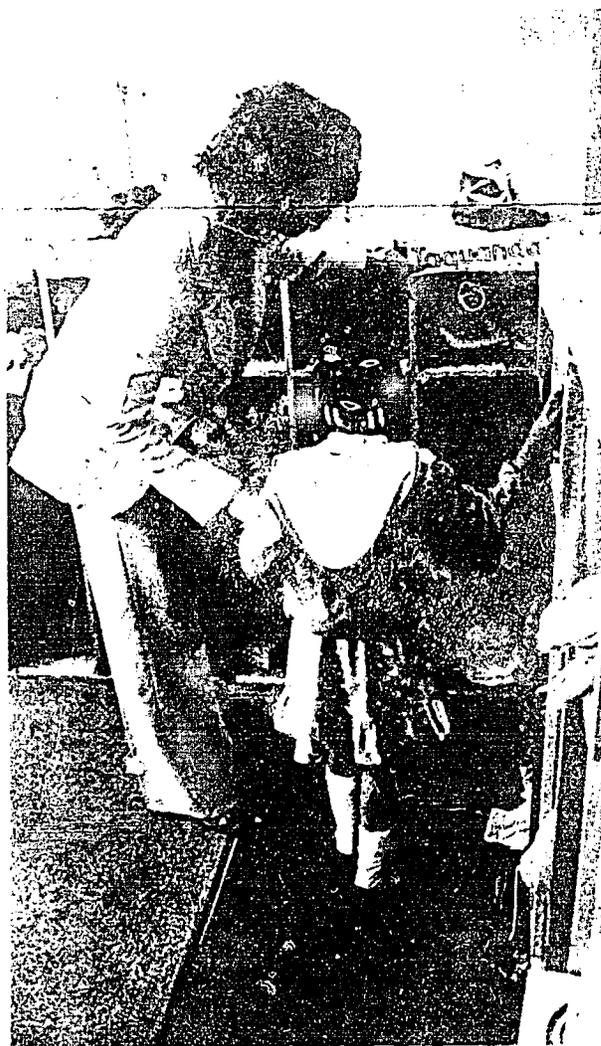
How Can I Ensure Continued Parental Involvement?

The greatest strength of the home-based option is the active involvement of the parent in the instruction of the child. The parent teaches the child appropriate developmental skills with guidance from you, the home visitor. With your help, the parent has acquired valuable teaching and child management techniques. Along with these skills comes a feeling of confidence in caring for the handicapped child. Parents represent a valuable resource to any center-based program. An important component of your transitional plan will be to develop activities that encourage continued parent involvement.

Programming for continued parent involvement might include the following:

- Establish effective and continued home-center communication.

- Include the parent as a volunteer in the center.

- Help the parent become an advocate for the child.

1. Home-Center Communication

Most Head Start parents volunteer some time and involvement in the center activities. A few may not be able to be involved in the center program due to outside employment, other children in the home or other factors. This should not, however, prevent them from having an active role in their child's development. Establish and keep good communication between the home and the center. This can provide an important link and allow the parent to continue working with the child. Continued parent involvement will help the child to transfer skills developed in the center to the home. Often, children, especially handicapped children, fail to generalize behavior from one place to another. Reinforcing the parent's continued work with the child can help build in transfer of learning.

There are many ways to continue parental involvement in the child's education. An obvious and popular technique is use of a notebook. It goes back and forth between home and center and tells what skills are being taught and the success the child is having in learning those skills. New activities at the center can be described to the parent in the notebook. Suggestions are given for the parent to reinforce these skills and extend them within the home. Parents can give the center staff information about the child's behavior at home and can suggest changes in activities or how to try again if the child does not respond favorably. This arrangement works well with a motivated parent who has good reading and writing skills. It also works well when the center staff knows how the parents interact with the child. The center staff can make appropriate suggestions and changes to meet each parent's needs. If the parent does not read or write well, regular phone calls can be made as a substitute for the notebook. Using the phone is, however, risky because the parent must remember everything that was suggested. This certainly is not as good as the notebooks with a detailed, sequenced list of steps to follow.

A more systematic form of the homework idea is the **Lunch Box Data System** developed by the Teaching Research Project in Monmouth, Oregon.[*] This project serves preschool handicapped children in center-based programs and has been identified as an exemplary model by the U.S. Education Department. Briefly, the **Lunch Box Data System** gives a list of sequenced tasks which are the short-term objectives for the child. The parent visits the center and learns how to carry out the activities at home. The center staff demonstrate techniques to make sure the parent is comfortable with the activities. The center staff can then reinforce or give corrective feedback to the parent, thus shaping the parent's teaching skills. As the short-term objectives are started, the child's correct responses are recorded on a data sheet. This data sheet then travels back and forth between the home and the center. As goals are reached on an objective, the next skill is taught. The data then returns with the child to the other setting where the learned skill is checked to make sure transfer of learning has taken place. Instruction is then continued on the new activity.

The **Lunch Box Data System** must be consistent between the parent and center staff to work effectively. Both parties must be motivated to keep this level of involvement, but the results for the child can be impressive. Center-based Head Start staff may not want to use the system for all children. The special needs of handicapped children and their parents make this an effective and attractive communication system. Other home-center communication ideas are:

○ **Newsletters** which contain general information about the classroom program and home activity suggestions for parents — a personal note could be attached regarding the child.

○ **Conferences** between the teacher and parent — these could occur in either the center or the home and would update the parent on the child's progress and suggest how the parent could reinforce the child's development.

○ **"Sunshine calls"** are calls which would be made to inform the parent about something the child has learned, perhaps something that has taken some time for the child to accomplish. The "sunshine call" will not only please the parent, but will also prompt the parent to reinforce the child.

2. Parent As Volunteer in the Center

Parents should be encouraged to volunteer in the center program and the home visitor can help ensure that this happens. The knowledge and skills the parent has about the child can greatly help the center staff. The parent might meet with the home visitor and the center staff and talk about some of the techniques which are useful with the child. This can boost the confidence of the parent and allow the center staff to become familiar with the parent's skills. These skills can be put to good use whenever the parent volunteers in the center. Be careful that the parent and child do not depend too much on the

[*] Fredricks, H.D., Baldwin, V.L. and Grove D. "A Home-Center-Based Parent Training Model." In D.L. Lillie and P.L. Trohanis, *Teaching Parents to Teach*, New York, Walker and Company, 1976.

parent's continued involvement at the center. A healthy interaction should be encouraged, but not dependency. The center staff may need to ask the parents to work with other children in the center rather than just with their handicapped child. This can help the parent understand the strengths and needs of different children. The parent can also generalize teaching skills by working with other children. The handicapped child will benefit by having to work with other adults and children, not just his or her parent.

3. Parents As Their Own Advocate

Some children will go to programs other than Head Start. The continuation of parental involvement may present a problem. In programs that value parental involvement, there will be no great problem. For families placed with programs that do not emphasize parental involvement, helping the parent become an effective advocate is an important transitional strategy. One goal should be to help the parent learn about their rights as stated in Public Law 94-142. Parents should know their rights to ensure that they and their child are treated fairly. But this will only ensure that the letter of the law is met. You also may need to help the parent develop some assertiveness skills. They may need to know how to approach the child's teacher and tactfully request that an arrangement be made to communicate regularly with the teacher. Modeling and role playing are effective ways to help parents learn and practice discussions with teachers and administrators. This could be done individually or in small groups with other parents, some of whom perhaps have already had experience in dealing with teachers from other agencies. The focus of such ses-

sions should be positive assertion of the parent's rights. Concentrate on the benefits that might result for the child if the parent continued an active role in the education of the child.

Several experimental Head Start programs have been developed in recent years to assist children in making the transition from Head Start to the public school system. The intent of these programs is to lessen the difficulties children have in moving from preschool to school programs. One program, Project Developmental Continuity, attempts to further develop the social competency of each child through a continuity of methods, materials, objectives and parent-teacher cooperation from Head Start to the public schools. Another project, the Basic Educational Skills Project, has a similar goal and consists of four essential elements: curriculum development, parent involvement, continuity and teacher attitudes and behavior. Continued parent involvement in the child's program is a central strategy for each of these programs. Furthermore, both programs address the needs of handicapped children within their program models and are good sources of additional information and strategies regarding helping Head Start children make the transition from preschool to the public school system.

Transition Summary

Transition means moving from one educational program to another. Since any change from a familiar environment can create confusion and frustration, steps to ease this transition should be initiated. Some of the steps suggested in this chapter are summarized below.
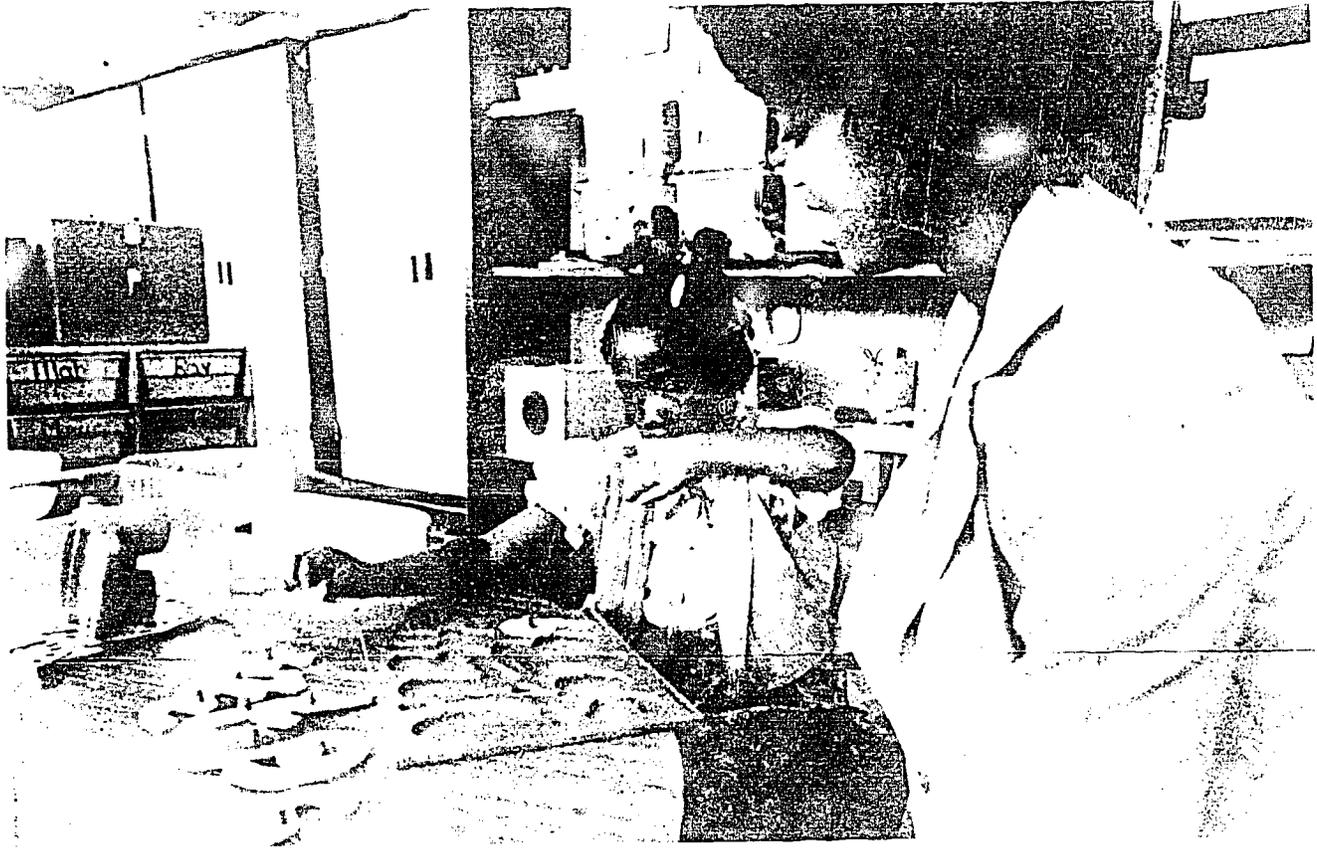
● Determine what is the best environment for meeting the child's and parent's needs. Consider the IPP objectives for the child and the teaching and management skills the parent needs to develop. Parents, home visitors and the Handicap Coordinator should meet to determine if a transition is appropriate.

● Plan to teach the child any skills they need to learn in the new environment. For example, children should be able to imitate some child and adult behaviors to benefit from a classroom experience.

● Transfer child records that help the new teacher plan appropriate activities for the child. These include skills the child is ready to learn and effective teaching techniques.

● Involve parents in the complete transition process. This includes discussing a possible change in the child's program with home

visitor and Handicap Coordinator, meeting with Head Start teachers or public school teachers to discuss the new program and visiting the new program.

● The new teacher should accompany the home visitor on a regularly scheduled home visit. This provides an opportunity to observe the parent and child interacting.

● Gradually introduce the child to the new program. Begin with a short visit to the classroom accompanied by the home visitor and/or parent and gradually increase the time the child spends in the classroom.

● Plan for continued parent involvement in the child's educational program. This can be accomplished in several ways. The parent could volunteer in the classroom. Communication between home and school can be set up to suggest activities parents can teach at home.

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Behavioral Objectives

After completing a behavioral checklist and considering all screening and assessment data, the teacher must select objectives or goals for the child and the parent. These goals are written in the form of behavioral objectives which clearly state the skills the child and/or parent will demonstrate at the end of the teaching period. Behavioral objectives will be used in writing the IPP as well as weekly instructional activities.

Which of the following statements best defines the goal for the child?
1. John will identify colors.
2. John will name red, yellow, blue when requested - 4 times each.

The first statement is open to many interpretations:
> Will he name colors or point to them?
> How many which colors?
> How many times will he do this?

The second statement is specific; anyone teacher, aide, administrator, new teacher, public school personnel, reading this could observe the child and determine if the objective had been met. It is particularly important in working with handicapped children to be specific in writing objectives. For example, a child with a delay in language may make great progress in accomplishing this objective:

Nancy will name 10 familiar objects 3/3 times.

If the objective had been stated in more general terms such as, Nancy will name objects; her accomplishment would be questionable since she only names 10 objects.

A complete behavioral objective contains four parts. The following example shows each part.

| Jason | Will match ___ ___ |
| WHO | WHAT |

| when shown once | 4/4 times |
| CONDITIONS | HOW WELL |

WHO — this is the most obvious part of the objective; it refers to the person doing the learning. Usually **who** is the child or the parent.

WHAT — the behavior the learner will perform. The **what** must be observable and measurable; you must be able to see the learner doing the behavior and count the number of times it occurs.

CONDITIONS — when or under what conditions will the behavior occur. **Conditions** usually refer to the type of aid the child will have to perform the task.

HOW WELL — generally this refers to the frequency of the behavior; for example, given five opportunities the child will be successful at least four times (written as 4/5). The learner should be successful at least 75% of the time to achieve the objective; on many objectives 100% success is reasonable to expect. **How well** can also indicate how far, how many or how fast; but the fraction indicating frequency of success must always be included in the objective.

In addition to the four parts, a complete behavioral objective has three characteristics. It is **specific, measurable** and **observable.** Words used in objectives must have the same meaning for everyone. Consider the word identify: word could mean naming or pointing so would not be appropriate to use in an objective. Some other words which do not meet the criteria of being specific, measurable and observable are the following:

> listen   enjoy
> know   appreciate
> believe

Read the following objectives and pick out each of the four parts; also determine if they are specific, measurable and observable.

Mandy will jump 5 feet while holding mom's hand 4/5 times.

John will eat spoonfuls by himself 3/3 times.

Jane will name three characters in a story heard once when requested once a day.

Mom will play a game with Chad for five minutes twice a day times.

Danny will ask permission to use his brother's toys with one reminder during a fifteen minute play period each day 1/1 times.

Did you find one objective that had a part missing? Behavioral objectives for parents do not always need conditions; you don't have to give parents aid to do activities with their children. The samples are all complete and meet the requirements of being specific, measurable and observable.

To summarize, behavioral objectives are statements of what the child or parent will accomplish at the end of the teaching period. Use the following checklist to determine if objectives are complete.

— Does it contain four parts?

— Are words used in the objective specific?

— Can the behavior be observed?

— Can the frequency of the behavior be counted or measured?

— Is the learner required to be successful at least 75% of the time?

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Task Analysis

Task analysis is the process of breaking long-term or annual goals into a sequence of teaching steps. A staircase provides a picture of task analysis: the long-term goal is the top stair and each step is an objective that provides the child with skills necessary to reach the top.

```
                                                    _____
                                                   |   WALKING
                                        _____ |
                                       | CRAWLING  |
                             _____ |
                            | SITTING  |
                   _____ |
                  | ROLLING |
     _____ |
    | HEAD CONTROL |
```
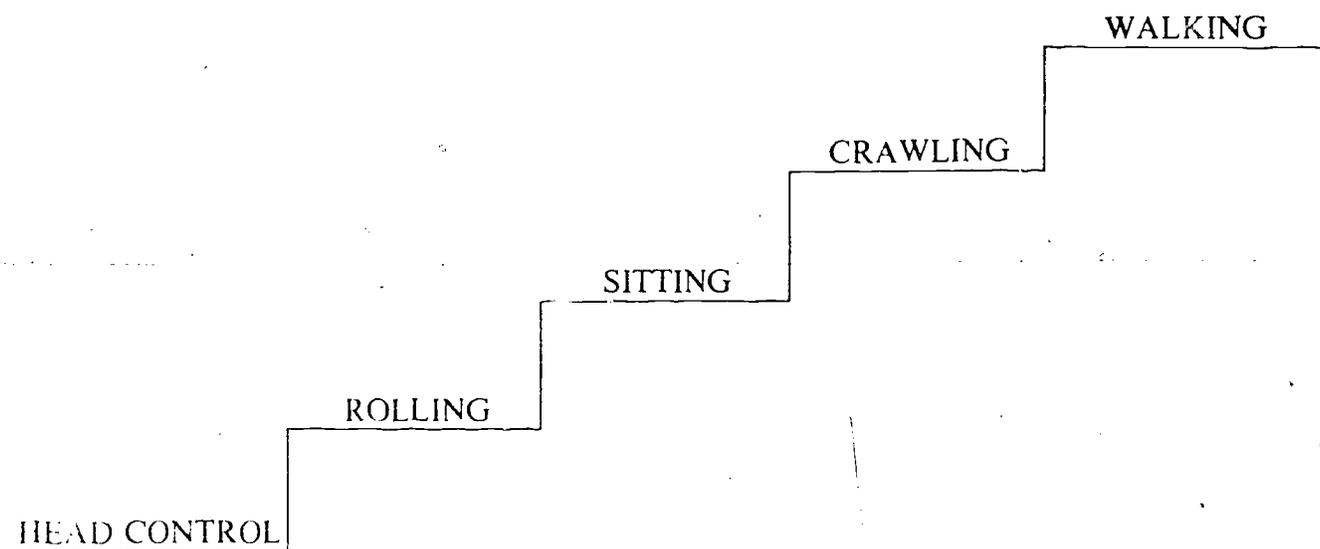
For example, if walking is the long-term goal for a child, some of the skills necessary to reach this goal are head control rolling over, sitting and crawling. Each of these skills are short-term objectives. Home visitors will also use task analysis to plan a sequence of steps to move the child from one short-term objective to the next.

By using this method of teaching, parents, children and home visitors can see progress over a short period of time. It would be very frustrating for all involved to work all year on the objective of walking. A much

more rewarding method would be to set weekly objectives which follow a sequence toward the long-term goal of walking. It is especially important when working with parents to provide them with successful experiences in teaching their child. This can be done by planning objectives which will be accomplished within one week.

Task analysis is also an important tool to use in teaching handicapped children. Children with special needs generally acquire skills in the same sequence as non-handicapped children but the rate at which they

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learn differs. For example, children learn to feed themselves first by holding their bottle, eating from a spoon held by parent, finger feeding, drinking from a cup held by parent and finally self-feeding. The handicapped child may require a series of small steps to learn any of the above skills. Drinking from a cup may be taught by using special cups and maximum guidance from parent, then gradually reducing aid and changing to a regular cup.

Prior to writing a task analysis, the home visitor must set an objective for the child. There are three levels of objectives:

1. **Annual goals** which will be accomplished at the end of the program year.

2. **Short-term objectives** which lead to accomplishment of the annual goals.

3. **Instructional Objectives** which lead to accomplishment of short-term objectives.

Most frequently the home visitor will use task analysis in developing a sequence of instructional objectives to be accomplished weekly. The following diagram shows each type of objective and a sample task analysis.

Annual Goal: Brian will increase gross motor skills to the 4-5 year level including: skipping, walking up and down stairs alternating feet, bouncing and catching a ball.

Short-Term Objectives:

1. Brian will hop forward on one foot 5 feet upon request 4/5 times.

2. Brian will skip forward 10 feet upon request 4/5 times.

3. Brian will catch a ball thrown from 5 feet upon request 4/5 times.

4. Brian will bounce and catch large ball upon request 4/5 times.

5. Brian will walk up stairs alternating feet upon request 4/5 times.

6. Brian will walk up and down stairs alternating feet upon request 4/5 times.

Instructional Objectives: (Task analysis for #1 above)

a. jump forward 5 feet upon request 4/5 times

b. stand on 1 foot 3 seconds with model 4/5 times

c. hop forward 5 feet with parent guiding at waist 4/5 times

d. hop forward 5 feet holding parent's hand 4/5 times

e. hop forward 3 feet along wall 4/5 times

f. hop forward 3 feet with model 4/5 times

g. hop forward 5 feet upon request 4/5 times.

Each of the short-term objectives in the sample could be broken down into instructional objectives. The number of steps in the task analysis is dependent upon the child. If a child has difficulty learning a task, the home visitor can plan smaller steps. Read the following task analysis and think about how a step could be simplified if the child cannot accomplish it.

Short-Term Objective: Sally will draw a □ upon request 4/5 times.

1. Sally will copy a circle upon request 4/5 times.

2. Sally will draw a square using a template 4/5 times.

3. Sally will trace a square upon request 4/5 times.

4. Sally will draw a square by connecting dots 4/5 times.

5. Sally will draw a square with verbal directions 4/5 times.

6. Sally will draw a □ upon request 4/5 times.

Some children may be able to accomplish each of these steps with no problem, whereas other children will need additional steps. The following task analysis demonstrates how the same objective can be further subdivided.

Short-Term Objective: Jenny will draw a □ upon request 4/5 times.

1. Jenny will copy a circle upon request 4/5 times.

2. Jenny will draw a □ using a template as parent guides hand 4/5 times.

3. Jenny will draw a □ using a template 4/5 times.

4. Jenny will trace a square as parent guides hand 4/5 times.

5. Jenny will trace a square upon request 4/5 times.

6. Jenny will draw a square by connecting dashes 4/5 times.

7. Jenny will draw a square by connecting dots (⁞⁞) 4/5 times.

8. Jenny will draw a square by connecting dots (⁚ ⁚) 4/5 times.

9. Jenny will draw a square with a model and verbal directions 4/5 times.

10. Jenny will draw a square with verbal directions 4/5 times.

11. Jenny will draw a □ upon request 4/5 times.

The above example shows that task analysis can be a very detailed process. As the home visitor becomes more proficient at doing task analysis, there will not be a need to write it out step by step. The goal is for task analysis to become a thinking process. Based upon what the child can presently do, the home visitor plans an objective that will move the child one step closer to the goal. The home visitor's knowledge of the child enables him or her to plan appropriate objectives. Some things to consider are:

- Materials which are most effective

- Type of aid child needs

- How much progress child makes in a planned period of time (rate at which child learns).

Task analysis can be used for teaching skills in all developmental areas. Consider the following example of a language skill.

Short-Term Objective: Lori will name the position of objects as in-on-under upon request 4/4 times.

1. Lori will place herself in-on-under in imitation 4/4 times.

2. Lori will place herself in-on-under upon request 4/4 times.

3. Lori will place objects in-on-under in imitation 4/4 times.

4. Lori will place objects in-on-under when shown once 4/4 times.

5. Lori will place objects in-on-under upon request 4/4 times.

6. Lori will name position of objects in imitation 4/4 times.

7. Lori will name position of objects when told once 4/4 times.

8. Lori will name the position of objects as in-on-under upon request 4/4 times.

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Changing Aid

Now that you have read several examples of task analysis, let's consider some of the specific techniques used. You will recall that one of the four parts of a behavioral objective is conditions or type of aid given the child. Reread each of the examples and pick out the aid in each objective; changing the aid is one method of doing a task analysis. There is a definite pattern to the aid used in teaching a child. The most amount of help you can give a child is **physical aid.** Some examples of this type of aid are:

- using template
- guiding hand
- holding wrist
- using table for support

The physical aid given in a particular task can be gradually decreased as in the following example:

Drinks from cup:

parent holds and directs cup
parent guides child's hands on cup
child holds cup, parent directs from wrists
child holds cup, parent directs from forearms

Visual aids are next in the hierarchy. Some examples are:

- tracing
- connecting dots
- modeling the task or showing the child.

As with physical aid, the visual aid can be gradually decreased.

Completes 6 piece puzzle:

model placing each piece
point to correct hole
model completion of puzzle

The third type of aid is **verbal aid** such as modeling or telling the child the correct answer; giving directions such as across, down, across, up when teaching drawing a □; giving initial sound of a word such as bl... blue. The following is a sequence of verbal aids which would be used in teaching naming skills.

Names 3 colors:

with a model
when told once
with initial sound
upon request

To summarize, there are three types of aid: physical, visual and verbal. In doing a task analysis, the greatest amount of aid is physical and with most skills you start teaching with some type of physical aid. The exception to this rule is naming skills where physical aid is not appropriate. As the child progresses toward the goal, physical aid will be dropped and visual then verbal aids will be given. The variety and quantity of aid is dependent upon the needs of each child.

Changing "What"

Another aspect of the behavioral objective which could be changed is the "what". This could involve changing materials such as buttoning large buttons — buttoning on button board — buttoning coat on table — buttoning coat on self. This could also be changing the behavior. For example, naming skills require the prerequisite skills of pointing and matching. The following is a task analysis of naming colors; observe the change in the "what" and the conditions.

Jimmy will **match** red, blue, yellow **with a model** 5/5 times.

Jimmy will **match** red, blue, yellow **when shown once** 5/5 times.

Jimmy will **match** red, blue, yellow **upon request** 5/5 times.

Jimmy will **point** to red, blue, yellow **with a model** 5/5 times.

Jimmy will **point** to red, blue, yellow **when shown once** 5/5 times.

Jimmy will **point** to red, blue, yellow **upon request** 5/5 times.

Jimmy will **name** red, blue, yellow **with model** 5/5 times.

Jimmy will **name** red, blue, yellow **with initial sound** 5/5 times.

Jimmy will **name** red, blue, yellow **upon request** 5/5 times.

Change "How Well"

A third part of the behavioral objective which can be changed is the "how well" or criteria for success. For example, the distance in hopping, jumping, skipping, etc. could be gradually increased; the time allowed for doing a task, such as stringing beads, could be decreased. The percentage of successful trials should not be reduced. Regardless of the objective, the child should be successful at least 75% of the time to accomplish it. For example, this objective would not be appropriate:

Susan will wash her hands with a model 1/4 times.

The following task analysis demonstrates changing **what, conditions** and **how well.** Pick out each part as you read.

Neal will string 2 large beads with mom guiding hands 4/5 times.

Neal will string 4 large beads as mom holds string 4/5 times within 2 minutes.

Neal will string 4 large beads with verbal directions 4/5 times within 2 minutes.

Neal will string 4 large beads upon request 4/5 times within 2 minutes.

Neal will string 2 small beads with mom holding string 4/5 times.

Neal will string 4 small beads with verbal directions within 2 minutes 4/5 times.

Neal will string 4 small beads upon request within 2 minutes 4/5 times.

Neal will string 4 small beads upon request within 1 minute 4/5 times.

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Summary

Task analysis is the process of breaking annual goals into short-term and instructional objectives. This procedure ensures the child and parent success over short periods of time as the child accomplishes each objective.

The procedure can be accomplished by changing a part of the behavioral objective. "Conditions", or type of aid, can be gradually decreased from physical to visual to verbal to on request. The "what" can be changed by using different materials, making the action simpler or following the learning sequence of matching, pointing and naming. The "how well" part must remain at 75% successful but some aspect may be changed such as distance or time. Task analysis becomes a thinking process for the home visitor. Knowing what the child can do, the home visitor plans an objective which moves the child closer to the goal and provides sufficient aid to ensure success. Each task analysis will meet the needs of the individual child. Although all task analyses follow a sequence, the number of steps and the techniques used are dependent upon the child.

Lesson Plans

The importance of planning and recording home visits has been stressed throughout this manual. Each home-based program has developed its own method of accomplishing these important tasks. The Home Start Training Centers contributed samples of their lessons plans and/or unit activities which are used in planning and recording the home visit.

Portage Project HSTC
Activity Charts

The activity chart provides the parents directions for implementing daily activities with their child. Therefore, it must be clear and provide all the information the parent needs. The following items provide a complete chart with all the information necessary to teach the child and record his/her progress.

A. Identifying Information

B. Instructional Objective

C. Graph for Recording

D. Symbols for Recording

E. Directions for Teaching your Objectives
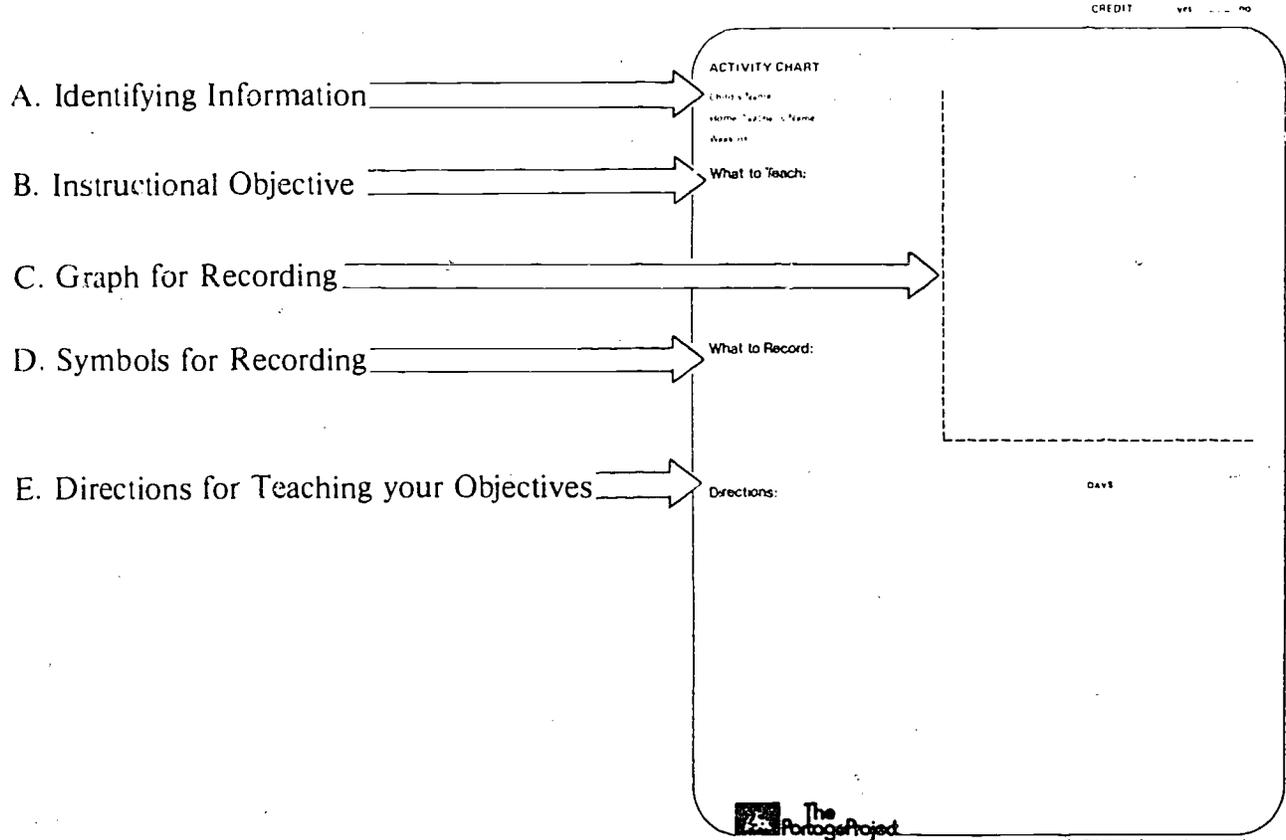
A. **Identifying Information** — This usually specifies the parent and child's name, the home teacher's name and the date.

B. **The Instructional Objective** — This will be your chosen objective written as who/what/conditions/how well. Remember to select an objective which the child can accomplish in one week.

C. **Graph for Recording** — This horizontal area will be labeled beginning on the day of your visit and will run to the day of your next visit. It is helpful to leave room for the parent to practice recording on the first day. The vertical axis will be labeled to correspond with the **what** and **how** parts of your objective. For example, if your objective said: "Lamont will place ⬜ ▲ in formboard on request 3/3 times daily," you would want to record all three trials daily for the circle, square, and triangle form. Your graph would look like this:


```
○  3
   2
   1
   ─────────────
△  3
   2
   1
   ─────────────
▢  3
   2
   1
   ─────────────
   T T W T F S S M T
```
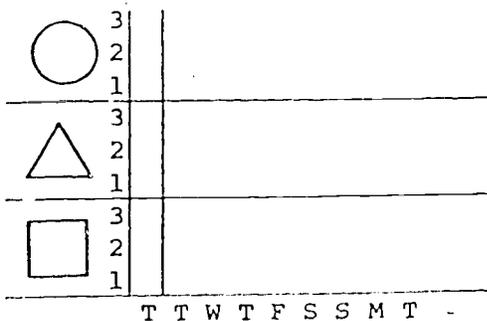
D. **Symbols for Recording** — It is usually best to choose two symbols that can be used to record these responses:

   ● can perform behavior as stated in instructional objective
   ● needs more help than stated in the instructional objective

Some examples are:

= can perform as stated in objective.

+ . . X. —,
= needs additional help.

As you notice, the child's performance is not viewed in a pass/fail manner, but rather in a positive developmental manner. The child receives help when needed and moves ahead independently when no help is needed. This will help you teach the parent a positive approach to assessing and working on specific weaknesses and needs the child may have.

E. **Directions for Teaching Your Objective** These directions should answer any questions the parent might have concerning how to teach a specific objective. Therefore, your directions should **always** include the following information.

● **Materials Needed** — Tell the parents what materials they will need, and if they can change the materials during the week. Emphasize the use of materials already present in the home or home-made materials that the parent can make and keep at home. This is important because chances are that skills will be practiced, reinforced and maintained if the materials are present in the child's natural environment. This will also help parents dispel the myth that you need fancy and expensive materials to be a good teacher.

● **Place to Work** (if necessary) — Sometimes it is important to specify a special place to perform an activity. For example, it would be better to stack 1 inch cubes on a hard table surface than on a shag carpet. Or if you know from informal observation that the child is easily distracted, it would be better to work on the livingroom floor than at the kitchen table, below the window overlooking the neighborhood playground.

● **Manner of Presentation** — This explains how to present the activity. It is written as if you were talking to the parent. It describes how you arrange the materials, how you present the activity and the response you expect. Consider the parents style when writing this. You want the manner of presentation to fit their style more than yours, since they will be the primary teachers for the remainder of the week.

● **Reinforcement** — The child needs to know when he or she makes a correct response. The manner in which you and the parent show the child he or she is correct is called reinforcement. When something nice happens after the child responds correctly, he or she is more likely to repeat the correct response. There are several types of reinforcers; the type you and the parent decide to use is dependent upon the child and the activity. We all hope that children will behave appropriately and learn new skills because "they want to". However, this does not always happen. Often children, like adults, need someone to smile and say what a nice job they did on the task. Or maybe the child needs a pat on the back or a handshake. It is very reinforcing to some children for mom or teacher to play a favorite game or read a book to the child. Stickers or stars are prized by many children. Plan to use only the amount of reinforcement necessary for each task. If the child continues to respond correctly with a smile and handshake, you don't need tokens. On other activities you may need a stronger reinforcer.

This does not mean that everytime the child does something that you request he or she gets a star. There may be times, like on skills that are especially difficult, that stars or tokens or special activities will be needed to reinforce the child. Most of the time, praise from family members and you will be what the child needs.

When you write directions for each activity, plan what reinforcement you will use when the child responds correctly. It is helpful to observe the parent/child interaction and choose a reinforcer that the parent already uses. Remember, reinforcement must be something the child likes; that "special" activity you plan isn't reinforcing at all if it is not special for this particular child.

● **Correction Procedure** — Explain what the parent should do to help the child if an incorrect response is given. This is one of the most important parts of the directions because it helps ensure successful experiences for both the parent and child. Task analysis will help in planning correction. The child needs just enough additional help or information to respond correctly. This is usually one step back in the task analysis. For example if the instructional objective has verbal aid; correction may be to give the child visual aid. Be specific in saying how the child will be given additional aid.

● **How to Record** — Show the parent how to record correct child responses and how to record when additional aid was given.

● **How Often to Practice** — Recommend a certain number of times to practice the activity daily. This would be based on the child's attention span and the amount of time the parent has to work on activities.

● **Generalization, Additional Practice** — Sometimes you might add that additional practice could be done, or you might recommend that the skill be practiced in other settings or with other materials.

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Given all eight parts of information, the parent will have a clear picture of what she needs to do to teach the targeted instructional objective.

The checklist below might be helpful in checking the directions of your written plan:

_____ materials
_____ place to work
_____ manner of presentation
_____ how to record
_____ are directions written in a conversational manner?
_____ is it fun?
_____ reinforcement
_____ correction procedure
_____ additional practice
_____ how often to practice

The information in the directions may seem to be too much, though all is necessary if you want to provide parents with a thorough plan. The plan needs to be short, simple and readable. It will be important to be concise in writing out your directions. The following example shows a complete chart. It is lettered to correspond with the directions for completing an activity chart as just described in this appendix.

The activity chart is a record of specific objectives presented during one part of the home visit. The Home Visit Report is used to record all the activities presented during a home visit. It includes a record of activities in each component and developmental area. This report also serves as an attendance record and provides space for parents to comment on each visit.

Child MARY JO TAYLOR   Home Visitor ANNE RANKIN

Week # 15 Visit # 13 Length 90 min   Scheduled Date 12/2 Time 10:00 Rescheduled Date ____

                                                                          Time ____

Reason for missed or rescheduled visit

Postbaseline on last week's activities. Please attach activity charts you picked up during your visit

Activity Code	Objective	Baseline	Post-baseline
N Cog 49	Will point to long and short objects on request 4/4x	1/4	4/4
N-M 99	Will jump forward 10 times w/o help 3/3x	0/3	3/3
C-Lang 60	Will tell 3 facts from story, with pictures as a reminder 1/1x	0/1	1/1

Parent Comments Mary Jo really enjoyed the activities that were left last week. I enjoy teaching her and feel that I am learning many new skills to teach her.   Jane Taylor
                                                                    Parent's Signature

Home Visitor Comments   Ms. Taylor will call Jim Franks to make appointment to apply for ADC.

The Portage Project

	Activity Code	HOME VISIT OBJECTIVES	Baseline	RECORDING PROCEDURE
		N - a new objective presented (record checklist item number after code) / an objective previously presented, not accomplished, which is represented now		/ = when presented M/D - fill in date when accomplished

PRESCRIBED ACTIVITIES

Code	Objective	Baseline	Recording
N-Soc 55	Will follow rules in group game led by adult, when reminded 4/4x	2/4	12/9
N-SH 56	Will wake up dry 2 out of 7 mornings during week	0/7	12/9
N-Cog 48	Will match objects 1 to 1, without help 3/3x	1/3	12/9

Theme Christmas - Winter

	15/1	8/10	7/1	3/4	9/10	0/0	3/3	1/1	0/0	5/5	0/0	0/0
Last Week's Total												
Accomplished	16/10	8/10	7/1	3/4	10/10	0/0	3/3	1/1	0/0	5/5	0/0	0/0
Total presented												

HOME VISIT ACTIVITIES

I = Informal Activity   RH = Review of Prescribed Activity   IS = item presented from curriculum checklist for evaluation or readiness

Code	Activity	Baseline	Recording (M/D record date if accomplished)
RH Cog 30	Will copy circle w/o help 3/3x	3/3	12/2
PC-m 102	Cut circles		X
I	Paste and color circles to make snowman picture		X
I	Make "bambino" snack		X
I	Fingerpaint		X

PARENT EDUC. ACTIVITIES

I = Informal Activity   W = Family Assessment Tool Work Sheet   I = Family Assessment Tool Log Sheet   X = presented

Code	Activity	Recording
W	Write menus for bkfst, lunch, dinner which contain Basic 4	X
I	Go over Home Safety Checklist	X
I	Give mom Jim Frank's number: 555-3692 ADC worker	X
I	Parent meeting - Weds. 8:00 p.m.	X

Component and Developmental Areas	Language	Cognitive	Motor	Self Help	Socialization	Medical	Nutrition	Dental	Mental Health	Safety	Social Services	Parent Involvement
Last Week's Totals	18	14	12	10	16	3	9	3	0	5	0	3
Total Number of Activities Presented Year to Date	21	14	13	10	17	3	11	3	0	6	1	4

ERIC

CHOOSING AN EDUCATIONAL SCREENING INSTRUMENT

Screening instruments used with preschool children should be sensitive
enough to identify all children who should be referred for further eval-
uation. They should also minimize "false positive" and "false negative"
determinations. "False positives" are children whose screening scores
indicate a need for referral but for whom no handicapping conditions are
found as a result of an in-depth evaluation. "False positive" determina-
tions are detrimental since in-depth evaluations typically are expensive
and time consuming. "False negatives" are children who may have a handi-
capping condition but who slip through the screening process undetected.
These children may wait months or even years before receiving adequate
treatment. Such a delay in treatment might add to the effects of the
handicapping condition. Therefore, it is important that you utilize a
sensitive, valid and reliable screening instrument. However, keep in mind
that even though a test may report sensitivity and high reliability and
validity, no test is correct 100 percent of the time.

A screening instrument is a standardized test. Standardization means that
the test has been given to a large sample of individuals who accurately
reflect the population for which the test was designed. Data collected
from this sample provides the "norm" or "standard" for comparison of re-
sults with single individuals. A standardized test has four distinguish-
ing characteristics:

1. Validity and reliability studies. These studies are done to determine
    whether the instrument measures what it says it measures, and to what
    degree a child would get the same score if she/he were tested with the
    same test on different occasions and with different examiners. The
    reliability and validity of a test are reported in numbers ranging
    from 0-1.00. A score of .60 and above is considered adequate.

2. Standardized administration of the test. This involves a set of spe-
    cific procedures to follow when administering each item.

3. Standardized scoring. This is a scoring procedure that specifies a
    certain criteria for passing and failing an item.

4. Established norms with which test scores can be interpreted. These
    are the norms or standards determined in the standardization study
    that allow you to compare a child in your program with a large popula-
    tion of children of similar age.

This information can be found in the manuals that accompany the tests.
When choosing an instrument, check the manuals of the tests you are consid-
ering to make sure they include the above characteristics.

If an instrument meets the above criteria, there are other factors to be
considered. Below is a list of additional factors to take into account
when choosing an instrument.

1. How appropriate is the screening instrument for the individual child?
    Look at the population on which the screening instrument was standardized
    to include ethnicity, socio-economic level, geographical distribution,
    race, age and sex. Choose an instrument that was standardized on a popu-
    lation similar to the children being screened.

2. What developmental areas are screened by the instrument?
    It is important to screen all children for basic developmental skills
    (language, cognitive, social-emotional, and motor skills). It may be
    necessary to use more than one instrument to accomplish this.

3. How is the screening administered?
    Administration formats will typically include one-to-one (child and
    screener), multiple one-to-one (several screeners and child rotates
    among them), or parent interview (parent answers questions about the
    child's behavior). There are advantages and disadvantages for each
    type. The one-to-one format allows the examiner to establish rapport
    and get a sampling of the child's skills in each area. It involves
    the most examiner time per child of any of the methods, however, the
    multiple one-to-one format allows an examiner to become very familiar
    with administration procedures in a single test section. Administration
    can therefore be handled very efficiently. An opportunity will also be
    afforded to observe the child's interactions with a variety of adults.
    This method only allows the tester to observe a limited sample of behav-
    ior and children who are shy or non-compliant may have difficulty adjust-
    ing to the various examiners. The parent interview format allows the
    examiner to become acquainted with the parent and his/her perceptions of
    the child. If this method is combined with actual observation of the
    child performing the tasks or skills it can yield an accurate overview
    of behaviors. When the parent interview is conducted without concurrent
    observation, however, the scores may be inflated and the examiner may
    not get an accurate picture. Many screening tests now include a parent
    interview form as part of the screening procedure. You will find this
    a valuable supplementary tool when trying to get an overview of the
    child.

4. What type of activities are required of the child?
    Select a test that allows you to observe the child attempting a variety
    of tasks, including many readiness skills. It may also be helpful to
    observe the child in a variety of settings (classroom, home, playground).

5. Who can administer the screening instrument?
    Screening tests that require administration by trained professionals may
    be impractical due to limited professional staff time. Therefore, screen-
    ing instruments that can be administered by training paraprofessionals
    and volunteers are most appropriate.

6. How much time is needed to screen each individual child?
    Children become tired and their ability to perform optimally diminishes
    considerably when a great deal of administration time is necessary.

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Therefore, screening batteries should involve no more than forty-five minutes of time per child.

7. What is the cost of the screening procedure?
    Consider equipment and materials costs as well as screening personnel costs.

Talk with other programs similar to yours in size and setting regarding the pros and cons of the instruments they have selected.

Summary
A good screening instrument has four distinguishing characteristics: validity and reliability studies, standardized administration, standardized scoring, and established norms. If an instrument has these four characteristics, then evaluate it further in terms of its content, time requirements, cost and appropriateness for your program. The ideal instrument is a standardized tool that a trained paraprofessional can administer in 30-45 minutes and obtain information on the child's functioning in language, motor, cognitive and social skills. It is an instrument that is sensitive enough to accurately detect which children should be referred for further evaluation.

A SELECTION OF

SCREENING INSTRUMENTS

NAME: Chicago Early

AUTHOR: Board of Education, City of Chicago

PURPOSE: To be used by early childhood teachers in in the classroom or Child Find Task Force screening teams to identify children with special needs.

AGE RANGE: Children three to five years old.

HOW ADMINISTERED: Administered to individual children.

WHO ADMINISTERS: Paraprofessionals, teachers, aids

TIME TO ADMINISTER: Approximately 15-20 minutes

SUBTESTS: The test covers gross motor, fine motor, language, visual discrimination and memory.

PARENT QUESTIONNAIRE: No parent questionnaire is included.

TRAINING: Assessment manual provides all the information for administering, scoring, and interpreting the screening.

STANDARDIZATION, RELIABILITY, AND VALIDITY: Has high reliability, has proven content and concurrent validity when compared to extensive diagnostic testing. Is currently being studied for predictive validity. Has been normed on about 2,000 prekindergarten children in Chicago.

AVAILABILITY AND COST: E.T.A., 159 West Kinzie Street, Chicago, Illinois, 60610. Complete Assessment and Remediation Laboratory $99.00 Progress Records for Instructional Activities (25) $2.95, Assessment Score Sheet (25) $2.95, Drawing Worksheets (25) $2.95

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NAME: Comprehensive Identification Process (CIP)

AUTHOR: R. Reid Zehrback

PURPOSE: A screening process developed for the early identification of children with problems that might handicap them in formal education.

AGE RANGE: Children two and one-half to five and one-half years old.

HOW ADMINISTERED: Administered to individual children at three screening stations in a team approach.

WHO ADMINISTERS: Professionals, paraprofessionals, volunteers, and students.

TIME TO ADMINISTER: 30 minutes.

SUBTESTS: The CIP assesses a child's development and behavior in the following areas: cognitive-verbal, fine motor, gross motor, speech and expressive language, hearing, vision, and socioaffective development.

PARENT QUESTIONNAIRE: A questionnaire concerning a child's medical history is included.

TRAINING: Screeners can usually be trained in a three-to four-hour training session. Study of the manual and materials is central to the training session. A filmstrip for use in the training workshop is available.

STANDARDIZATION, RELIABILITY, AND VALIDITY: Support data on more than 1,000 children indicate a high degree of efficiency in identifying children in need or special assistance. Items on the CIP were taken from standardized instruments and has been restandardized on 1,000 children.

AVAILABILITY AND COST: Scholastic Testing Service, Inc., 480 Meyer Road, Bensenville, IL 60106.

Screening kit (including materials, manual, and 35 record forms) $54.50.

NAME: Denver Developmental Screening Test (DDST)

AUTHOR: W. K. Frankenburg and J. B. Dodds

PURPOSE: A screening device that yields an overall developmental profile; can be used for the detection of developmental delays during infancy and the preschool years.

AGE RANGE: Infants two weeks old to children six years four months old.

HOW ADMINISTERED: Administered to individual children.

WHO ADMINISTERS: Paraprofessionals, teachers, clinicians.

TIME TO ADMINISTER: Approximately 20 minutes.

SUBTESTS: The test covers gross motor, language, fine motor/adaptive, and personal-social skills.

PARENT QUESTIONNAIRE: No parent questionnaire is included.

TRAINING: Training time varies from a few hours to several days, depending on experience, level of formal education, age range of children to be screened, and availability of children for demonstration and trial evaluation. A programmed manual has been developed and several training films are available on a rental basis.

STANDARDIZATION,
RELIABILITY, AND VALIDITY: The Denver is one of the most carefully researched and documented instruments of its type. Data are available in the appendix of the manual.

AVAILABILITY AND COST: LADOCA Publishing Foundation, E. 51st Avenue and Lincoln Street, Denver, CO 80216

Manual	$6.00
Materials	7.00
Test forms (100)	2.00

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NAME: Developmental Indicators for the Assessment
of Learning

AUTHOR: C. Mardell, D. Goldenberg

PURPOSE: Prekindergarten screening instrument for
identifying children with potential learning
problems.

AGE RANGE: Children two and one-half to five and one-half
years old.

_____

HOW ADMINISTERED: Individually administered by a five person
team.

WHO ADMINISTERS: Professionals and/or paraprofessionals.

TIME TO ADMINISTER: 20 - 30 minutes

_____

SUBTESTS: The instrument screens children in four
developmental skill areas: gross motor, fine
motor, concepts, and communication.

_____

PARENT QUESTIONNAIRE: No parent questionnaire is included.

_____

TRAINING: Can be self-taught by professionals trained in
testing. Others may require instruction and
supervision.

_____

STANDARDIZATION,
RELIABILITY, AND VALIDITY: Dial was standardized on a stratified sample
of 4,356 children. Validity and reliability
have been established.

_____

AVAILABILITY AND COST: Childcraft Education Corp. 20 Kilmer Road.
Edison, NJ 08817
201-572-6100   800-631-5652
Manual, score sheet, and most materials $139.95

NAME: Developmental Profile

AUTHOR: Gerald Alpern and Thomas Boll

PURPOSE: Designed to be used as a screener to measure
the development of children.

AGE RANGE: Children six months old to twelve years old.

HOW ADMINISTERED: Was designed to use the interview technique
with the parent but one can also administer
the items.

WHO ADMINISTERS: Can be used and interpreted by people not
specifically trained in psychometrics.

TIME TO ADMINISTER: 30 to 40 minutes.

SUBTESTS: There are 217 items arranged by age into five
scales, academic, physical, self-help, social
and communication.

PARENT QUESTIONNAIRE: No parent questionnaire is included.

TRAINING: The Developmental Profile can be self-taught by
professionals trained in testing. Others may
require instruction and supervision.

STANDARDIZATION,
RELIABILITY, AND VALIDITY: The authors report studies that indicate
construct and face validity of the instrument.
Correlational studies have been done on the
physical and academic scales but have not been
done on the other three scales.

AVAILABILITY AND COST: Psychological Development Publications, P.O.
Box 3198, Aspen, CO 81611

Interviewing set (manual, form 474, and ten
profile and scoring forms) $9.85

Manual and form 474   9.25
Profile and scoring forms (25)   4.10

NAME:	Eliot-Pearson Screening Inventory (EPSI)
AUTHOR:	Samuel J. Meisels and M. Stone Wiske
PURPOSE:	A screening test designed to provide a brief and easily administered survey of children's development in a number of significant areas. The instrument provides a profile of a child's developmental abilities, in addition to a standardized score.
AGE RANGE:	Children four to six years old.

HOW ADMINISTERED:	Administered to individual children.
WHO ADMINISTERS:	Teachers and other professionals and students of child development.
TIME TO ADMINISTER:	15 to 20 minutes.

SUBTESTS:	The instrument requires children to complete a Draw-A-Person figure and contains items that examine the following areas: visual-motor/ adaptive; language and cognition; and gross motor and body awareness.

PARENT QUESTIONNAIRE:	A parent questionnaire for the child's medical and developmental history is included.

TRAINING:	Training involves observation of an experienced examiner administering the instrument, study of the manual, and practice under supervision with two or three children. A training videotape is available for rental.

STANDARDIZATION, RELIABILITY, AND VALIDITY:	Standardization, reliability, and validity data are available; an extensive research program of concurrent and predictive validity testing has been completed. Face validity has been established with more than 3,000 children from a variety of different backgrounds.

AVAILABILITY AND COST:	Samuel J. Meisels, Eliot-Pearson Department of Child Study, Tufts University, 105 College Avenue, Medford, MA 02155		
	Manual	$2.50	Parent (100)
	Score Sheets (100)	1.50	Questionnaires 2.50

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References

1. Cross, L. and Goin, K. Identifying Handicapped Children: A Guide to
    Casefinding, Screening, Diagnosis, Assessment, and Evaluation
    New York: Walker; 1977.

2. Meisels, Samuel J. Developmental Screening in Early Childhood: A
    Guide
    National Association for the Education of Young Children, 1834
    Connecticut Avenue, N.W., Washington, D.C. 20009.

3. Olion, L. and Rodabaugh, J. A Selected Listing of Instruments for
    Screening and Assessment: Bibliography for Preschool Children with
    Handicaps
    Office of Child Development of Region V, Chicago, Illinois

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TRAINING OTHERS TO USE A SCREENING INSTRUMENT

After a screening instrument has been chosen, staff will need to be trained to use the specific instrument properly. Some screening instrument publishers have supplementary materials available such as video tapes or training guides to aid in staff training. It is also sometimes possible to have a publisher's consultant come in to train your staff on the use of the instrument. Whatever method you choose, it is important that the person doing the training has a good working knowledge of the screening instrument, has studied the manual, and has had experience administering it.

Listed below is a procedure to follow when training your staff to use a screening instrument. This can be presented in combination with the Screening workshop in this guide or as a separate inservice for your staff.

1. Begin by giving staff a clear understanding of what a screening instrument is, and why children are screened. This may be accomplished by reviewing the definition and rationale for screening. You will also need to determine what responsibilities staff members will have in the screening process. Consider the following factors:

   a. Who will arrange and set up the screening?
   b. Who is responsible for ordering screening materials and forms?
   c. Will the staff calculate the child's chronological age into days, months and years? If so, do they know how to do this?
   d. Will the staff compile the scores and determine the final results? If so, do they know how to do this?
   e. Who will share the screening results with parents and how will this be done?

2. Provide the screening tool and materials necessary for administration. Give participants sufficient time to handle the materials and familiarize themselves with all parts of the screening instrument. Invite participants to ask questions.

3. Manual instructions and procedures should be discussed in great detail since the screening validity relies on standardized administration procedures. Staff should become familiar with the manual instructions on how to present each item, how many times each item can be presented, if demonstration can be used, if items are timed, and criteria for passing each item. It may be helpful to demonstrate several sample responses to items and discuss whether the examples constitute a pass or not. Include instruction on how to use the score sheet, where to record each response, if there is a specific order in which the items or test sections are presented, how to determine what item to start with and when to end testing.

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4. Demonstrate how to administer the screening. Use a video tape of the
    screening or a live demonstration. This may be done in combination
    with the demonstration and discussion of Testing Techniques in the
    Screening Section of this guide. Each staff person should complete
    their own score sheet as they observe the screening administration.
    A discussion after the demonstration should include any inconsistencies
    in item scoring and good and bad testing techniques. Answer any ques-
    tions or concerns the staff has at this point.

5. Have staff role play administering the screening by dividing them into
    groups of three. One person will role play the tester, one the child
    and the third will be an observer. After the test is completed the
    observer will provide feedback to the tester. Exchange roles so each
    person has had a chance to play each role once. The trainer should
    circulate among groups and provide feedback as necessary.

6. Before staff administers the screening instrument to the children in
    your program, they should get further practice by giving the test to
    at least three children. It is recommended that once actual testing
    begins, you observe each staff member within the first three screenings
    they administer. This will allow for additional feedback and will
    limit the number of screenings to be re-administered if they are being
    given incorrectly.

7. A review quiz can be given to staff after the training session to
    identify any person who might need further training. This can also be
    given if there has been more than a 3 month time period between train-
    ing and screening administration. This quiz should include questions
    such as: how each item is presented, passing criteria for each item,
    how many trials for each item, and a review of good testing techniques.

CHOOSING AN EDUCATIONAL ASSESSMENT INSTRUMENT

An educational assessment is a criterion-referenced measure. This
means that it compares the child's performance to a specified behavioral
criteria of mastery. Therefore, the child is compared to him/herself as
s/he is assessed on his/her mastery of each skill. An educational assess-
ment is generally not a standardized instrument. Rather, the sequence of
skills contained in it is based on information from various norm-referenced
or standardized tools.

The educational assessment you select must first and foremost satisfy
the purposes for an educational assessment. First, it must determine skills
a child can and cannot do. At minimum, these skills should encompass the
developmental areas of socialization, self-help, cognition, gross and fine
motor, and language. Second, the educational assessment must help the per-
son using it to plan goals and objectives for the Individual Service Plan
and daily activities for all children. It should provide a sequential list
of skills in each developmental area that can be translated into teaching
plans for the children. Third, the educational assessment should be organ-
ized so that children's progress can be monitored on an on-going basis.

If the educational assessment meets these criteria, then it should be
further evaluated based on the following considerations:

1. Cost and time efficiency   An educational assessment should be
    comprehensive enough to provide a detailed profile of skills to
    teach the child. Its administration should not, however, con-
    tinually take up direct instructional time. A comprehensive ed-
    ucational assessment will typically take 4-6 weeks to administer.
    This means that a small amount of time daily will be devoted to
    engaging the child in assessment activities and assessing his/her
    proficiency in them.

        When considering cost of the instrument examine the initial
    cost and the cost per child. Determine whether the score sheets
    can be reused and updated if a child is in the program for more
    than one year. Be sure the instrument is durable enough to with-
    stand daily use.

2. Appropriateness   The educational assessment must include skills
    that are appropriate for the age range of the children in your
    program. This means that it must cover skills that extend at
    least one year below the age of the youngest child in the program
    and at least one year above the age of the oldest child.

        Also examine the number of skills within each age range and
    developmental area. Select an instrument that contains at least

8-12 items within each 12 month span for each developmental area.

Assessment instruments are most useful for planning instruc-
tional tasks if they provide specific behaviors that are task
analyzed or that can easily be task analyzed. This will be par-
ticularly true for children with handicapping conditions since
they may need to be taught in small steps in order to attain goals.
Therefore, select an assessment instrument that is or can be task
analyzed.

3. Practical Features   Be sure the instrument you select is organized
    in a way that is clear, sequential, and easy to use. The recording
    and scoring procedures should be easy to administer and interpret
    since the educational assessment is intended for use by teachers,
    aides and parents. The instrument should require little or no
    manipulation of scores to understand results. The results should
    be directly transferable to I.S.P. short-term objectives and long-
    term goals and to daily teaching tasks.

    The manual and instructions for use should be clearly and simply
    written, easily understood and yet comprehensive enough to include
    all necessary instructions for administration. It is also helpful
    to select an instrument that can be used in either classroom or
    home-based options since many   Start programs incorporate both
    options or some combinations th

    After weighing all of the above considerations, select an instrument
that can best serve the needs of your program and the children and families
served by it. No instrument is perfect, but a good assessment tool is a
criterion-referenced measure that a teacher and/or aide can administer in
4-6 weeks to obtain information on what the child can and cannot do in the
areas of language, self-help, socialization, gross motor, fine motor and
cognition. It is organized in a way that is easy to administer and interpret.
The results can be monitored on an on-going basis and can be easily translated
to long-term goals, short-term objectives and daily instructional tasks for
the children. The skills are arranged sequentially, are task analyzed, and
are appropriate for age range of the children in your program.

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A SELECTION OF

PRESCHOOL EDUCATIONAL

ASSESSMENT INSTRUMENTS

Assessment-Programming Guide for Infants and Preschoolers (W. Umansky).
.Columbus: Developmental Services, Inc., 1974

This new edition of the Assessment-Programming Guide for Infants and
Preschoolers, formerly available as the Developmental Evaluation and
Programming Guide (Savage, 1972), encompasses several major changes
that standardize its use in programs for normal and handicapped
children, 0-72 months. The contents have been rearranged and much of
the language has been clarified.

The contents of the manual, including developmental scales and
accompanying appendices, have two purposes: (1) to aid in determining
the needs of a child through systematic observation, and (2) to provide
guidelines and direction in planning a program to the child's specific
needs.

The manual is compiled to reflect a child's level of development in
six areas: motor, perceptual-motor, language, self-help, social-personal.
"Academic" was added to reflect an orientation toward education of the
child. When an item is of relative importance to several areas, it is
listed under each of the appropriate areas.

Within each developmental area, skills are grouped by the age at which
they appear in a majority of the population. Within each category,
items are listed in approximate order or appearance in a child's reper-
toire. Items have been worked to maximize objectivity of interpretation
between evaluators.

Familiarity with the development scales and evaluation procedures
outlined is the minimal requirement for a teacher to use the manual.
Complete evaluation of a child may take several weeks since items are
planned for spontaneous exhibition rather than for a structured test
situation; however, the evaluator may wish to plan activities which
maximize the opportunities for specific behaviors to be observed.

The information generated through the use of this manual provides a
meaningful tool to communicate program goals and strategies to the parents.

Available from: Developmental Services, Inc.
                   1541 Hutchins Avenue
                   Columbus, IN 47201
                   (812)372-0259

Cost $2.50

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Basic Concept Inventory (S. Engelmann). Chicago: Follett Publishing
   Company, 1967.

The Basic Concept Inventory provides a broad checklist of basic concepts
that are involved in new learning situations and are used in explanations
and instructions in first grade. It is primarily intended for culturally
disadvantaged preschool and kindergarten children, slow learners,
emotionally disturbed children, and mentally retarded children. Although
designed for young children it may be given to children aged three to
ten. The Inventory is criterion-referenced and uses basic concepts,
sentence repetition and comprehension, and pattern-awareness tasks. It
is individually administered, paced, and requires about twenty minutes.
If the Inventory is to be used as a basis for remedial instruction, it
may be given by the classroom teacher. If, however, it is to be used
diagnostically as the basis for special treatment or special placement,
a trained examiner should administer the instrument. Reliability and
validity studies are reported to be in progress.

Available from: Follett Publishing Company
                  1010 W. Washington Blvd.
                  Chicago, IL 60607

Cost: $ 4.95 Package of fifteen booklets (3700 code number)
        $30.00 Package of 100 booklets, one manual & one set of cards (3703)
        $ 3.30 Picture cards, set of nine (3701)
        $ 3.30 Manual (3702)

600

Brigance Diagnostic Inventory of Early Development (A. Brigance).
  Curriculum Associates, Inc., 1978

This new criterion-referenced Inventory was designed to 1) determine the
developmental level of children under seven years, 2) identifies
instructional objectives which are to the child's level of development.

The Inventory includes 98 skill sequences in the following areas:
psychomotor, self-help, speech and language, general knowledge and
comprehension, and early academic skills.

Designed to meet the following 4 requirements of the Individual
Education Plan: 1)   date of next assessment
                  2)   method of assessment
                  3)   present level of achievement and
                  4)   objective to be achieved

The assessment can be done by paraprofessionals with professional
supervision. No specialized training in testing is required.

Data regarding standardization are included in the Excerpt or Appendices
of the Inventory.

Available from: Curriculum Associates, Inc.
                  5 Esquire Road
                  North Billerica, MA   01862

Cost: $49.95   Brigance Inventory of Early Development
        $11.95   Developmental Record Books (10 pk.)
        $99.00   Developmental Record Books (100 pk.)
        $ 5.95   Group Developmental Record Books
        Free   Individual Early Development Preview Excerpts

Portage Project-TEACH-Region V

California Preschool Social Competency Scale or CPSCS (S. Levine, F. F.
Elzey, and M. Lewis). Palo Alto: Consulting Psychologists Press, 1969.

The California Preschool Social Competency Scale is designed to measure
the adequacy of interpersonal behavior and the degree of assumption of
social responsibility in children of ages two to five. The behaviors
included are situational in nature and were selected in terms of common
cultural expectations to represent basic competencies to be developed in the
process of socialization. Each item contains four descriptive statements,
posed in behavioral terms, representing varying degrees of competency.
The CPSCS contains thirty items designed to be rated by a classroom
teacher. The nature of the items requires the rater to have had considerable
opportunity to observe the child in a variety of situations. Age percentile
norms by occupational level and total sample are available. Interrater
reliabilities are reported.

Available from: Consulting Psychologists Press
                 577 College Avenue
                 Palo Alto, CA   94306

Cost: $ 1.50 Specimen set (manual and test booklet)
       $ 1.25 Manual
       $ 4.00 Pkg. of twenty-five test booklets
       $14.00 100 test booklets
       $65.00 500 test booklets

Carolina Developmental Profile (D. L. Lillie). Winston-Salem, N.C.:
  Kaplan School Supply, 1976.

The Carolina Developmental Profile is a criterion-referenced checklist of
skills expected of children aged two to five years. The skills are in
five areas: fine motor, gross motor, perceptual reasoning, receptive
language, and expressive language. The purpose of the Profile is to
expose those areas in which the child is weak so that the teacher may plan
instructional objectives that are appropriate for him. Each task is
classified into a subcategory (for example, fine motor includes finger
flexibility, arm and hand precision, and hand and finger dexterity). For
each task, there is a task description, developmental age, needed materials,
and criteria for passing. The Profile is presently an experimental edition
which is not in final form.

Available from: Kaplan School Supply
                 600 Jonestown Road
                 Winston-Salem, NC   27103

Cost: $ .75 each
       $15.00 set of twenty-five

Classroom Screening (N. Giessman, S. Hering, S. Issacson, A. Fazie, and
  C. Tarchin). Piedmont: Circle Preschool, 1975.

This assessment device assists the classroom teacher in obtaining a class
profile of skills in six areas of child development: gross motor, fine
motor, self-help, social-emotional, cognitive, and language. These skills
usually emerge between the years of two-and-a-half and five and are
important for a child's involvement in a school program. The profile
indicates where the majority of the class is functioning so that a
curriculum at the children's levels can be planned.

For a half-hour a day, over a two-week period, at the beginning of the
school year, the teacher observes and records these skills whenever
possible during the daily schedule. To increase the possibility of
their occurrence, the various tasks in each particular area of this device
have been written as lesson plans for small groups.

Available from: Circle Preschool
                 9 Lake Avenue
                 Piedmont, CA 94611

Cost: $1.00

Criterion-Referenced Placement Tests. Logan, UT: Mapps Project, 1975.

The Criterion-Referenced Placement Tests were developed to assess children,
ages zero to five years, to determine entry level skills in receptive
language, expressive language, and motor development. The instruments
are used in conjunction with the Curriculum and Monitoring System (CAMS),
but they may be used alone. They may be used on a pre-and posttest basis
to measure gain.

The test items were developed from sequenced curriculum objectives in
the three areas (receptive and expressive language and motor development)
and only take twenty-five minutes each to administer by anyone who has
experience in working with young children.

Available from: Glendon Casto
                 MAPPS Project
                 Exceptional Child Center
                 Utah State University
                 Logan, UT 84322

Cost: $3.50 per test (may be duplicated)

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The Functional Profile. Peoria: Peoria Association for Retarded Citizens
and United Cerebral Palsy of Peoria, 1974.

The profile is a checklist of developmental skills to assess children
aged birth to six in the social, cognitive, gross motor, fine motor, and
self-help areas. The profile is designed to determine approximate level
of developmental functioning and aid in planning an individualized program.
The profile may be completed in an hour to an hour-and-a-half by persons
who have knowledge and experience with the normal growth and development
of infants and young children.

Available from: Constance Smiley
                   United Cerebral Palsy
                   913 N. Western Ave.
                   Peoria, IL   61604

Cost: $.13

Individual Child Assessment (S. Hering, A. Fazio, and J. Hailey).
   Piedmont: Circle Preschool, 1975.

The Individual Child Assessment was compiled for use by classroom or
resource teachers in early childhood programs with children twelve to
seventy-two months. It orders skills in six areas of child development:
gross motor, fine motor, self-help, social-emotional, cognitive, and
language. It assists staff in developmental planning and in individualizing
curriculum.

This device helps in charting the child's current functioning, and then in
planning to help the child progress to the next level of competence. After
assessment, staff members work through a child's strengths to improve the
areas of weakness. An accurate and detailed documentation of a child's
progress can be obtained by using this instrument over a long period of
time.

The instrument was compiled by synthesizing other assessment approaches,
by writing the items in behavioral terms, and by including, for the most
part, only items that suggest activities appropriate for an early
childhood classroom.

Available from: Circle Preschool
                  9 Lake Avenue
                  Piedmont, CA   04611

Cost: $1.50

Learning Accomplishment Profile (A. Sanford). Winston-Salem, N.C.:
   Kaplan School Supply, 1975.

The Learning Accomplishment Profile is designed to provide the teacher of
handicapped preschool children with a simple, behavior-oriented evaluation
of the child's skills. For the first section, tasks were taken from many
developmental scales and are arranged hierarchically, with developmental
ages from the scale from which the item was taken indicated. Areas covered
are: gross motor, fine motor, social skills, self-help, cognitive, and
language development. For each task there is a column in which to indicate
the entry test date, the date the test was achieved, and comments. The
Profile's second section is geared more to specific instructional objectives.
The teacher can indicate attainment of specific criterion levels for
numerous skills in the areas of writing, self-help, and cognitive develop-
ment (including communication skills). No procedure for obtaining scores
is given, but one could get a rough developmental age from the items
completed in the first section.

Available from: Kaplan School Supply
                  600 Jonestown Road
                  Winston-Salem, NC   27103

Cost: $ 2.00 Learning accomplishment profile
        $ 2.50 Manual
        $150.00 Diagnostic edition assessment kit
        $ 3.00 Infant learning accomplishment profile

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Learning Accomplishment Profile-Diagnostic Edition (P. M. Griffen, A. R.
  Sanford, and D. C. Wilson). Winston Salem, NC: Kaplan School Supply,
  1975

The purpose of the Learning Accomplishment Profile-Diagnostic Edition
(LAP-D) is to provide a standardized, criterion-referenced instrument for
assessment. This instrument is based on the prescriptive LAP which is an
assessment instrument from which educational objectives can be derived and
prescriptive programs can be established.

Applicable to ages ranging from twelve months to six years, teachers or
trained paraprofessionals can administer the instrument in three-fourths
of an hour to two hours. However, the examiner must adhere to the
rigidly specified procedures and criteria contained in the manual.

The LAP-D is divided into five skill areas: gross motor, fine motor,
self-help, cognitive, and language. Each of these general skill areas is
further broken down into subskills. Within these subskills, tasks are
sequenced from least to most difficult. It is easy to administer and
score.

Standardization and validity studies are in process. The complete set
includes the Examiner's Manual, score sheets, and kit materials
(durable, reusable materials: attractive original pictures and puzzles
with brightly colored objects).

Available from: Kaplan School Supply Corporation
                 600 Jonestown Road
                 Winston Salem, NC 27103

Cost: $150.00

The Lexington Developmental Scale (J. Irwin, C. A. Coleman, et al.)
Lexington: Child Development Centers, Inc., 1974.

The Lexington Developmental Scale (LDS) was designed to be used by the
teacher as an instrument for assessing children, as an aid in helping
parents to understand their child better, as a basis for curriculum planning
for the total class and especially for the individual child, and as a
means of evaluating the progress of the individual child as well as a
means for evaluating the class program.

The scale evaluates five important areas in the development of the child:
motor, language, personal and social, cognitive, and emotional. Each of
the first four areas is scored on the basis of developmental age. The
fifth area, emotional, is scored on a five-point scale because there are
inadequate age norms in this area.

The LDS is available in two age ranges: the first is infant, which is
appropriate for children in the birth to two years age range; and for
early childhood, which is appropriate for children in the two to six years
age range. Using test-retest techniques, both scales have yielded high
coefficients of correlations.

Validity has been assumed for both of the full scales because: (1) the
age placement of the individual test items is based on a detailed search
of the literature; (2) the progression of items within each sequence
reflects the judgment of experienced teachers and clinicians; and (3) the
chronological ages and developmental ages of children tested have shown
substantial agreement both by item and by areas.

In the full LDS there are 452 items. The shortened version of the LDS was
developed primarily for clinic and home use where there is limited time,
space, and equipment. It is possible for the scale to be administered in
a time period of thirty minutes.

Available from: The Child Development Centers of U.C.P.B.
                  Post Office Box 8003
                  465 Springhill Drive
                  Lexington, KY 40503

Cost: $5.00 LDS manual
        $1.50 LDS screening form manual
        $ .30 Charts
        $4.00 Innovative instructional materials book

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Marshalltown Behavioral Development Profile (M. Donahue, J. Montgomery,
  and others). Marshalltown, IA: AEA #6 Preschool Division, 1975.

This Profile was developed for handicapped and culturally deprived
children in the zero to six year range. It is designed to facilitate
individualized prescriptive teaching of preschool children within the home
setting. Items are based upon normal development and are taken from other
standardized scales. The Profile contains a list of 327 developmental
skills collapsed into three general categories: communication, motor, and
social. The items within each category are arranged according to age. The
device is criterion-referenced and is designed to measure the progress of
each child in months.

The Profile is used with a score sheet and in conjunction with the
Behavioral Prescription Guides (Manuals 11a, 11b, and 11c). The guides
list behavioral objectives and the activities to accomplish each objective.
There are objectives for each of the skills measured in the Profile.

The results from the Profile are used to ascertain the child's level of
development as well as his strengths and weaknesses. The person who is
working with the child then uses this information to set objectives and
choose strategies for accomplishing those objectives.

Available from: AEA #6, Preschool Division
                507 East Anson
                Marshalltown, IA 50158

Cost: $3.00

Memphis Comprehensive Development Scales (A. P. Quick, T. L. Little,
   A. A. Campbell). Belmont: Fearon Publishers, 1974.

The Comprehensive Developmental Scale is designed to determine a child's
level of functioning in five areas: personal-social, gross motor, fine
motor, language skills, and perceptual-cognitive. This is an instrument
for assessing development at levels which can be used in planning indi-
vidualized-prescriptive-educational programs for preschool developmentally
delayed children.

The scale is composed of five subscales representing the five areas of
development. There are 260 skill items listed on the five subscales.
These items are arranged in sequential order and in three-month intervals
from zero to five years.

The set of materials includes the Developmental Skills Assignment Record,
a sheet for assigning individual skills, and the Continuous Record for
Educational-Development Gain for recording and evaluating the child's
mastery of skills, both qualitatively and quantitatively. In addition,
there is a Guide to Programming which tells how to use the three forms.

Any person with training in and knowledge of preschool development can
administer the instrument.

Available from: Fearon Publishers
                  6 Davis Drive
                  Belmont, CA   94002

Costs: $ 1.50 for one set
         $11.00 for twenty-five sets

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Minnesota Preschool Scale (F. Goodenough and others). Circle Pines, MN:
   American Guidance Service, Inc., 1940.

This scale is used to assess development of mental ability in children
of ages six months to five years. Two parallel forms are available. Items
pertain to pointing out parts of the body or objects; naming familiar objects;
copying; imitative drawing; block building; response to pictures; Knox cube
imitation; obeying simple commands; comprehension; discrimination,
recognition, or tracing of forms; naming objects from memory; colors;
incomplete pictures; picture puzzles; digit spans; paper folding; absur-
dities; vocabulary; imitating clock hands; and speech. The test has
verbal, nonverbal, and total scores for children three to five years of
age, and total scores for younger children. The instrument is individually
administered and paced. The examiner should have considerable experience
in the testing of young children and some practice with the test materials.
Age C scores and percent placement norms and I.Q. equivalents are not
available. Inter-form reliabilities, but no other technical data, are
reported.

Available from: American Guidance Service, Inc.
                  Publishers Building
                  Circle Pines, MN   55014

Cost: $43.00 Complete kit (code 1240)

Portage Guide to Early Education, revised edition (S. Bluma, M. Shearer,
   A. Frohman, and J. Hilliard). Portage: Portage Project, 1976.

The Portage Guide to Early Education is comprised of three parts:
a checklist, a manual, and cards to be used in teaching behaviors
included in the checklist. The checklist is to be used as an assess-
ment tool to pinpoint existing skills in the child's behavioral
repertoire, as well as behavior the child has yet to learn. The
checklist also provides a method of maintaining an ongoing record of
a child's progress. The instrument was developed to assess children
between the ages of birth - six in six areas of development: motor,
cognitive, self-help, language, socialization and infant stimulation.
There are 580 developmentally sequenced behaviors.

Available from: Portage Project
                  626 East Slifer Street
                  P.O. Box 564
                  Portage, WI   53901

Cost: $42.00 + postage for set of materials (includes fifteen checklists,
             cards and manual)

        $ 8.50 + postage for packet of fifteen checklists

Preschool Attainment Record (E. A. Doll). Circle Pines, MN: American
   Guidance Service, INC., 1966.

The instrument combines an assessment of physical, social, and intellectual
functions in a global appraisal of children from birth to seven years of
age. The Record includes eight categories of developmental behavior:
ambulation, manipulation, rapport, communication, responsibility, information,
ideation, and creativity. For each category, there is one item for each
six-month age span. The item types, item arrangement, testing procedures,
and interviewer qualifications are the same as for the Vineland Social
Maturity Scale described later. Mean age for expected performance of
each behavior is provided. Total scores may be converted to attainment
ages or attainment quotients. No reliability or validity studies are yet
available.

Available from: American Guidance Service, Inc.
                  Publishers Building
                  Circle Pines, MN   55014

Cost: $2.90 Package of twenty-five (1181)
        $1.60 Manual (1182)

Preschool Inventory, revised edition (B. Caldwell). Reading, MA: Addison-
   Wesley, 1970.

This instrument was designed in relation to Project Head Start. Its
purpose is to assess achievement in areas regarded as necessary foundations
for early school success. These areas have been labeled concept-
activation-sensory, concept-activation-numerical, personal-social
responsiveness, and associative vocabulary. The Preschool Inventory has
been used as a rough diagnostic test; that is, it has been used to identify
selected "cultural handicaps" and as a gross measure of the impact of Head
Start experience on children. Limited norms are provided (based on the
performance of children, ages two to six-and-a-half, identified as
products of "lower" and "middle-class" backgrounds). Like so many
preschool tests, this inventory must also be administered individually.
The reliability of this test appears to meet acceptable standards, although
no empirical statement of validity is reported in the test manual.

Available from: Addison-Wesley Publishing Company
                  Reading, MA   01967

Cost: $2.75 (English) Pkg. of twenty
        $3.00 (Spanish) Pkg. of twenty
        $3.00 Specimen set
        $2.00 Handbook (English and Spanish)

Pupil Progress Evaluation Plan (J. Dickerson, M. Evanson, and L. Spurlock).
  Coeur d'Alene, ID: Panhandle Child Development Association Inc., 1975.

The Pupil Progress Evaluation Plan was designed: (1) to give early
childhood educators a concise, useful, time-saving way to administer a
basic pre- and postdevelopmental assessment; (2) to help in arriving
at long term objectives for children; (3) to help in recording cumulative
skills accomplished; and (4) to assist in recording time sampled data
(when appropriate) so that ongoing individual pupil progress information
will be readily available for teachers and parents who wish to assess the
program's effectiveness.

Teachers or trained aides of children, zero to six, can record assessment
and individual pupil progress information over a yearly period. Each form
includes two carbon copies so the teacher may return data to the
administrator or parents and still have a copy for records.

The instrument includes a developmental assessment, a pupil objective
program schedule, a cumulative task accomplishment sheet, observation
recording forms, and a pupil progress graph. Instructions are included for
each form.

Available from: Panhandle Child Development Association, Inc.
                 421½ Sherman Avenue
                 Coeur d'Alene, ID 83814

Cost: $1.50 per copy plus postage and handling

References

1. Cross, L. and Goin, K.   Identifying Handicapped Children: A Guide to
    Casefinding, Screening, Diagnosis, Assessment, and Evaluation
    New York: Walker; 1977.

2. Olion, L. and Rodabaugh, J.   A Selected Listing of Instruments for
    Screening and Assessment: Bibliography for Preschool Children with
    Handicaps
    Office of Child Development of Region V, Chicago, Illinois

3. Teaching Early Childhood Education: Exceptional Educational Needs.
    Ten Resource Modules, 1979.
        Wisconsin Department of Public Instruction, EC:EEN Project
        126 Langdon Street
        Madison, Wisconsin 53702

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HOW TO USE THE PORTAGE GUIDE TO EARLY EDUCATION

OVERVIEW

This reference contains training content and handout and transparency masters
that may be used to teach staff to use the Portage Guide to Early Education.
As a result of this workshop participants will have information necessary
to administer the Portage Guide Checklist.

PRE-WORKSHOP TASKS

If you do not have the Portage Guide to Early Education and would like to
order it, it is available from:

>   Cooperative Educational Service Agency #12
>
>   Portage Project Materials
>
>   626 East Slifer Street
>
>   P.O. Box 564
>
>   Portage, Wisconsin   53901
>
>   Telephone: (608) 742-8811

ortage Guide to Early Education

>   Complete Kit $42.00
>
>   15 additional checklists $8.50

. ipping and handling $1.75 or 10%; whichever is greater.

Approximate delivery time is two weeks.

PREPARING FOR THIS WORKSHOP

1. Duplicate handouts and transparencies from the masters provided at the
    end of this reference.
2. Have available, if possible, Portage Guide Checklists for each participant
    and one Portage Guide manual and card file for participants to peruse.
3. Have available an overhead projector, transparency marking pens and a
    movie screen.

DIRECTIONS FOR CONDUCTING THIS WORKSHOP

1. Distribute handouts and if available, one Portage Guide Checklist per
    participant. Introduce the Portage Guide to Early Education Checklist

by explaining that it is a criterion-referenced educational assessment instrument. It was developed originally in 1972 and was one of the first assessment tools for teachers to use in planning individualized programs for pre-school children. The skill sequences in it were derived from many standardized tests including the Denver, Gesell, and Vineland.

In 1976 the Portage Guide was revised. Since that time it has been translated into eight languages and translations are in progress in eight more. These include Spanish, French, Japanese, Chinese, Malay, Hebrew, and Arabic.

2. Display Transparency #1, the Portage Checklist cover. Explain that the complete Portage Guide to Early Education contains three parts: a checklist, a manual and a card file. The checklist is the educational assessment component of the guide, and will help determine what the child can and cannot do; the manual contains directions for how to use the guide and implement goals; and the card file contains ideas for activities to teach each skill in the checklist.

    The checklist contains a list of 580 behaviors in a developmental sequence from birth to six years. It is divided into five developmental areas including socialization, language, self-help, cognitive and motor skills, plus an infant stimulation section that highlights birth to four months.

    Each child in the program will have a checklist. On the cover, enter the child's name, date of birth, teacher and program year. The checklist may be used for more than one year if the child is enrolled in Head Start over two or more successive years.

3. Display Transparency #2, the information log sheet. This sheet may be used at the teacher's discretion. It is intended to assist the teacher to plan for the child so it might be used for recording informal observations, parent contacts, schedule of special services, or special limitations or considerations for the child.

4. Display Transparency #3, a sample checklist page. Discuss each column as follows:

<div align="center">

614

</div>

a. Age Level: these are age levels that indicate when children normally
attain each skill. These age levels are only approximate and cannot
be used to determine an exact developmental age for the child.

b. Card: the numbers in the column correspond to the card numbers in
the card file. Each card contains suggestions for teaching the
skill. Display Transparency #4, a sample card. The activities on
the cards were all developed by Portage Project teaching staff and
have all been used successfully with children. The bottom of the
card usually contains space for you to add teaching ideas of your
own. Therefore this card file can be a valuable resource.
Redisplay Transparency #3.

c. Behavior: this column contains a behavioral description of each
skill. The skills are sequenced in the order in which most children
learn them. All children will not learn the skills in this exact
order; this checklist is only a guide.

d. Entry Behavior: this is the column where you will enter whether or
not the child could do each skill when she/he entered the program.
This column will be discussed in detail later.

e. Date Achieved: in this column you will record the date the child
learns the skill during the course of the program year.

f. Comments: in this column you will record information which will
assist you to plan activities and keep a record of activities being
taught. Comments may note materials, teaching techniques, emerging
skills, or individual activities being worked on in the classroom
or at home.

5. Display Transparency #5 (Handout #1). Explain that the purpose of
completing the entry behavior column of the checklist is to determine
the skills the child has upon entering the program. This enables the
teacher to plan activities that are appropriate for a particular child.
By recording the date the child accomplishes the skill in the date
achieved column, the teacher additionally has an on-going record of the
child's progress throughout the year.

To complete the entry behavior column, a code is used. Mark a ✓ beside

61ɔ

each skill the child can do consistently, usually in more than one situation, for more than one person. The child will need no further instruction in skills marked with a √. Mark an X beside the skills the child cannot do. Even if the child is beginning to do the skill but cannot yet complete it, mark an X. An X indicates that the child will need some further instruction in the skill. Mark a ? beside those skills which you have not yet had an opportunity to observe or that you are unsure of the child's performance and would like to retest. All question marks should be eliminated within the first six weeks so that only Xs and √s remain. Mark Xs and √s in pen since they represent a permanent record of the child's entry behavior. Mark ?s in pencil since they will be changed to an X or √ once the educational assessment is completely filled out.

To record the child's skill level at the beginning of the program year, a teacher could go through the entire checklist, observe the child attempting each activity, and then record whether or not the child could do all 580 behaviors. This is unnecessarily time consuming, however, so the procedure can be abbreviated to save precious time for instruction in the skills. To simplify the recording of entry behavior and still get all the information we need on a child, we record a baseline and ceiling to indicate behaviors the child can and cannot do.

A baseline consists of 15 consecutive √s. The purpose for getting a baseline is that once this sequence of 15 √s is obtained, you can safely assume the child can also do all skills that come before the baseline. To get a baseline, start with items approximately two years below the child's actual age. If, once you begin recording, the child cannot do 15 consecutive items, go back further in the checklist until you have a sequence of 15 √s.

Once you have a baseline, continue recording until you reach a ceiling of 15 consecutive Xs. You may stop recording once you reach this ceiling and you may safely assume that the child cannot do any of the skills that come after it.

<div align="center">616</div>

6. Display Transparency #6 (page 2, Handout #1). Explain that the child depicted in this checklist is approximately four years old, so the teacher began recording at the 2-3 year level. The baseline is items 64-80 - skills the child can do. The ceiling is items 93-107 - skills the child cannot do. The items between the baseline and the ceiling are skills which the child is probably ready to learn. This span is called the teaching range. Notice how the comment section was used.

7. Display and discuss Transparency #7 (Handout #1, page 1). Highlight the fact that determination of whether or not a child can do the skills must be made as a result of direct observation. We should not assume the child can do a skill just because they may be low level skills or because we think he should be able to do them because other children can. To be fair to the child and to insure that she/he has the necessary foundation for higher skills, each behavior must be observed. The exception will be those skills which can only be observed in the home environment. These skills may be recorded from parent report.

8. To summarize, distribute and review Handout #2, Ten Problems Frequently Encountered When Using Behavioral Checklists. A discussion of this article may help teachers avoid the pitfalls of using educational assessment instruments.

Portage Project-TEACH-Region V

Portage Project, CESA 12, Box 564, Portage, Wisconsin 53901, U.S.A.

Portage Guide To Early Education
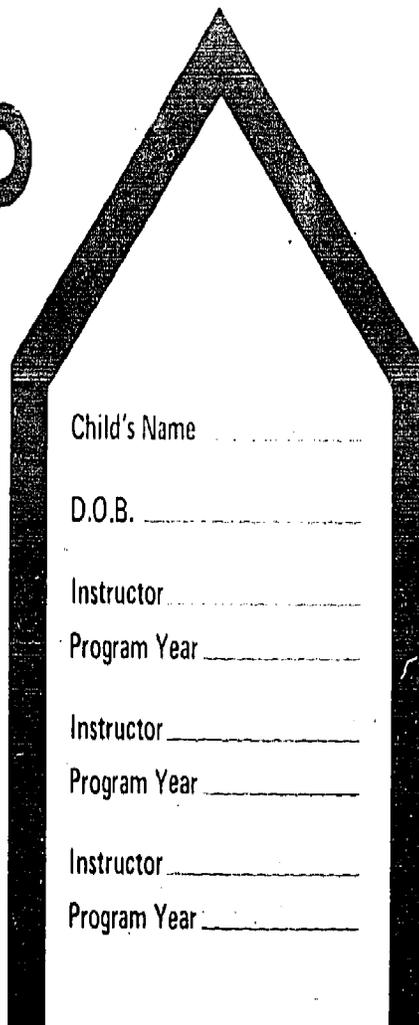
Child's Name ....

D.O.B. ....

Instructor ....
Program Year ....

Instructor ....
Program Year ....

Instructor ....
Program Year ....

S. Bluma, M. Shearer, A. Frohman, and J. Hilliard

CHECKLIST

1, U.S.A.
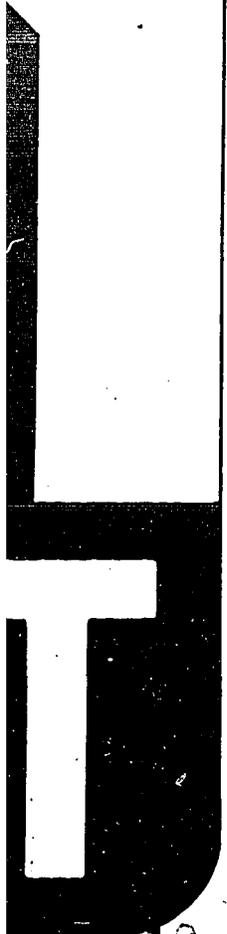
Appendix D
Transparency #1

Child's Age	Event	Date Accomplished	Comments

ERIC

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Draws a vertical line in imitation		/ /	
	29	Draws a horizontal line in imitation		/ /	
	30	Copies a circle		/ /	
	31	Matches textures		/ /	
	32	Points to big and little upon request		/ /	
	33	Draws (+) in imitation		/ /	
	34	Matches 3 colors		/ /	
	35	Places objects in, on and under upon request		/ /	
	36	Names objects that make sounds		/ /	
	37	Puts together 4 part nesting toy		/ /	
	38	Names action pictures		/ /	
	39	Matches geometric form with picture of shape		/ /	
	40	Stacks 5 or more rings on a peg in order		/ /	
3-4	41	Names big and little objects		/ /	
	42	Points to 10 body parts on verbal command		/ /	
	43	Points to boy and girl on verbal command		/ /	
	44	Tells if object is heavy or light		/ /	
	45	Puts together 2 parts of shape to make whole		/ /	
	46	Describes events or characters from familiar story or T V program		/ /	
	47	Repeats with words and actions		/ /	
	48	Matches 1 to 1 (3 or more objects)		/ /	
	49	Points to long and short objects		/ /	
	50	Tells which objects go together		/ /	
	51	Counts to 3 in imitation		/ /	
	52	Arranges objects into categories		/ /	
	53	Draws a V stroke in imitation		/ /	
	54	Draws a diagonal line from corner to corner of 4 inch square of paper		/ /	

Portage Guide

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cognitive 33

AGE 3-4

TITLE: Draws (+) in imitation

WHAT TO DO:

1. Use crayons, chalk, colored pencils, ink crayons, magic slate.
2. Have child imitate drawing vertical line, then horizontal line in two step imitation.
   Have child progress to copying the complete figure (+) after watching it being drawn.
3. Dot out figure and have child trace it.
4. Physically guide child through motions reducing aid as child gains in skill.
5. Give the child verbal instructions as he draws. For instance, "Draw a line across. Now draw one down."

PortageGuide

How To Complete Checklist

1. IF CHILD IS HANDICAPPED, START 2 YEARS BELOW CHRONOLOGICAL AGE IN EACH DEVELOPMENTAL AREA.

2. CODE: √ = IF CHILD CAN DO BEHAVIOR CONSISTENTLY USUALLY IN MORE THAN ONE SITUATION, FOR MORE THAN ONE PERSON

   X = THE CHILD CANNOT DO BEHAVIOR OR CAN DO ONLY PART OF THE BEHAVIOR

   ? = NOT SURE IF CHILD CAN DO IT OR NOT; EITHER HAVEN'T OBSERVED IT OR NOT SURE HOW WELL CHILD DOES IT

3. MARK X'S AND √'S IN PEN; ?'S IN PENCIL. WITHIN THE FIRST SIX WEEKS OF THE PROGRAM, TEST THE ITEMS MARKED "?" AND CHANGE THE "?'S" TO "X" OR "√".

4. GET A <u>BASELINE</u> OF 15 CONSECUTIVE √'S ON BEHAVIORS THE CHILD CAN DO.

5. ONCE YOU HAVE FOUND THE <u>BASELINE</u>, CONTINUE UNTIL YOU GET A <u>CEILING</u> OF 15 CONSECUTIVE X'S AND/OR ?'S.

motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Walks independently		/ /	
	56	Creeps down stairs feet first		/ /	
	57	Seats self in small chair		/ /	
	58	Squats and returns to standing		/ /	
	59	Pushes and pulls toys while walking		/ /	
	60	Likes rocking horse or rocking chair		/ /	
	61	Walks up stairs with aid		/ /	
	62	Bends at waist to pick up objects without falling		/ /	
	63	Imitates circular motion		/ /	
2-3	64	Strings 4 large beads in two minutes		/ /	
	65	Turns door and cabinet handles etc		/ /	
	66	Jumps in place with both feet	√	/ /	
	67	Walks backwards	√	/ /	
	68	Walks down stairs with aid	√	/ /	
	69	Throws ball to adult 5 feet away without adult moving feet	√	/ /	
	70	Builds tower of 5-6 blocks	√	/ /	
	71	Turns pages one at a time	√	/ /	
	72	Unwraps small object	√	/ /	
	73	Folds paper in half in imitation	√	/ /	
	74	Takes apart and puts together snap together toy	√	/ /	
	75	Unscrews nesting toys	√	/ /	
	76	Picks large objects off tray	√	/ /	
	77	Rolls play dough	√	/ /	
	78	Grasps pencil between thumb and forefinger resting on middle third finger	√	/ /	
	79	Forwards somersault with aid	√	/ /	
	80	Pounds 5 out of 5 pegs	√	/ /	
3-4	81	Puts together 3 piece puzzle or form board	X	/ /	

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motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Snips with scissors	X	/ /	
	83	Jumps from height of 8 inches	√	/ /	
	84	Kicks large ball when rolled to him	X	/ /	
	85	Walks on tiptoe	X	/ /	Emerging skill
	86	Runs 10 steps with coordinated alternating arm movement	√	/ /	
	87	Pedals tricycle five feet	?	/ /	Ask Mom
	88	Swings on swing when started in motion	√	/ /	
	89	Climbs up and slides down 4-6 foot slide	√	/ /	
	90	Somersaults forward	√	/ /	
	91	Walks up stairs alternating feet	X	/ /	1/3 times
	92	Marches	√	/ /	
	93	Catches ball with two hands	X	/ /	
	94	Traces templates	X	/ /	Can trace circle
	95	Cuts along 8" straight line within 1/2" of line	X	/ /	
4-5	96	Stands on one foot without aid 4-8 seconds	X	/ /	Stands with support
	97	Runs changing direction	X	/ /	
	98	Walks balance beam	X	/ /	
	99	Jumps forward 10 times without falling	X	/ /	Jumps in place 5x
	100	Jumps over string at height of 2 inches	X	/ /	
	101	Jumps backward six times	X	/ /	
	102	Bounces and catches large ball	X	/ /	
	103	Makes clay shapes of 2 or 3 parts	X	/ /	
	104	Cuts along curved line	X	/ /	
	105	Screws together threaded object	X	/ /	
	106	Walks downstairs alternating feet	X	/ /	
	107	Pedals tricycle turning corners	X	/ /	
	108	Hops on one foot 5 successive times		/ /	

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Checklist Hints

1. Base your X or ✓ ⁻⁻ direct observation of child.
   Remember: a ✓ means you will probably not teach
   that skill to the child. If there is any question
   about how well the child can perform the skill,
   mark an X or a ?.

2. Keep the child's attention span in mind...usually
   it is not possible to finish a developmental area
   during one sitting.

3. Check out items during course of normal classroom
   activities.

4. Remember: you are checking out the child's ability
   to perform the items; this is not a time for teaching
   the item.

5. Do not be concerned about the age of the child - or
   what other children can do - you are observing specific
   behaviors on one child.

HOW TO COMPLETE THE CHECKLIST

1. If the child is handicapped, start 2 years below chronological age in
    each developmental area.
2. CODE: √ = if child can do behavior consistently usually in more than
    one situation, for more than one person
    X = the child cannot do behavior or can do only part of the
    behavior
    ? = not sure if child can do it or not; either haven't observed
    it or would like to see it again.
3. Mark Xs and √s in pen; ?s in pencil. Within the first six weeks of the
    program, test the items marked "?" and change the "?"s to "X" or "√".
4. Get a baseline of at least 15 consecutive √s on behaviors the child can do.
5. Once you have found the baseline, continue until you get a ceiling of
    15 consecutive Xs.

CHECKLIST HINTS

1. Base your X or √ on direct observation of child. REMEMBER: a √ means you
    will probably not teach that skill to the child. If there is any question
    about how well the child can perform the skill, mark an X or a ?.

2. Keep the child's attention span in mind...usually it is not possible to
    finish a developmental area during one sitting.

3. Check out items during course of normal classroom activities.

4. Remember: you are checking out the child's ability to perform the items;
    this is not a time for teaching the item.

5. Do not be concerned about the age of the child - or what other children
    can do - you are observing specific behaviors on one child.

Let's look at an example:

Johnny is a 4 year, 2 month old child with a handicapping condition in Head
Start. The Motor section of the checklist has been completed for him. Since
Johnny is handicapped, we started 2 years below his present age - #64 on the
checklist. The Xs and √s were marked in pen, the ?s in pencil. A baseline
of 15 consecutive √s, #64-80, and a ceiling of 15 Xs, #93-107, were found.
The "Comment" section can be used to indicate if Johnny can do part of the

skill, emerging skills, etc. Item #87 could not be observed at school, so
the parent was asked whether or not the child could do the skill.

motor

Baseline

PortageGuide

motor

Age Level	Card	Behavior	Long Range	Date Achieved	Comments
	82	Snips with scissors	X		
	83	Jumps from height of 8 inches	✓		
	84	Kicks large ball when rolled to him	X		
	85	Walks on tiptoe	X		Emerging skill
	86	Runs 10 steps with coordinated alternating arm movement	✓		
	87	Pedals tricycle five feet	?		Ask Mom
	88	Swings on swing when started in motion	✓		
	89	Climbs up and slides down 4-6 foot slide	✓		
	90	Somersaults forward	✓		
	91	Walks up stairs alternating feet	X		1/3 times
	92	Marches	✓		
			X		
			X		Can trace circle
			X		Stands with support
			X		
			X		
			X		Jumps in place 5x
			X		
			X		
			X		
	103		X		
	104		X		
	105	Screws together threaded object	X		
	106	Walks downstairs alternating feet	X		
	107	Pedals tricycle turning corners	X		
	108	Hops on one foot 5 successive times			

Teaching Range

Ceiling

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TEN PROBLEMS FREQUENTLY ENCOUNTERED

WHEN USING BEHAVIORAL CHECKLISTS

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TEN PROBLEMS FREQUENTLY ENCOUNTERED WHEN USING BEHAVIORAL CHECKLISTS

Behavioral checklists have become indispensable educational tools.
As an outgrowth of behavioral analysis, behavioral checklists have
ballooned to cover almost every conceivable behavior from toilet train-
ing to flying an airplane. For example, Walls, Werner, Bacon and Zane
(1975) have identified over 200 behavioral checklists developed by
prolific listsmiths. In early childhood education, these tools have
been used for identification, diagnostic placement, program evaluation,
and curriculum planning.

The problems associated with reliability and validity in using behavioral
checklists have already been discussed by various authors, (Bijou,
Peterson, and Ault, 1968; Cronback and Meehl, 1955; Hull, 1971; Johnson
and Balstad, 1973). The purpose of this paper is to examine the problems
teachers (particularly in preschool programs) have encountered in using
behavioral checklists as a basis for curriculum planning. The specific
areas of concern are:

1. Completing the behavioral checklist incorrectly.

2. Teaching to suggested materials and activities.

3. Following the behavioral checklist too rigidly.

4. Targeting only in identified skill deficit areas.

5. Avoiding identified skill deficit areas.

6. Limiting targeted behaviors to skills the teacher
    is comfortable teaching.

7. Using a checklist that is inappropriate for a specific
    child.

8. Assessing and sequencing skills correctly but teaching splinter skills.

9. Putting undue emphasis on skills commonly classified as "kindergarten readiness".

10. Failing to plan for generalization and maintenance.

Completing the Checklist Incorrectly

A teacher, by correctly completing a checklist can obtain an excellent picture of a child's skills. However, in completing a checklist, mistakes often occur. Frequently the teacher doesn't observe the child exhibiting the skill but assumes that he has acquired it. The teacher might say: "I can't think of a specific time when I saw Tom working alone at one thing for 20-30 minutes, but I'm sure he could if he tried", and then checks that item as an entry behavior on the checklist. This results in an inflated assessment of the child's skills and leads to faulty curriculum planning.

A related problem occurs when two or more people are completing a checklist and the criteria for determining mastery of a skill are not jointly determined. If a teacher and parent are completing a behavioral checklist together, the teacher might ask the parent: "Can Mike take off and put on his coat without help?" The parent might answer "yes", thinking that this skill does not include buttoning, while the teacher assumes it does include buttoning and marks that skill as accomplished. This problem can be alleviated by direct observation. Also, it is not as likely to occur if the items on the checklist are written in behavioral terms. Unfortunately, this is not the case with many checklists, thus leaving the criteria for mastery of the items open to many interpretations.

Still another misuse of a behavioral checklist can occur when the teacher and/or parent view the tool as a "test" rather than as a baseline on the child's present skill levels. They want the child to "look good" and therefore give the child the benefit of the doubt if an item on the checklist is in question. If there is any question about a particular item just the opposite should occur. The parent and teacher should carefully observe the child to see if the skill has been mastered.

These mistakes can be avoided if the teacher views the checklist as a tool to be used in planning curriculum, uses a consistent definition of the expected behavior, and relies on direct observation of the child.

Teaching to Suggested Materials and Activities

Many behavioral checklists also include suggested teaching materials and activities. It may seem most efficient to use those materials and activities when in actuality, they may or may not be appropriate. Once a skill is targeted for the child to learn, the teacher should assess that child in terms of his learning style, meaningful reinforcement, and interest in various materials. Only then should the teacher choose the most appropriate teaching activity and materials for the child.

Often the suggested materials may be appropriate for some children, but completely inappropriate for others. For example, one behavioral check-list has the item "carries breakable objects" and the materials suggested to teach the skill are "small breakable ashtrays" and "pop bottles". For some children and families these materials would be accessible and appro-priate, but many parents would not want to encourage their preschool children to carry these objects around.

Other ways in which materials might be misused are: a teacher may choose

a colorful, commercially available toy and then consult a checklist to

see what she can teach the child when the process should be the other way

around; or, a teacher may utilize a suggested way of teaching shapes

that works with one of her children and then automatically go ahead

to use the same with the rest of the children. In both examples, the

teacher has failed to take into account the individual child.

Of course, sometimes the activities and materials on the checklists are

very appropriate. However, the teacher's knowledge, creativity, and con-

siderations for individual children should go into planning every activity.

Following the Behavioral Checklist Too Rigidly

Once the child's initial curriculum assessment is completed with use of

a checklist, the teacher is ready to select skills to teach the child.

Those skills selected need not be the first items on the checklist that

the child was unable to do. There is a range of behaviors that is

developmentally appropriate for the child; there are practical reasons

that govern the choice of behaviors within that range. For example,

in the autumn a child's entry behavior shows that he is ready to:

pull off his socks, take off pants when unfastened, and put a hat on

his head. The teacher might choose the skill "puts hat on head" to teach

first. This behavior would be both developmentally and functionally

appropriate for the child because he is ready to learn the skill and

could incorporate it into his daily activities throughout the winter.

Using behavioral checklists for planning is not like following a recipe.

Each child is unique and learns at his own rate. Thus, items on a

checklist may need to be broken down into smaller teachable steps using
task analysis. Failure to do this can result in frustration for the
child and teacher.

The authors analyzed data from a replication of the Portage Project in
Wessex, England which used the Portage Guide to Early Education as the
sole basis for curriculum planning for mentally handicapped children.
They found that 60 percent of the weekly goals for the children were
directly from the checklist whereas 40 percent were checklist items that
needed to be broken down into smaller steps. Of course, there was
variance among individual children, ranging from one child who needed
to have tasks broken down into simpler components only 17 percent of
the time to another child who required smaller steps 79 percent of
the time.

The concept of flexibility in using a checklist was probably best stated
by Bluma, Shearer, Frohman and Hilliard (1976) when describing the way
to use a Checklist. "The behaviors listed on the Checklist are based
on normal growth and development patterns; yet no child, normal or
handicapped is likely to follow these sequences exactly. Children may
skip some behaviors completely, may learn behaviors out of sequence or
may need additional subgoals in order to achieve a behavior on the
Checklist. Each instructor's ingenuity, creativity, and flexibility
plus a knowledge of the child and his past developmental pattern, will
be needed to help plan appropriate goals so that he will learn new skills."

Targeting Only in Identified Skill Deficit Areas

Most authors of behavioral checklists used in curriculum planning group

behaviors into classes or domains, usually called developmental areas.

For example, a common grouping in early childhood is socialization,

language (often subdivided into expressive and receptive), self-help,

cognitive, and motor (subdivided into fine and gross).

Many children in educational programs have been placed in those programs

because of identified skill deficits in one or more of these areas. One

goal of intervention is then to eliminate the developmental deficit

and rightly so, but it is possible to spend an inordinate amount of time

targeting in those deficit areas and to urget that an educational program

should stimulate growth across all developmental areas. A child with a

skill deficit area(s) still has needs that should be met in other areas.

In many cases, a teacher can plan a multi-purpose activity that incor-

porates more than one developmental area. For example, if a child has

a deficit in the language area, activities such as doing a fingerplay

or following directions through an obstacle course would not only address

the expressive and receptive language area, but would also help the child's

fine and gross motor development. If this is not done, a child may

inadvertantly develop deficits in other areas simply because they are not

addressed.

Continuously focusing on the problem area can also result in frustration

for the child. Success does not come as easily and the child is made to

feel less competent than if his strengths, as well as his weaknesses,

were taken into consideration.

Avoidance of Skill Deficit Areas

This potential problem is the opposite of focusing only on the deficit

area but with different reasons for its occurrence.

When a teacher and a child work together and achieve success, they

reinforce each other. Because the success and rapid progress are more

likely to occur in non-deficit areas, the teacher may continue to target

and teach in those areas because the behavior (targeting and teaching)

is reinforced. For example, if a child is moderately delayed in the

language or cognitive area he has most likely experienced failure in those

areas. As a result, he may not participate as willingly in those activities,

because he hasn't experienced success in the past. On the other hand, if

his strengths lie in the motor and self-help areas, activities in these

areas will be more reinforcing for the child and the teacher to work on

because the child has a higher probability of achieving success and

enjoys participating in them more. Thus, the curriculum sometimes swings

more and more towards the stronger, reinforcing areas and away from the

more difficult deficit areas.

We cannot overemphasize that a teacher must provide instruction for

the whole child in all developmental areas, taking that child's unique

abilities and needs into account. It is all too easy to end up uninten-

tionally and unconsciously teaching in areas where one receives the most

reinforcement.

Limiting Targeted Behaviors to Skills the

Teacher is Comfortable Teaching

Preschool teachers' training and experience provide them with teaching

skills that vary somewhat across developmental areas. There may be

many skills listed in the checklist that a teacher either has not had

the opportunity to teach or has not had much success with in the past.

For example, if the teacher's only attempt at toilet training was with

a child who continued to have accidents, even after an intensive program,

it is not likely that that teacher would readily implement a toileting

program with another "difficult" child.

This also occurs when a teacher who has training in a specific area,

such as speech and language, unintentionally puts undue emphasis on

speech and language activities and, at the same time shies away from

teaching self-help skills such as self-feeding and dressing, especially

if that teacher has never taught them before.

This problem can be avoided by cooperative planning with input from

various specialists. These "staffings" help to assure that the child's

needs in all areas of development are considered. Also, a careful assess-

ment of teacher needs can be undertaken and then inservices can be planned

in areas where the teacher has weaknesses.

Using a Checklist That is Inappropriate

For a Specific Child

Because children progress at different rates and have different problems,

some checklists may be more appropriate for some children than others.

For example, a checklist based on normal development may not be nearly

detailed enough for those working with severely and profoundly handi-

capped children. The checklist loses its value as a curriculum guide if

a teacher ends up working on one specific item for weeks or months on

end. Teaching becomes frustrating for the teacher, parent and child.

Instead, the teachers might make their own checklist with the items

broken down into smaller steps or find another behavioral checklist

that is more helpful in curriculum planning for the individual with whom they're working.

Assessing and Sequencing Skills Correctly

But Teaching Splinter Skills

If the teacher does not refer back to the behavioral checklist following the acquisition of a targeted objective, the teacher may allow the curriculum plan to spin off on a tangent and thus end up teaching splinter skills.

This can happen in two ways — horizontally or vertically. A horizontal splinter skill occurs when a teacher appropriately targets an objective for the child but elaborates on that skill beyond the point where the skill is functional. For example, a teacher may target "names three colors on request" and successfully teach that skill to criterion, but then may proceed to go beyond the basic colors to teach violet, mauve, tangerine, chartreuse, magenta, etc. This can prove to be very rein- forcing to the teacher and/or parent because the child can answer correctly a large number of questions in a very specific area and appear "smart". Teaching these behaviors wastes valuable teaching time and does very little to enhance the child's overall development.

A vertical splinter skill is probably a more common error. It occurs when a teacher initially targets a developmentally appropriate behavior, but then takes that behavior to higher and higher levels of functioning. For example, a teacher may teach a child to "count to three in imitation" from the Portage Guide to Early Education; Cognitive Card #51, age three

to four (Bluma et.al 1976) and then go on to teach "counts to ten objects

in imitation" which is at the four to five age level. The next goal

might be "counts by rote one to 20" at the four to five age level, and

finally "counts up to 20 items and tells how many" at the five to six

age level. If the child in this example had been three years of age,

the teacher would have been teaching skills far above the child's

developmental level even though the sequencing of these skills was

correct. This results not only in an expenditure of time and energy

that could be utilized more effectively but also necessitates breaking

the targeted tasks into smaller and smaller steps (creating, in reality,

another behavioral checklist or a task analysis). Additionally, because

of the increasing complexity of the tasks beyond the child's develop-

mental level, the probability of a successful learning experience for

the child is diminished.

Putting Unjustified Emphasis on Skills Commonly

Classified as "Kindergarten Readiness"

Pressure to teach kindergarten readiness skills is a perpetual problem

for the preschool teacher. The perception that these skills constitute

"schooling" or "education" is pervasive. For example, when parents

are asked what they would like to work on with their child, many

immediately choose skills such as having the child write his name,

count, or say the alphabet, even though developmentally the child

is no where near ready to master these skills. The problem may be further

compounded by some schools that send around their "lists" of skills

that the child is expected to have learned before entering kindergarten.

In extreme cases, the pressure may take the form of the kindergarten

teacher saying things such as "I wonder what the preschool teachers are doing? Many of their children can't even write their name when they come to school".

The concern addressed above does not mean, however, that emphasis on these skills would be inappropriate for all children. For example, many four year olds are in programs specifically because of skill deficits in these areas. Emphasis placed on these skills would be appropriate.

The authors reviewed 809 individual lesson plans from a preschool program and found that 30 percent of the stated behavioral objectives were: drawing shapes (+, 1, -, 0, □, △, ∿); naming shapes (0, □, △); naming, matching and pointing to colors; and naming numerals, matching numerals to objects, and rote counting. While these objectives are appropriate for some children, one must ask if the teachers looked at all areas of development so that the most appropriate programming could be developed for each child.

Failing to Plan for Generalization and Maintenance

No behavioral checklist in existence encompasses all the skills pre-school children need to learn — at best a checklist is a sequential developmental listing. These behavioral checklists often include behaviors that appear extremely restricted but which, in fact, represent only a single example of a whole class of behaviors. For example, "puts four rings on peg" is one behavior on a checklist which is meant to repre-sent a group of behaviors that requires a similar degree of eye-hand coordina-tion and problem solving ability. The behavior on the checklist was made

specific for observational reliability and ease in establishing criteria.
If a teacher only targets and teaches "puts four rings on peg" and does
not plan for generalization and maintenance of the behavior, the child
will: 1) only be able to put four rings on a peg, which does not do
anybody much good, or 2) forget how to put four rings on a peg, which
is even worse. As Harbin states (1977), "Children go through two stages
in developing skills: acquisition and generalization. Criterion-referenced
devices tend to measure only acquisition".

Thus, it is fallacious to assume that a child will automatically generalize
and be able to maintain a specific skill. Preschool children, particularly
those who have special needs, need to be taught generalization by practicing
a skill in more than one situation. A child who learns to name a block
as "blue" then needs to practice using "blue" as a descriptor of many
other objects and in many other situations. That same skill will most
likely be maintained if it is reinforced in the child's daily routine,
e.g., by having the child name blue objects in a grocery store or choose
blue clothing to wear. Thus, the child learns that "blue" is an integral
part of his environment and not just the color of a block that his teacher
showed him.

Summary

Although the above problems do occur, checklists are still indis-
pensable tools for teachers. Valuable curriculum planning information
can be obtained from them as well as ideas for implementation. Yet,
problems do arise no matter how conscientiously the tools are employed.
Ongoing assessment of the curriculum plan and individual adaptations
that meet the unique needs of children provide the means by which many
of these problems can be circumvented.

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Abstract

The authors have identified ten problems encountered when using a
behavioral checklist as a basis for curriculum planning. The ten
problems and methods of avoiding them are discussed. The problems
identified are:

1. Completing the behavioral checklist incorrectly.

2. Teaching to suggested materials and activities.

3. Following the behavioral checklist too rigidly.

4. Targeting only in identified skill deficit areas.

5. Avoiding identified skill deficit areas.

6. Limiting targeted behaviors to skills the teacher
   is comfortable teaching.

7. Using a checklist that is inappropriate for a specific
   child.

8. Assessing and sequencing skills correctly but teaching
   splinter skills.

9. Putting undue emphasis on skills commonly classified as
   "kindergarten readiness".

10. Failing to plan for generalization and maintenance.

DEVELOPING I.S.P. PACKETS AND VIDEO TAPES

VERVIEW

The basic premise upon which this training is based is "learning by doing."
Active involvement in the learning process is even more important for
effective learning in adults than it is in children. Lecture, demon-
stration, small group discussion, simulations, and brainstorming are used
throughout these training sessions. The role play technique is used
to practice the skills needed to write an Individual Service Plan.

Role plays draw from real-life events, present factual information about
persons in a true-to-life situation, and require active involvement of
participants. The general objective of the role play technique is to
develop more effective on-the-job behavior. For the workshops on current
level of functioning, long-term goals, and short-term objectives, each
participant will be assigned one of the following roles: teacher, parent,
handicap coordinator, social services/parent involvement coordinator, or
health/nutrition coordinator. Assuming their new role and using infor-
mation about one child and family, these team members move realistically
through the process of writing an I.S.P.

Providing adequate and appropriate information about an individual child
and family is critical to the success of this role play. After roles are
assigned, a packet of information must be provided for each participant
and should contain the information that the person in that role would
normally have. This training guide contains sample packets of background
information on an individual child, Michael Jones, and his family for use
in the role play of an I.S.P. conference (Appendix F). However, you may
wish to personalize this training by using information on a child and
family from your agency. The following pages outline the steps necessary
to develop your own I.S.P. packets including: compiling all available
screening (health and developmental), assessment (educational and compo-
nent), and diagnostic information available on one child and family;
(dividing this information into packets for teacher, parent, health/nutri-
tion coordinator, handicap services coordinator, and social service/parent
involvement coordinator) and as an option, developing a video tape that
demonstrates the screening and assessment processes.

Preparing I.S.P. Packets

1. Read the Screening, Diagnosis, and Educational Assessment sections of
    this guide to determine if your agency's procedures are adequate.
    Modifications (such as selecting a new screening or assessment in-
    strument) or changes (such as methods for obtaining a diagnosis) in
    your present program policies should be established before the packets
    are developed.

2. Review Appendix F, I.S.P. Packets, for examples.

3. Select a child and family. In order to get more detailed information, use a family enrolled during the previous program year, if possible. Select a child with a handicapping condition that is somewhat common in your program.

4. Compile all available information including the following:

   a. a completed screening score sheet and/or profile with developmental ages;
   b. all diagnostic reports;
   c. assessment information for the areas of education, health, nutrition, social services, and parent involvement. This will probably include a developmental checklist for the educational assessment of the child and a family service plan for additional family information.
   d. health/medical records including health screening information, immunization records and a medical history including significant illnessess, hospitalizations, regular medications, etc.
   e. Miscellaneous information such as registration forms, teachers observations, etc.

5. Each piece of information should be dated or include the chronological age of the child at the time of the report. If these packets are to be used more than once, use only the day and month for the date, omitting the year.

6. Insure confidentiality by removing or changing any identifiable information about the child or family. Assign a new name, change background information, etc. to insure anonymity. If a video tape is made, it will be necessary to fabricate the social service, parent involvement and health/nutrition information.

7. Prepare individual packets, duplicating information as necessary. ACCO binders or pocket folders work well. Label each folder with the role title and indicate directions for use in each. The following information is suggested for inclusion in each packet:

   Health/Nutrition Coordinator
   -health screening results
   -medical records
   -component assessment forms
   -diagnostic reports if handicap is related to health

   Social Service/Parent Involvement Coordinator
   -registration forms
   -component assessment forms
   -reports regarding previous contacts or services provided to the family

   Handicap Services Coordinator
   -health and educational screening results
   -diagnostic reports .

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-medical records
-records related to dual placement in the public school and/or ser-
 vices the child or family receives from other agencies
-progress reports from previous years in Head Start or any other
 program(s)
-component assessment forms

Teacher
-educ. ional screening results
-classroom observati
-records related to dual placement in the public school and/or
 services the child or family receives from other agencies
-progress reports from previous years in Head Start or any other
 program(s)

Parent
-short narrative about family
-component assessment forms
-health and educational screening results
-diagnostic reports
-progress reports from previous years in Head Start or any other
 program(s)

8. The completed educational assessment should be provided for each
    participant.

9. Adjust the number of packets according to the size of your group. If
    the group is less than five, combine roles; if more than five, use
    two or more groups and duplicate packets.

Developing a Video Tape

The use of a video tape greatly enhances the effectiveness of a training
experience. A video tape of the child selected for development of the
I.S.P. will provide participants with the opportunity to see the child
doing a variety of tasks, and thereby will enhance the entire role play
experience. It is necessary to obtain written permission from the parents
to use the video tape as a training tool. Be sure to specify the purpose
of the tape and the intended audience.

If your program does not have video equipment available to them, you will
need to rent or borrow the equipment. Check with local school districts,
libraries, universities, video equipment stores, public service television
stations or the training department of large industries. If you do not
have access to a studio for editing the tape, it will be necessary to ob-
tain additional editing equipment to do this. The following equipment
is necessary for taping: video camera (color or black and white), video
recorder (cassette or reel to reel), blank video tape, proper lighting,
microphone, all connecting cords, and a T.V. monitor for feedback while
taping (optional but extremely helpful while taping).

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Both the screening and educational assessment processes offer excellent
opportunities for video tape recording. Consider a tape of the child,
parent and teacher completing a screening, and/or a tape of the child
and teacher in the classroom doing selected tasks from the assessment.
Here are some suggestions for making a good video tape.

1. Determine what specific activities will be video taped. A video
   tape of the screening can be used to train your staff to administer
   your screening instrument and to observe testing techniques. A
   video tape of the educational assessment can be used to train your
   staff to administer your educational assessment tool and to show
   how it can be efficiently administered in a classroom setting.
   Either of these activities would provide the participants with a
   good overview of the child.

2. Determine where the activities will be video taped (home, classroom,
   playground, etc.). It is helpful to limit the space used for taping.

3. Outline a working script that includes the following:

   a. What content will be covered on the tape?
   b. What materials will be needed?
   c. Who will say what? (Note: the child's responses cannot be
      pre-determined.)
   d. What will the parent and/or teacher do if unusual circumstances
      arise, such as misbehavior or non-compliance?

4. Do a trial run with the person who will be operating the camera,
   the tester and the parent. In order to save time and prevent over-
   rehearsal, do not include the child in the trial run. Cue the
   camera person as to what you want recorded on the tape. (Example:
   a close-up of the child's attempt to imitate a square on a wide
   angle shot to include the interactions between the parent, tester
   and child.) Determine lighting needs, microphone positioning and
   appropriate camera angles.

5. On the day of the actual taping, let the child explore the equipment
   and become accustomed to the lighting and camera before you actually
   begin the taping. It might also be helpful to plan some extra activi-
   ties before the screening/assessment begins to allow time for the
   child to become accustomed to the equipment. (Taping can be started
   during these "extra" activities to allow a smooth transition into
   the actual taping.) In the classroom, the equipment can be set up
   a day early to allow all of the children to get used to it.

6. Roll the camera and relax!

7. Edit the completed tape and eliminate "warm-up" activities, lengthy
   pauses, sections of repetitive or lengthy activities, etc.

8. Review the quality of this tape before attempting your next video

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tape project. Determine what you could do better, tape and use these ideas for the next taping.

9. Keep each tape to a maximum of 15-20 minutes.

10. Taping the administration of an educational assessment requires additional considerations.

   a. Since the entire assessment process may be too lengthy to complete in one session, select several items from each developmental area or one complete developmental area to be taped.
   b. If the assessment is to be done with small groups of children, determine with which children the target child will work.
   c. Ask the person operating the video tape equipment to observe the classroom environment and suggest an area that would be best for taping.
   d. Determine during which assessment items it is necessary to hear the target child. For example, if you are taping gross motor skills it is probably not necessary to move the microphone to pick up the child's exact words.

*Remember, careful planning and preparation are the keys to a quality video tape.

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I.S.P. PACKETS

This packet contains the information and forms you will need to develop
the I.S.P. Packets for Michael Jones and his family. The packets are
divided into five roles (Handicap Services Coordinator, Parent, Teacher,
Health/Nutrition Coordinator and Social Services/Parent Involvement
Coordinator.) Below is a list of information and forms to be placed
in each packet.

Parent Packet
    Assignment Sheet
    Parent Role
    List of Contacts with Head Start
    Screening Results
    Registration Form
    Family Service Plan
    Speech and Language Evaluation
    Health Records
    Pediatric Evaluation
    Portage Checklist

Handicap Services Coordinator
    Assignment Sheet
    List f Contacts with Michael and Gloria Jones
    Screening Results
    Registration Form
    Family Service Plan
    Speech and Language Evaluation
    Health Records
    Pediatraic Evaluation
    Portage Checklist

Teacher
    Assignment Sheet
    List of Contacts with Michael and Gloria Jones
    Screening Results

Speech and Language Evaluation

Teacher Observations

Portage Checklist

Social Services/Parent Involvement

Assignment Sheet

List of Contacts with Michael and Gloria Jones

Registration Form

Family Service Plan

Portage Checklist

Health/Nutrition Coordinator

Assignment Sheet

List of Contacts with Michael and Gloria Jones

Family Service Plan

Pediatric Evaluation

Health Records

Adjust packets according to the number of participants in each I.S.P. team.
If I.S.P. teams have four participants, combine the Health/Nutrition Coor-
dinator and Social Services/Parent Involvement Coordinator roles. If
I.S.P. teams have six participants, duplicate an additional Teacher packet.

I.S.P. packets can be placed in individual folders and labeled with the
role title.

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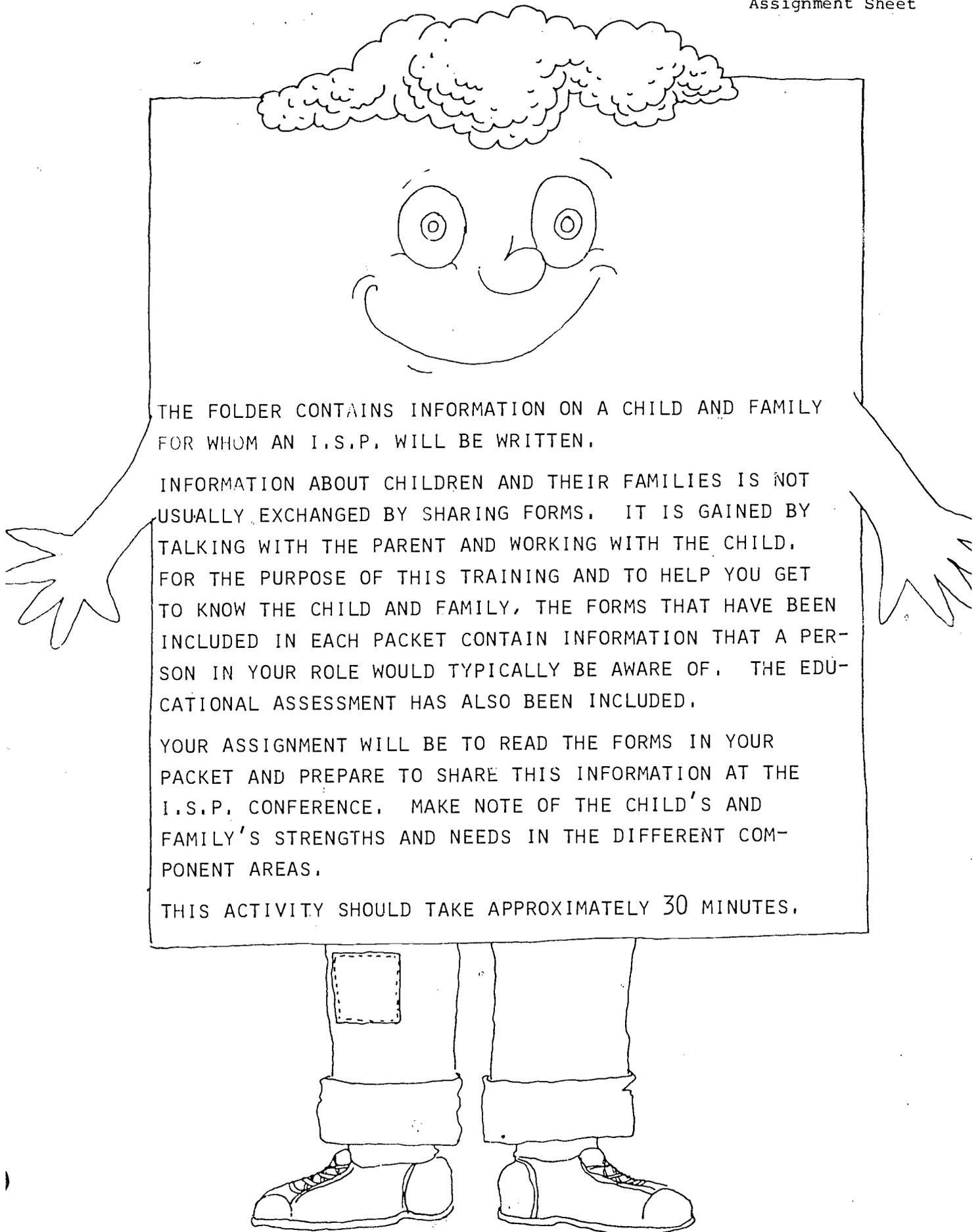
THE FOLDER CONTAINS INFORMATION ON A CHILD AND FAMILY FOR WHOM AN I.S.P. WILL BE WRITTEN.

INFORMATION ABOUT CHILDREN AND THEIR FAMILIES IS NOT USUALLY EXCHANGED BY SHARING FORMS. IT IS GAINED BY TALKING WITH THE PARENT AND WORKING WITH THE CHILD. FOR THE PURPOSE OF THIS TRAINING AND TO HELP YOU GET TO KNOW THE CHILD AND FAMILY, THE FORMS THAT HAVE BEEN INCLUDED IN EACH PACKET CONTAIN INFORMATION THAT A PERSON IN YOUR ROLE WOULD TYPICALLY BE AWARE OF. THE EDUCATIONAL ASSESSMENT HAS ALSO BEEN INCLUDED.

YOUR ASSIGNMENT WILL BE TO READ THE FORMS IN YOUR PACKET AND PREPARE TO SHARE THIS INFORMATION AT THE I.S.P. CONFERENCE. MAKE NOTE OF THE CHILD'S AND FAMILY'S STRENGTHS AND NEEDS IN THE DIFFERENT COMPONENT AREAS.

THIS ACTIVITY SHOULD TAKE APPROXIMATELY 30 MINUTES.

HANDICAP SERVICES COORDINATOR

Below is a list of the contacts you have had regarding Michael and Gloria
Jones.

-September 8   Received the results of Michael's educational screen-
ing from the teacher and results of the physical
exam from the Health/Nutrition Coordinator.

-September 9   Called Gloria to set up a home visit to review
screening results and to discuss a referral for
a speech evaluation.

-September 14   Made a home visit. Discussed parent concerns and
reviewed screening results. Gloria signed per-
mission to make a referral to the East Side Speech
and Language Clinic.

-September 15   Made arrangements with the East Side Speech and
Language Clinic to do the evaluation. Discussed
the Head Start Categorical Reporting Form. Mailed
the diagnostic reporting form to the clinic.
Called and confirmed the evaluation date with Gloria.

-September 30   Called Gloria to remind her of the evaluation appoint-
ment and checked to see if transportation was needed.

-October 4   Drove Michael and Gloria to the East Side Speech and
Language Clinic for Michael's speech evaluation.

-October 14   Met with Gloria and the diagnostician and discussed
the final results of the evaluation. Received a
copy of the evaluation report and the Head Start
Diagnostic Reporting Form.

-October 16   Reviewed results and recommendations of Michael's
speech evaluation with his teacher.

-October 22   Reviewed Family Service Plan with the Social Service/
Parent Involvement Coordinator and Health/Nutrition
Coordinator in preparation for the I.S.P. Conference.

-October 22 and 23   Notified all I.S.P. team members of the time, date and
information to bring to the I.S.P. Conference. Con-
tacted Gloria to see if transportation and/or baby-
sitting was needed.

-October 28   I.S.P. Conference

PARENT

Below is a list of the contacts you have had with the Head Start Program.

-August 1   Filled out a Head Start registration form and a Family Service Plan with the Social Service Coordinator.

-September 1   Michael's first day of class.

-September 7   Brought Michael in for a physical exam and educational screening. Physician discussed recommendations for speech evaluation.

-September 9   Received call from Handicap Services Coordinator to set up a home visit to discuss the screening results and the need for a speech evaluation.

-September 14   Handicap Services Coordinator made a home visit. Michael's screening results and speech referral were discussed. Gave written permission for a referral to be made to the East Side Speech and Language Clinic.

-September 15   Handicap Services Coordinator called to confirm the appointment with the East Side Speech and Language Clinic made for October 4.

-September 30   Received call from Handicap Services Coordinator to ask if transportation was needed for Michael's speech evaluation.

-October 4   The Handicap Services Coordinator transported Michael and me to Michael's speech evaluation.

-October 14   Went back to the clinic with the Handicap Services Coordinator to discuss the final results of the evaluation. Received a copy of the speech evaluation.

-October 17   Teacher called to arrange a home visit.

-October 21   Teacher made a Special Home Visit and discussed the I.S.P. process and parent concerns and shared educational assessment and classroom observations.

-October 23   Handicap Services Coordinator called to confirm date of I.S.P. Conference and encouraged you to bring a list of questions and/or concerns.

-October 28   I.S.P. Conference

HEALTH/NUTRITION COORDINATOR

Below is a list of the contacts you have had with Michael and Gloria Jones.

-September 7   Filled out the first three pages of the health
                               form with Gloria. Reviewed physical exam results.

-September 8   Gave Handicap Services Coordinator a copy of the
                               physical exam results.

, -October 22   Reviewed the Family Service Plan with the Social
                               Service/Parent Involvement Coordinator and Handicap
                               Services Coordinator in preparation for the I.S.P.
                               Conference. Informed by Handicap Services Coor-
                               dinator of what information to bring to the I.S.P.
                               Conference.

-October 28   I.S.P. Conference

SOCIAL SERVICE/PARENT INVOLVEMENT COORDINATOR

Below is a list of the contacts you have had regarding Michael and Gloria Jones.

-August 1   Filled out a Head Start registration form and
                              Family Service Plan with Gloria.

-October 22   Reviewed the Family Service Plan with the Handicap
                              Services Coordinator and the He   h/Nutrition
                              Coordinator in preparation for the I.S.P. Confer-
                              ence. Informed by the Handicap Services Coordina-
                              tor of what information to bring to the I.S.P.
                              Conference.

-October 28   I.S.P. Conference

TEACHER

Below is a list of the contacts you have had regarding Michael and Gloria Jones.

-September 1   First day of class for all children.

-September 7   Gave Michael an educational screening and met Gloria.

-September 8   Gave screening results to Handicap Services Coordinator.

-October 16   Discussed results and recommendations of the speech evaluation with Handicap Services Coordinator.

-October 17   Arranged for a Special Home Visit with Ms. Jones.

-October 21   Made a Special Home Visit and discussed the I.S.P. process and parent concerns and shared educational assessment and classroom observations.

-October 23   Informed by Handicap Services Coordinator of what information to bring to the I.S.P. Conference.

-October 25   I.S.P. Conference

Parent Role

In the simulated I.S.P. Conference, your role is that of Gloria, Michael's
mother. The information summarized in this folder is information Gloria
shared with various professionals (pediatrician, speech pathologist and
Head Start personnel).

Gloria is a 22 year old single parent who has two children - Michael who
is 4 years, 2 months and Jennifer who is 2 years, 11 months. She is in
good health and had uncomplicated pregnancies with both children. She
is small in stature at 4' 11", as is the rest of her family. She has been
working for the past year in a factory on the day shift. She does not own
a car so she uses public transportation when necessary. Michael walks the
two blocks to and from Head Start and Gloria's mother watches him after
school. She cares for Jennifer all day. She has many other responsibilities
and has indicated that she would like Gloria to make other arrangements for
the children.

When Michael was 2 years, 8 months Gloria took him to a pediatrician, Dr.
Haskin, for an evaluation because she was concerned that he did not speak
properly. She told the pediatrician that he seemed to understand what was
said to him but that he was difficult to understand and did not talk much.
The pediatrician did a medical examination and found no major medical prob-
lems. At that time he recommended a speech evaluation. Gloria called for
an appointment but did not have the $60.00 needed for the evaluation. It
was never followed up on.

In discussing her concerns with the teacher, Gloria said she would like
Michael to learn to make his own bed, pick up his toys, and play more with
other children. Gloria is willing to work at home with Michael on activities
but her time is limited due to her job and the younger sibling. Gloria
mentioned that the daughter complains of frequent earaches.

Gloria likes to make stuffed animals, and has mentioned that she would make
them for the classroom and/or show other parents how to make them.

Any elaboration on Gloria's personality is up to the individual portraying her.

DEVELOPMENTAL PROFILE

SCORING & REPORT FORM

I.S.P. Packets

Child's Name _____ Chronological Age ___4-2___ Date _____

DEVELOPMENTAL SKILL AGE PROFILE		COMMENTS AND CONCLUSIONS
Physical Age	3-2 yrs. mos.	Michael was very compliant during the screening.
Self Help Age	3-8 yrs. mos.	He spoke infrequently and when he did, it was hard
Social Age	3-0 yrs. mos.	to understand what he said.
Academic Age	3-4 yrs. mos.	
Communication Age	2-10 yrs. mos.	

Screening Results

PHYSICAL

Passed	Failed
1. copies straight line	1. hops on one foot 5'
2. jumps with both feet together from height of 8"	2. throws ball 5' so adult can catch it without moving
3. jumps forward 10"	3. cuts out circle size of silver dollar
4. cuts paper with scissors	4. catches a ball thrown by adult from 5' at least 50% of the time
5. walks upstairs and downstairs alternating feet (use rail)	5. hops on one foot 10'
6. releases latch to open door	6. jumps rope twice

SELF-HELP

1. dries hands after they have been washed	1. washes own hands and face
2. stays away from common dangers, stairs, broken glass	2. dresses himself completely except for shoe laces
3. feeds himself using fork and/or spoon and glass	3. puts toys away when requested
4. puts on own coat	4. fixes bowl of cereal for himself
5. unbuttons large buttons, unsnaps, unzips	
6. puts on own shoes	
7. cares for own toilet needs	
8. no more than one toilet accident a month	

SOCIAL

1. shows jealousy
2. plays with easily breakable toys
3. interested in exploring new places
4. knows his own sex, tells sex of others
5. helps parent around house
6. follows rules in group game led by adult
7. knows what toys can and cannot do/ uses them in a way that would not break

1. takes turn 75%
2. plays in group games
3. works for at least 30 minutes with similar aged child
4. knows that some things belong to others, asks permission

ACADEMIC

1. gives one "more"
2. names or points to 20 pictures
3. recognizes himself in photograph
4. groups things together by color, form, size
5. copies line
6. uses size words
7. copies picture of circle
8. points to two colors
9. draws a cross
10. draws a person

1. understands concept of three
2. counts to six
3. knows that different activities are done during different times
4. tells penny from nickel and dime
5. draws square

COMMUNICATION

1. indicates he wants "more"
2. puts two words together - "me go," "you give"
3. repeats parts of nursery rhymes
4. names 20 pictures
5. uses 50 words when he speaks
6. tells own sex

1. gives first and last name
2. says two nursery rhymes
3. tells a story when looking at pictures
4. talks on telephone
5. sung a song of 30 words
6. buys something in a store
7. tells his age this year, last year, next year by holding up fingers
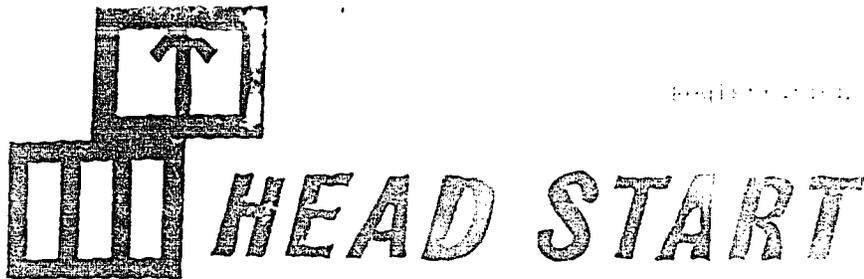
HEAD START

DETERMINATION OF ELIGIBILITY

I would like my child to enter a Head Start Program as soon as possible. I verify the following information, which will be used to determine eligibility, is correct.

Gloria Jones   _8/1_   _555-4040_
Parent's Signature   Date   Phone

Child's Name _Michael Jones_

Address _731 5ᵗʰ Street   Milwaukee, Wisconsin_

Sex (M) _M_ (F) ____ Birth Date _____

What language do you speak at home? _english_

List all members living in household:

NAME	AGE	Relationship
Gloria	22yr	mother
Michael	4 yrs	
Jennifer	2 yrs. 9 mos.	

Family size (Total number living in household) _3_

PRESENT INCOME SOURCES:

wages

WAGES; PUBLIC ASSISTANCE; UNEMPLOYMENT; SOCIAL SECURITY; AFDC; OTHER

ARE YOU RECEIVING: TITLE #19 ____ FOOD STAMPS ____ OTHER ____

PLACE OF EMPLOYMENT: mother

NAME	ADDRESS/PHONE	HOURS OF WORK	TYPE OF WORK
PLACEMENT OF EMPLOYMENT: mother			
M.I.C. Factory	86 N. 5ᵗʰ Street	8-5	line work

Total income from all sources _$5,956_

Do you have unusual medical, dental or casualty expenses? Yes ____ No _X_

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Family Service Plan

This Family Service Plan is to introduce you to the different components of the Head Start Program. The information you provide will help us to better know your needs and help us to acquaint you with some of the many opportunities, experiences and services available through the program and community.

EDUCATIONAL COMPONENT

1. Has your child gone to nursery school or been in day care before? **no**
   If so, which one? _____ When? _____

2. Is your child comfortable with adults? **yes** other children? **no**
   Who does he/she usually play with? **he plays alone**
   How does he/she act when you leave him/her with someone other than a family member? **O.K.**

3. How do you guide your child when you feel he/she has to change his/her behavior?

   ✓ take TV time away ___ give extra TV time ___ scold ___ spank

   ___ give food treats ✓ send to room ___ take meals away

   ✓ take toys away ___ leave behind when taking others out

   ___ take out by himself without other children ___ hug

   ___ yell at him ___ tell him how much you care ___ sit him in a corner

   ___ love him up

   If you have tried any others, please write them. **try to talk to him**
   _____

   Have any of these worked? **take T.V. time away**
   Which of them have not? **send to room**

4. How does your child show that he/she is angry? **acts stubborn**
   hungry? **he asks for food** afraid **cries** needs to
   use the bathroom? **goes on own** Can your child do these
   things alone? wash up before meals **yes** brush teeth **yes** use the
   bathroom **yes** get dressed **can't zip or tie**

5. Is there anything about your child or that has happened to your child that we should be aware of in order to help him/her? _____
   _____

6. What is your child good at doing? **likes to help around the house**
   _____

7. What are the most important things you would like us to accomplish
   with your child? **help him to talk better**
   _____

8. Are there other things you feel are important that your child's teacher should know that would help plan for your child? **Michael gets easily frustrated when he can't be understood. He is shy and does not play with other children.**

PARENT INVOLVEMENT

1. Ways I would like to participate in Head Start:

    ___ Assisting as an aide in the classroom
    ___ Riding the bus to and from school
    ✓ Making classroom games and toys **stuffed animals**
    ___ Assisting on field trips
    ___ Constructing, repairing, painting equipment
    ___ Sewing curtains, paint smocks, etc.
    ___ Sharing cooking or craft skills
    ___ Attending monthly Center Committee Meetings
    ___ Attending monthly Policy Council Meetings
    ___ Being a representative for my center
    ___ Helping with money raising projects
    ___ Telephoning for center activities
    ___ Babysitting for program activities
    ___ Being a Sub Committee member:
        ___ Health
        ___ Education
        ___ Social Services/Parent Involvement
    ✓ Others **I can show parents how to make stuffed animals.**

2. There is an attempt within the classroom to instill ethnic and racial pride within the children. Do you have inherited family traditions you would like shared? _____

    _____

3. I would come to parent meetings if they were held: (circle) morning
    afternoon (evening) The best day would be: (circle) Monday
    (Tuesday) (Wednesday) (Thursday) Friday   any evening

4. The areas of education I would like help/information on:

    ___ Receiving my High School Diploma/G.E.D.
    ___ Attending (circle one) - vocational school/College/Drivers Education
        Classes   Other:_____
    ___ Grants offered by the Community College
    ___ Classes offered by the Community College
        *My areas of interest are _____

NUTRITION & HEALTH COMPONENT

1. Are you concerned about any nutritional or health needs? __Not sure if__

__meals are adequate. Jennifer complains of frequent earaches.__

SOCIAL SERVICE COMPONENT

1. I would like to attend workshops in the following areas:

___Gardening	___Make 'N Take Workshops
✓ Nutrition	___Food Co-op
___Health	___Peoples Action for Change
___First Aid	___Sex Education
___Weight Control	___Housing Repairs
___Alcohol and Drug Education	___Preparation for Interviews
___Assertiveness Training	___Career Development
___Parent Discussion Groups	___Other _____
✓ Behavior Management	
___Fire Safety	

2. Current family needs for service or information:

___need a larger place to live
___need information on tenants' rights and landlord responsibilities
___would like my name on the Housing list
___need information on Fuel Rebate Program
___need information on the Winterization Program
Other housing needs _____

___child development	___personal counseling
___family planning	___marriage counseling
___spouse abuse	___children's behavior management
___child abuse	___at help
___immunizations	___tax
___Supplemental Security Income e	___legal aid
___Aid to Families of Dependent	___W.I.C. Program
___Children	___homemaker services
✓ day care	___Emergency Medical Services
✓ financial assistance	

Other concerns __Would like to learn how to help Michael talk better__

Date __8/L__

Interviewee __Ms. Jones__

Interviewer __Audrey Mattison__ (Social Service Coordinator)

EAST SIDE CLINIC

Speech and Language Evaluation

Child's Name ___ Michael Jones _____

Age ___ 4 years, 2 months _____

Parent's Name ___ Gloria Jones _____

Date ___ October 4 _____

Reason for referral

Michael was referred for a speech and language evaluation by the Head Start
program. The Alpern-Boll was administered by the Head Start teacher on
September 7, and communication skills were recorded at the 2 year, 10 month
age level. Michael had a physical exam on the same date and a speech evalu-
ation was recommended by the physician. Ms. Jones also expressed concern
about Michael's speech.

Background Information

Michael is the older of two children. He has been enrolled in Head Start for
four weeks. Michael's mother reported a full term pregnancy without compli-
cations. Feeding habits were reported as normal. She noted that Michael
crawled at approximately 9 months and walked at 14 months. Ms. Jones recalled
that Michael said single words at 2 years. No report of any serious medical
problems.

Tests Administered

Test	Results
Peabody Picture Vocabulary Test (PPVT)	Age equivalent: 2 years, 9 months Raw score: 19; standard score: 86
Zimmerman Preschool Language Scale	Auditory Comprehension Age: 3 years, 4 months. Verbal Ability Age: 3 years, 1.5 months. Age Equivalent: 3 years, 1 month
Goodman-Fristoe Test of Articulation	Number of errors: 27; percentage of errors: 61

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Language Sample
Informal Observation

<u>Behavioral Observation</u> - Michael seemed somewhat shy initially. He seemed
eager to comply with all requests.

<u>Articulation:</u> Articulation skills appeared to be below normal limits for
Michael's chronological age level. Administration of the
<u>Goldman-Fristoe Test of Articulation</u> which samples a child's
production of single consonant sounds and blends at the
single-word level revealed numerous sound omissions and
substitutions. He made the following errors:

<u>Prevocalic</u> (Initial position)	<u>Intervocalic</u> (Middle position)	<u>Postvocalic</u> (end position)
	-/p	-/p
	-/m	
	-/n	-/n
	d/b	d/b
d/g	-/g	-/g
ʃ/k	-/k	-/k
	ʃ/f	-/f
	n/ŋ	
ʃ/t		-/t
	-/ʃ	tʃ/ʃ
	-/tʃ	-/t
y/l	-/l	-/l
ʃ/d₃	ʃ/d₃	-/d₃
d/θ	-/θ	-/θ
b/v	d/v	-/v
ʃ/s	-/s	-/s
l/z	d/z	-/z
d/ʒ	d/ʒ	

Blend errors: b-/bl, f-fl, /kl, /kr, p-pl, w/skw. Intelligibility was 40%
with unknown context. With auditory and visual stimulation, Michael correct-
ly produced /gl, /k/, /t/ and /s/.

<u>Receptive Language:</u> Formal tests indicated that Michael was more than one year
delayed for overall comprehension of language with the
exception of vocabulary. Michael passed all test items
on the <u>Preschool Language Scale</u> at the 2½ year age level.
At the 3 year level he could not recognize actions or
understand usage. He demonstrated understanding for
positions when he used his body, but not in placement
of objects. He was also unable to compare lengths or
match number sets. Michael recognized his colors at the
3½ year level. Michael passed 3/8 of the items at the
3½ year level.

Informally, Michael knew how old he was and answered
simple wh questions.

Michael's ability to express speech sounds, selected vocabulary items, basic concepts and grammatical structures was measured utilizing the Verbal Ability portion of the Zimmerman Preschool Language Scale (PLS). He received an age equivalent score of 3 years, 1 month. The following errors occurred:

2 year, 6 month level: did not repeat sentences or correctly articulate /p/, /b/, /m/.

3 year level: did not use plurals.

3 year, 6 month level: did not count to 3 or correctly articulate /t/, /g/, /f/.

4 year level: did not comprehend sleepy, hungry, cold.

Oral Mechanism: Sensory examination of the peripheral speech mechanism revealed a normal palate with adequate structure and function for lips. Static occlusion and condition of teeth were good. He could depress his tongue although he was unable to elevate his tongue. Diadochokinetic rate for individual syllables /ʌ/, /tʌ/, and /kʌ/ were good although he was unable to repeat the tri-syllable /pʌtʌkʌ/.

Summary: Michael exhibited a moderate receptive language delay in concept development. He exhibited moderate to severe expressive language problems characterized mainly by multiple misarticulation. In conversation, verbal elaboration difficulties and pronoun confusions. He was stimulable for many sounds, however. Expressive and receptive vocabulary was moderately delayed.

Recommendations and Recommended Therapy: It is recommended that Michael receive speech therapy 1-2 times weekly for 45-60 minute sessions.

Goals
Short-Term Objectives:

1. Increase the correct production of single consonant sounds. Perhaps those errors which occurred on early developing sounds should be attempted first such as /g/ and /k/.

2. Correct production of the copula is in structured situations.

3. Increase vocabulary for functional items.

4. Correct production of /f/ in isolation.

Rehabilitation Potential: Excellent due to the stimulability of sounds.

Duration of Treatment: 12 months.

CHILD HEALTH RECORD:

FORM 1, GENERAL INFORMATION

CHILD'S NAME: Michael Jones   SEX: M   AGE: 4yrs. 2mos.

HEAD START CENTER: Sunshine Center   PHONE: 555-4040

ADDRESS: 731 5ᵗʰ Street   Milwaukee, Wisconsin

NAME OF INTERVIEWER: Donna Bortz   TITLE: Health/Nutrition Coord.

(sidebar, rotated) TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW.

1. PERSON INTERVIEWED Gloria Jones
DATE 9/7 RELATIONSHIP TO CHILD mother

2. CHILD'S NICKNAME, IF ANY

3. CHILD'S ADDRESS (Use pencil, keep current)
731 5ᵗʰ Street
Zip Code
PHONE 555-4040

4. FATHER'S NAME

5. MOTHER'S NAME Gloria

6. GUARDIAN'S NAME

7. CHILD IS USUALLY CARED FOR DURING THE DAY BY
Sara Jones
PHONE 555-2393 RELATIONSHIP grandmother

8. LANGUAGE USUALLY SPOKEN AT HOME (If more than one, place "1" by primary language):
✓ English   Spanish
Other

9. SOURCE OF REIMBURSEMENT OR SERVICES (Circle "Yes" or "No" for each source. Use pencil, keep current)

YES (NO) EPSDT/Medicaid (Latest certification No.):

YES (NO) Federal, State or Local Agency:

YES (NO) In-Kind Provider:

YES (NO) Other (3rd party):
ID NO.:

YES (NO) WIC

YES (NO) Food Stamps

10. DATE OF CHILD'S LAST PHYSICAL EXAM
2 yrs. 8 mos.

11. DATE OF LAST VISIT TO DENTIST

---

12. USUAL SOURCE OF HEALTH AND EMERGENCY CARE
(Name, address, and phone no.):
Physician Dr. Frank Haskin

Clinic Milwaukee Health Clinic

Hospital ER

Other

Dentist

13. IN CASE OF EMERGENCY NOTIFY
(1) Sara Jones
Relationship grandmother
Phone 555-2393   or

(2)
Relationship
Phone   or

(3)
Relationship
Phone   or

14. CONDITIONS WHICH COULD BE IMPORTANT IN AN EMERGENCY: (Transfer from Form 2A)

☐ Severe Asthma
☐ Diabetes
☐ Seizures, Convulsions
☐ Allergy, Bites
☐ Allergy, Medication
☐ Other

---

15. HOUSEHOLD INFORMATION (Please complete for family and household members).

	AGE	LIVES WITH CHILD YES	LIVES WITH CHILD NO	FAMILY MEMBERS' HEALTH PROBLEMS
FATHER				
MOTHER Gloria Jones	22 yrs	X		none
BROTHERS & SISTERS (oldest first)				
(1) Michael	4 yrs 2 mos.			
(2) Jennifer	2 yrs 11 mos.			earaches
(3)				
OTHER (Specify relationship)				
(1)				
(2)				
(3)				

(Use additional page if needed)

PERSON INTERVIEWED: Gloria Jones			DATE: 9/7 RELATIONSHIP: mother
NAME OF INTERVIEWER: Donna Bortz			TITLE: Health/Nutrition Coord.

PREGNANCY/BIRTH HISTORY	YES	NO	EXPLAIN "YES" ANSWERS
1. DID MOTHER HAVE ANY HEALTH PROBLEMS DURING THIS PREGNANCY OR DURING DELIVERY?		✓	
2. DID MOTHER VISIT PHYSICIAN FEWER THAN TWO TIMES DURING PREGNANCY?		✓	
3. WAS CHILD BORN OUTSIDE OF A HOSPITAL?		✓	
4. WAS CHILD BORN MORE THAN 3 WEEKS EARLY OR LATE?		✓	
5. WHAT WAS CHILD'S BIRTH WEIGHT?			6 ___ lbs. 3 ___ oz.
6. WAS ANYTHING WRONG WITH CHILD AT BIRTH?		✓	
7. WAS ANYTHING WRONG WITH CHILD IN THE NURSERY?		✓	
8. DID CHILD OR MOTHER STAY IN HOSPITAL FOR MEDICAL REASONS LONGER THAN USUAL?		✓	
9. IS MOTHER PREGNANT NOW?		✓	(If yes, ask about prenatal care, or schedule time to discuss prenatal care arrangements.)

HOSPITALIZATIONS AND ILLNESSES	YES	NO	EXPLAIN "YES" ANSWERS
10. HAS CHILD EVER BEEN HOSPITALIZED OR OPERATED ON?		✓	
11. HAS CHILD EVER HAD A SERIOUS ACCIDENT (broken bones, head injuries, falls, burns, poisoning)?		✓	
12. HAS CHILD EVER HAD A SERIOUS ILLNESS?		✓	

HEALTH PROBLEMS	YES	NO	EXPLAIN (Use additional sheets if needed)
13. DOES CHILD HAVE FREQUENT ___ ___ SORE THROAT; ___ COUGH; ___ URINARY INFECTIONS OR TROUBLE URINATING; ___ STOMACH PAIN, VOMITING, DIARRHEA?		✓	
14. DOES CHILD HAVE DIFFICULTY SEEING (Squint, cross eyes, look closely at books)?	•	✓	
15. IS CHILD WEARING (or supposed to wear) GLASSES?		✓	(If "yes") WAS LAST CHECKUP MORE THAN ONE YEAR AGO?
16. DOES CHILD HAVE PROBLEMS WITH EARS/HEARING (Pain in ear, frequent earaches, discharge, rubbing or favoring one ear)?	•	✓	
17. HAVE YOU EVER NOTICED CHILD SCR___ING HIS/HER BEHIND (Rear end, anus, butt) WHILE ASLEEP?		✓	
18. HAS CHILD EVER HAD A CONVULSION OR SEIZURE? IS CHILD TAKING MEDICINE FOR SEIZURES?	•	✓	If "yes" ask: WHEN DID IT LAST HAPPEN?_____ WHAT MEDICINE?_____
19. IS CHILD TAKING ANY OTHER MEDICINE NOW? (Special consent form must be signed for Head Start to administer any medication).		✓	WHAT MEDICINE?_____ (If "yes") WILL IT NEED TO BE GIVEN WHILE CHILD IS AT HEAD START?___ HOW OFTEN?___
20. IS CHILD NOW BEING TREATED BY A PHYSICIAN OR A DENTIST?		✓	(PHYSICIAN'S NAME:_____)
21. HAS CHILD HAD: ___ BOILS, ___ CHICKENPOX, ___ ECZEMA, ___ GERMAN MEASLES, ✓ MEASLES, ___ MUMPS, ___ SCARLET FEVER, ___ WHOOPING COUGH?	✓		
22. HAS CHILD HAD: ___ HIVES, ___ POLIO?	•	✓	
23. HAS CHILD HAD: ___ ASTHMA, ___ BLEEDING TENDENCIES ___ DIABETES, ___ EPILEPSY, ___ HEART/BLOOD VESSEL DISEASE, ___ LIVER DISEASE, ___ RHEUMATIC FEVER ___ SICKLE CELL DISEASE?	•	✓	If "yes", transfer information to Forms 1 and 5.
24. DOES CHILD HAVE ANY ALLERGY PROBLEMS (Rash, itching, swelling, difficulty breathing, sneezing)? a. WHEN EATING ANY FOODS?_____ b. WHEN TAKING ANY MEDICATION?_____ c. WHEN NEAR ANIMALS, FURS, INSECTS, DUST, ETC.?___	•	✓	If "yes", transfer information to Forms 1 and 5. WHAT FOODS? WHAT MEDICINE? WHAT THINGS? HOW DOES CHILD REACT?
25. (If any "yes" answers to questions 14, 16, 18, 22, 23, or 24 ask:) DO ANY OF THE CONDITIONS WE'VE TALKED ABOUT SO FAR GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES?			DESCRIBE HOW:
DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAS THIS PROBLEM?		✓	WHEN?
26. ARE THERE ANY CONDITIONS WE HAVEN'T TALKED ABOUT THAT GET IN THE WAY OF THE CHILD'S EVERYDAY ACTIVITIES?			DESCRIBE:
DID A DOCTOR OR OTHER HEALTH PROFESSIONAL TELL YOU THE CHILD HAD THIS PROBLEM?		✓	WHEN?

* If starred (*) questions have "yes" answers, go to question 25

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CHILD HEALTH RECORD: FORM 2B, HEALTH HISTORY

PERSON INTERVIEWED: Gloria Jones   DATE: 9/7   RELATIONSHIP: mother

NAME OF INTERVIEWER: Donna Bortz   TITLE: Health/Nutrition Coord.

PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

THESE QUESTIONS WILL HELP US UNDERSTAND YOUR CHILD BETTER AND KNOW WHAT IS USUAL FOR HIM/HER AND WHAT MIGHT NOT BE USUAL THAT WE SHOULD BE CONCERNED ABOUT:

27. CAN YOU TELL ME ONE OR TWO THINGS YOUR CHILD IS INTERESTED IN OR DOES ESPECIALLY WELL?

    Michael likes animals. He also likes to play in the park.

28. DOES YOUR CHILD TAKE A NAP? _X_ NO, ___ YES. IF "YES" DESCRIBE WHEN AND HOW LONG.

29. DOES YOUR CHILD SLEEP LESS THAN 8 HOURS A DAY OR HAVE TROUBLE SLEEPING (SUCH AS BEING FRETFUL, HAVING NIGHTMARES, WANTING TO STAY UP LATE)? _X_ NO, ___ YES. IF "YES" DESCRIBE ARRANGEMENTS (OWN ROOM, OWN BED, AND SO FORTH)

30. HOW DOES YOUR CHILD TELL YOU HE/SHE HAS TO GO TO THE TOILET? goes on his own

31. DOES YOUR CHILD NEED HELP IN GOING TO THE TOILET DURING THE DAY OR NIGHT, OR DOES YOUR CHILD WET HIS/HER PANTS? _X_ NO. ___ YES. IF "YES" PLEASE DESCRIBE

32. HOW DOES YOUR CHILD ACT WITH ADULTS THAT HE/SHE DOESN'T KNOW? O.K. He is a little shy.

33. HOW DOES YOUR CHILD ACT WITH A FEW CHILDREN HIS/HER OWN AGE? He tends to play alone. He does not initiate conversation.

34. HOW DOES YOUR CHILD ACT WHEN PLAYING WITH A GROUP OF OTHER CHILDREN? He plays alone.

35. DOES YOUR CHILD WORRY A LOT, OR IS HE/SHE VERY AFRAID OF ANYTHING? _X_ NO. ___ YES. IF "YES", WHAT THINGS SEEM TO CAUSE HIM OR HER TO WORRY OR TO BE AFRAID?

36. CHILDREN LEARN TO DO THINGS AT DIFFERENT AGES. WE NEED TO KNOW WHAT EACH CHILD ALREADY CAN DO OR IS LEARNING TO DO EASILY, AND WHERE THEY MIGHT BE SLOW OR NEED HELP SO WE CAN FIT OUR PROGRAM TO EACH CHILD. I'M GOING TO LIST SOME THINGS CHILDREN LEARN TO DO AT DIFFERENT AGES AND ASK WHEN YOUR CHILD STARTED TO DO THEM, AS BEST YOU CAN REMEMBER. (INTERVIEWER: Read question for each item listed below, and check off the parent's answer in the appropriate space)

a. WOULD YOU SAY YOUR CHILD BEGAN TO _____ EARLIER THAN YOU EXPECTED, ABOUT WHEN YOU EXPECTED, OR LATER THAN YOU EXPECTED?

b. WHEN DID HE/SHE BEGIN TO ____ ?

	EARLIER	WHEN EXPECTED	LATER	AGE
(a) SIT UP WITHOUT HELP		✓		7 mos.
(b) CRAWL		✓		9 mos.
(c) WALK		✓		14 mos.
(d) TALK			✓	18 mos.
(e) FEED AND DRESS SELF		✓		3-4 yrs.
(f) LEARN TO USE THE TOILET		✓		3 yrs.
(g) RESPOND TO DIRECTIONS			✓	1½-2 yrs.
(h) PLAY WITH TOYS		✓		1½-2 yrs.
(i) USE CRAYONS		✓		3 yrs.
(j) UNDERSTAND WHAT IS SAID TO HIM/HER			✓	2 yrs-3 yrs.

37. DOES YOUR CHILD HAVE ANY DIFFICULTIES SAYING WHAT HE/SHE WANTS TO DO OR DO YOU HAVE ANY TROUBLE UNDERSTANDING YOUR CHILD? ___ NO, _X_ YES. IF "YES" PLEASE DESCRIBE.

    It is hard to understand what Michael says.

38. CHILDREN SOMETIMES GET CRANKY OR CRY WHEN THEY'RE TIRED, HUNGRY, SICK, AND SO FORTH. DOES YOUR CHILD OFTEN GET CRANKY OR CRY AT OTHER TIMES, WHEN YOU CAN'T FIGURE OUT WHY? _X_ NO, ___ YES. IF "YES" CAN YOU TELL ME ABOUT THAT?

WHEN THIS HAPPENS, WHAT DO YOU DO ABOUT IT TO HELP THE CHILD FEEL BETTER?

39. HAVE THERE BEEN ANY BIG CHANGES IN YOUR CHILD'S LIFE IN THE LAST SIX MONTHS? _X_ NO, ___ YES. IF "YES" PLEASE DESCRIBE.

40. ARE YOU OR YOUR FAMILY HAVING ANY PROBLEMS NOW THAT MIGHT AFFECT YOUR CHILD? _X_ NO, ___ YES. IF "YES" PLEASE DESCRIBE.

41. IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? ___ NO, _X_ YES. IF "YES" PLEASE DESCRIBE? Michael gets easily frustrated when he can't be understood. He can also be very stubborn sometimes.

TO BE COMPLETED BY HEAD START STAFF DURING PARENT/GUARDIAN INTERVIEW.

CHILD HEALTH RECORD: FORM 3, SCREENINGS, PHYSICAL EXAMINATION/ASSESSMENT

CHILD'S NAME: Michael Jones   SEX: M   AGE: 4 yrs. 2 mos.

HEAD START CENTER: Sunshine Center   PHONE: 555-4040

ADDRESS: 731 5th Street

PART I. TO BE COMPLETED BY HEAD START STAFF OR HEALTH CARE PROVIDER BEFORE PHYSICAL EXAMINATION/ASSESSMENT

1. RELEVANT INFORMATION (from Health History, Parent/Teacher Observations): Mother is concerned with Michaels talking. Michael was taken for a physical exam at 2yrs. 8mos. A language evaluation was recommended but not obtained.

2. SCREENING TESTS. Starred items (*) are required by Head Start and recommended by the American Academy of Pediatrics for children 3-5 years. Enter dates if done previously. When recording results, enter at a minimum "N", "S", or "A" for NORMAL, SUSPECT, OR ATYPICAL/ABNORMAL, respectively.

TEST	DATE	RESULTS	TEST	DATE	RESULTS
a PRESENT AGE*	9/7	4 Yrs. 2 Mos.	g VISION (Type of Test)*		
b HEIGHT (no shoes, to nearest 1/8 in)*		39 ½ inches	ACUITY, R/L		20/20
			RESCREENING		
c WEIGHT (light clothing to nearest 1/4 lb)*		33 lbs.	STRABISMUS		
			COMMENTS		
d BLOOD PRESSURE		89/65			
e HEMATOCRIT or HEMOGLOBIN*		33% within normal limits 11%	h OTHER TESTS (if indicated) (1) TB		negative
f HEARING (Type of Test)* RESULTS, R/L RESCREENING COMMENTS		normal	(2) Sickle Cell (3) Lead (4) Ova & Parasites (5) Urinalysis (6) Other		" " " normal

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING AND AFTER PHYSICAL EXAMINATION/ASSESSMENT

3. PHYSICAL EXAMINATION/ASSESSMENT. Complete and return top three copies to Head Start.

	NORMAL FOR AGE	ABNOR- MAL	NOT EVAL	COMMENTS (Use Additional sheet if necessary)
a. GENERAL APPEARANCE	✓			
b. POSTURE. GAIT	✓			
c. SPEECH		✓		
d. HEAD	✓			
e. SKIN	✓			
f. EYES (1) External Aspects	✓			
(2) Optic Fundiscopic				
(3) Cover Test				
g. EARS (1) External & Canals	✓			
(2) Tympanic Membranes				
h. NOSE, MOUTH, PHARYNX	✓			
i. TEETH	✓			
j. HEART	✓			
k. LUNGS	✓			
l. ABDOMEN (include hernia)	✓			
m. GENITALIA	✓			
n. BONES, JOINTS, MUSCLES	✓			
o. NEUROLOGICAL/SOCIAL (1) Gross Motor	✓			
(2) Fine Motor	✓			
(3) Communication Skills		✓		
(4) Cognitive	✓			
(5) Self-Help Skills	✓			
(6) Social Skills	✓			
p. GLANDS (Lymphatic/Thyroid)	✓			
q. MUSCULAR COORDINATION	✓			
r. OTHER				

s. GENERAL STATEMENT ON CHILD'S PHYSICAL STATUS: Michael is in good health.

Signature: _John Keeler MD_ Date 9/7

4. FINDINGS, TREATMENTS, AND RECOMMENDATIONS

ABNORMAL FINDINGS/DIAGNOSIS	TREATMENT PLAN	RECOMMENDED FOLLOW UP OR RESULTS (Initial when complete)	DATE
a Language delay	speech evaluation		
b No dental exam	dental exam		
c Update immunizations	Polio/ D.T.P.		
d			

CHILD HEALTH RECORD:

CHILD'S NAME: Michael Jones   SEX: M   AGE: 4 yrs. 2 mos.

HEAD START CENTER: Sunshine Center   PHONE: 555-4040

ADDRESS: 731 5th Street

PARENT OR GUARDIAN: Gloria Jones   ADDRESS: 731 5th Street

Side text (rotated): TO BE STARTED BY HEAD START STAFF AT PARENT INTERVIEW, AND USED BY PHYSICIAN OR CLINIC TO RECORD IMMUNIZATION DOSES GIVEN DURING PROGRAM YEAR

1. IMMUNIZATIONS

VACCINE	DATE GIVEN MO./YR.	DOCTOR OR CLINIC	DATE DOSE DUE	
POLIO	2 mos.	Milwaukee Health Clinic		←
	4 mos.	" " "		←
				←
DTP (diphtheria, tetanus pertussis) DT or Td	2 mos.	" " "		←
	4 mos.	" " "		←
	6 mos.	" " "		←
				←
MEASLES	2 yrs.	" ' "		←
RUBELLA		" " "		←
MUMPS		" " "		←
OTHER				
TUBERCULIN TEST				

DOSES MARKED BY ARROWS (←) ARE MINIMUM REQUIRED BY HEAD START

2. EXEMPTIONS (If a child cannot or should not receive a particular immunization, write one of the following reasons in the "Doctor or Clinic" column):

(a) HAS HAD DISEASE *(Attach physician's note)*

(b) ALLERGIC TO _____ *(Specify allergen and attach physician's note)*

(c) PARENT(S) WILL NOT CONSENT *(Attach parent consent form)*

3. CERTIFICATION OF PREVIOUS IMMUNIZATIONS

I hereby attest that I have seen documentation of any immunizations the child received prior to enrollment in Head Start.

Signature_____ Title_____ Date_____

ERIC

PEDIATRIC EVALUATION

NAME: Michael Jones
CURATIVE NO: 01-28-93

AGE: 2 years 8 months

Ms. Jones brought Michael, a 2 year 8 month old black male for evaluation
because he does not speak appropriately. She thinks he is functioning more
or less at age level except for expressive language.

PERINATAL HISTORY:

According to the mother's recollection, pregnancy was totally uncomplicated
and went to term. The child was delivered at St. Joseph's, had been active
in utero, breathed at once and weighed 6 lbs. 3 oz. He went home with her
and was completely normal in the perinatal period.

FAMILY HISTORY:

Ms. Jones is 20 years old and in good health. She is 4' 11"; she is not
married. Michael's father is 6' 2". She has another child by a different
father who is just over one year and in good health. That girl is ahead of
where Michael was at the same age. Ms. Jones's mother is about 5' and
father is tall. She has a sister and 6 brothers. The sister is about 5'
tall and the 4 brothers who are grown are not tall for males. As far as we
know, the father is in good health.

HISTORY OF THE PROBLEMS:

1. Delayed Expressive Language: Maternal grandmother was concerned at age
    1-1/2 because the child was not talking well. She thought it was because
    he could not lift his tongue properly. He was babbling but did not make
    words. By age 2, he was still behind in not lifting his tongue. He was
    seen at Children's Hospital who said that he needed a speech class but
    they never arranged it. Mother then saw Dr. Coe, who referred the child
    here. Mother thinks the child hears well. Progress has always been for-
    ward, although not enough to catch the child up. She thinks he understands
    quite well. Presently, he says about a dozen words including a couple 2-
    word phrases. Last week, he pointed to a part of his body on request for
    the first time.

REIVEW OF SYSTEMS:

Hospitalization at about 9 months for diarrhea. No accidents, other illness-
es, seizures, broken bones and no known allergies. There are no skin problems.
He eats all table food, has no bowel or bladder complaints and sleeps well.
His behavior is typical for this age child.

PHYSICAL EXAMINATION:

Height 89 cm.; weight 12 kilos (10th %ile both); OFC 47cm. (2nd %ile). He has

Jones, Michael   01-28-93

full black kinky hair, 5 cafe au lait spots mostly less than 2 cm., skin
is brown, he has a mongoloid spot on his left wrist and a small one on his
buttock. There are no scars. Fontanelles and sutures are closed. Exter-
nal eyes are dark brown. Tympanic membranes move normally. He has no
palpably enlarged nodes. Palate, teeth, thorax, breasts and abdominal exam-
ination are all normal. There is no cardiac murmur. Femoral pulses are
brisk and no palpably enlarged liver. He has a circumsized penis with
testes descended. Sexual maturity Stage I. Hands and feet are grossly nor-
mal and extremities move through full range of motion. Back is straight
and without blemish. Pupils are round and reacted to light. Eyes move in
all directions without crossing or nystagmus. Face is symmetrical at rest
and with movement. Gag is brisk. Uvula moves in the midline exposing ton-
sils. He hears whispers and other soft sounds well. Soft touch. Produces
good localized withdrawal in both feet. He is right-handed but uses both
hands symmetrically and well without tremor. His gait is good. He can bend
over and stand without tremor or apparent weakness. Muscle tone is normal.
Plantars are flexored bilaterally. There is no ankle clonus. Deep tendon
reflexes are +1 at the biceps, trace knees, and 2+ ankles. He has good
protective responses. Gait is normal, a little flat-footed with low guard
and no real ataxia. He was interested in the environment, smiled, cooper-
ated mostly and seemed to enjoy many things going on.

ASSESSMENT: ·

1. Delayed Expressive Language: I don't really find any problem other
    than the delayed expressive language. It's not clear what the cause
    is but apparently, it is not a major medical problem.

    He is small in size with his head disproportionately small but not
    seriously so. In addition, the mother and a number of people in her
    family are small.

    The child should have a language evaluation and probably, at some
    point, IQ testing but other evaluations are not needed.

September 1-7   Jones, Michael

First week of class. Michael seems shy and did not
initiate any conversation with adults or other
children. During free play he used the block corner.
Michael complied with all requests; ate his lunch each
day. Uses bathroom independently.

September 15   Jones, Michael

During free play today Michael played with a road he
built from blocks and a truck. Another child grabbed
the truck and they both tugged on it until a volunteer
nearby walked over and took the truck. She asked what
happened and Michael said "It's mine, it's mine."
The other child said he wanted it. A 5 minute time limit
was set for Michael to play with truck. After 5 minutes
the volunteer said "Mike, your time is up, it's Steven's
turn." Michael gave the truck to Steven and continued
to play with the blocks.

September 23   Jones, Michael

Michael repeated the last line of the finger play
"5 Little Monkeys" during group time.
Still does not initiate conversation with others.
Michael uses his right hand in cutting and drawing.
Michael does not ask for help when having difficulty
with his coat zipper. He seems determined to do
things by himself.

October 4   Jones, Michael

Michael was not in today. Went for his speech and
language evaluation. Mrs. Jones asked how Michael
was doing and mentioned the art work Michael brought
home last week.
Mrs. Jones said that when she asked what he does in
school he just says, "I don't know." But he always
says "yes" when she asks if he likes it.

October 12   Jones, Michael

Michael seems to like Robert. They parallel play
together during free time. Today they were both
playing with the blocks and Robert went over to play
at the sand table. Michael noticed he was gone, he
looked around, spotted him at the sand table and
went over to play. Michael asked to do the police-
man puzzle today.

October 20   Jones, Michael

Yesterday we had a visit from the Humane Society and
they brought a puppy and a kitten. Today Michael
asked where they were. It was difficult to under-
stand him. I asked him if he would like them to
visit again and he said yes. I asked if he likes
animals and he said yes. I then asked what kind and
he shrugged his shoulders and said "I don't know."
Completed Michael's educational assessment except
for some things that I will ask Mrs. Jones.

October 21   Jones, Michael

Made home visit with Mrs. Jones in preparing for the
I.S.P. conference. Completed the educational
assessment and reviewed each section with Mrs. Jones.
Talked about the I.S.P. process.

October 28   Jones, Michael

Michael played with the puzzles today for 30 minutes
with two other children but did not talk.

When he was asked to pick a book for reading, he
picked "A Snowy Day."

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Portage Guide To Early Education
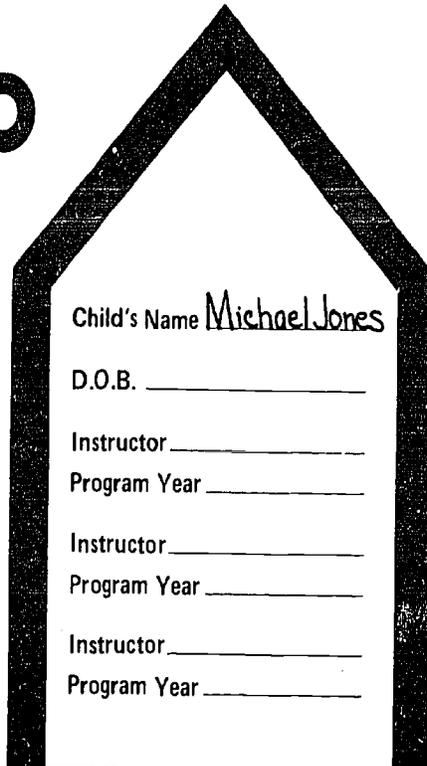
Child's Name Michael Jones

D.O.B. _____

Instructor_____
Program Year _____

Instructor_____
Program Year _____

Instructor_____
Program Year _____

S. Bluma, M. Shearer, A. Frohman, and J. Hilliard

CHECKLIST

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I.S.F. Packets

01, U.S.A.

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information log

Child's Age	Event	Date Accomplished	Comments

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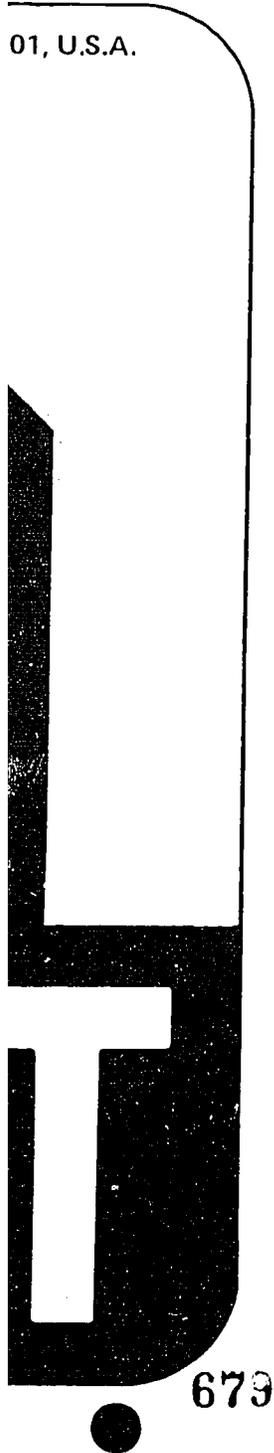
infant stimulation

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	1	General visual stimulation (Under six weeks)		/ /	
	2	General visual stimulation (Six weeks and older)		/ /	
	3	General tactile stimulation (Under six weeks)		/ /	
	4	General tactile stimulation (Six weeks and older)		/ /	
	5	General auditory stimulation (Under six weeks)		/ /	
	6	General auditory stimulation (Six weeks and older)		/ /	
	7	Sucks		/ /	
	8	Moves head to side while lying on back		/ /	
	9	Opens mouth for bottle or breast when nipple touches mouth		/ /	
	10	Indicates sensitivity to body contact by quieting, crying, or body movement		/ /	
	11	Turns head toward nipple when his cheek is touched		/ /	
	12	Looks in direction of sound or changes body movement in response to sound		/ /	
	13	Looks at person attempting to gain his attention by talking or movement		/ /	
	14	Quiets or changes body movement in response to presence of person		/ /	
	15	Shows by body movements or cessation of crying, response to adult voice		/ /	
	16	Lifts and momentarily supports head when held with head at shoulder		/ /	
	17	Cries differentially due to different discomforts		/ /	
	18	Falls asleep at appropriate times		/ /	
	19	Thrusts arms about—no direction		/ /	
	20	Follows an object, visually, moved past midline of body		/ /	
	21	Smiles		/ /	
	22	Follows light with eyes, turning head		/ /	
	23	Follows sound, moving head		/ /	
	24	Regards hand		/ /	
	25	Kicks vigorously while on back		/ /	
	26	Opens mouth, begins sucking prior to nipple touching mouth		/ /	
	27	Maintains eye contact 3 seconds		/ /	

Portage Guide

infant stimulation

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	28	Moves head while lying on stomach, up, down, side to side		/ /	
	29	Swipes at objects		/ /	
	30	Holds head up while on stomach, 5 seconds		/ /	
	31	Follows object with eyes across 180° arc		/ /	
	32	Searches for sound by turning head in direction of sound		/ /	
	33	Controls head and shoulders when sitting propped with pillow		/ /	
	34	Coos and gurgles when content		/ /	
	35	Reaches for object and attempts to grasp it		/ /	
	36	Holds head erect and steadily while being carried upright		/ /	
	37	Holds object using palmar grasp 30 seconds with involuntary release		/ /	
	38	Repeats own sound		/ /	
	39	Holds head and chest erect while on stomach and supported on forearms		/ /	
	40	Opens mouth when he sees spoonful of food		/ /	
	41	Laughs		/ /	
	42	Shows recognition of family member by smiles or cessation of crying		/ /	
	43	Attempts to roll over using shoulders		/ /	
	44	Moves thumb in opposition to other four fingers		/ /	
	45	Babbles (series of syllables)		/ /	

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socialization

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Watches person moving directly in line of vision		/ /	
	2	Smiles in response to attention by adult		/ /	
	3	Vocalizes in response to attention		/ /	
	4	Looks at own hands, often smiles or vocalizes		/ /	
	5	Responds to being in family circle by smiling, vocalizing, or ceasing to cry		/ /	
	6	Smiles in response to facial expression of others		/ /	
	7	Smiles and vocalizes to mirror image		/ /	
	8	Pats and pulls at adult facial features (hair, nose, glasses, etc.)		/ /	
	9	Reaches for offered object		/ /	
	10	Reaches for familiar persons		/ /	
	11	Reaches for, and pats at mirror image or another infant		/ /	
	12	Holds and examines offered object for at least a minute		/ /	
	13	Shakes or squeezes object placed in hand, making sounds unintentionally		/ /	
	14	Plays unattended for 10 minutes		/ /	
	15	Seeks eye contact often when attended for 2-3 minutes		/ /	
	16	Plays alone contentedly near adult activity 15-20 minutes		/ /	
	17	Vocalizes to gain attention		/ /	
	18	Imitates peek-a-boo		/ /	
	19	Claps hands, (pat-a-cake) in imitation of adult		/ /	
	20	Waves bye-bye in imitation of adult		/ /	
	21	Raises arms--"so big" in imitation of adult		/ /	
	22	Offers toy, object, bit of food to adult, but does not always release it		/ /	
	23	Hugs, pats, kisses familiar persons		/ /	
	24	Shows response to own name by looking or reaching to be picked up		/ /	
	25	Squeezes or shakes toy to produce sound in imitation		/ /	
	26	Manipulates toy or object		/ /	
	27	Extends toy or object to adult and releases		/ /	

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ERIC

socialization

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Imitates movements of another child at play		/ /	
1 2	29	Imitates adult in simple task (shakes clothes, pulls at bedding, holds silverware)		/ /	
	30	Plays with one other child, each doing separate activity		/ /	
	31	Takes part in game, pushing car or rolling ball with another child 2 5 minutes		/ /	
	32	Accepts parents' absence by continuing activities, may momentarily fuss		/ /	
	33	Actively explores his environment		/ /	
	34	Takes part in manipulative game (pulls string, turns handle) with another person		/ /	
	35	Hugs and carries doll or soft toy		/ /	
	36	Repeats actions that produce laughter and attention		/ /	
	37	Hands book to adult to read or share with him		/ /	
	38	Pulls at another person to show them some action or object		/ /	
	39	Withdraws hand, says "no-no" when near forbidden object with reminders		/ /	
	40	Waits for needs to be met when placed in high chair or on changing table		/ /	
	41	Plays with 2 or 3 peers	✓	/ /	
	42	Shares object or food when requested with one other child	✓	/ /	
	43	Greets peers and familiar adults when reminded	✓	/ /	
2-3	44	Cooperates with parental request 50% of the time	✓	/ /	
	45	Can bring or take object or get person from another room on direction	✓	/ /	
	46	Attends to music or stories 5-10 minutes	✓	/ /	
	47	Says "please" and "thank you" when reminded	✓	/ /	
	48	Attempts to help parent with tasks by doing a part of the chore (holding dust pan)	✓	/ /	
	49	Plays "dress-up" in adult clothes	✓	/ /	
	50	Makes a choice when asked	✓	/ /	
	51	Shows understanding of feelings by verbalizing love, mad, sad, laugh, etc.	✓	/ /	
3-4	52	Sings and dances to music	✓	/ /	
	53	Follows rules by imitating actions of other children	✓	/ /	
	54	Greets familiar adults without reminder	✓	/ /	

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ERIC

language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Repeats sound made by others		/ /	
	2	Repeats same syllable 2-3 times (ma, ma, ma)		/ /	
	3	Responds to gestures with gestures		/ /	
	4	Carries out simple direction when accompanied by gestures		/ /	
	5	Stops activity at least momentarily when told "no" 75% of the time		/ /	
	6	Answers simple questions with non-verbal response		/ /	
	7	Combines two different syllables in vocal play		/ /	
	8	Imitates voice intonation patterns of others		/ /	
	9	Uses single word meaningfully to label object or person		/ /	
	10	Vocalizes in response to speech of other person		/ /	
1-2	11	Says five different words (may use the same word to refer to different objects)		/ /	
	12	Asks for "more"		/ /	
	13	Says "all-gone"		/ /	
	14	Follows 3 different one step directions without gestures		/ /	
	15	Can "give me" or "show me" upon request		/ /	
	16	Points to 12 familiar objects when named		/ /	
	17	Points to 3-5 pictures in a book when named		/ /	
	19	Points to 3 body parts on self		/ /	
	19	Says his own name or nickname upon request		/ /	
	20	Answers question "what's this?" with object name		/ /	
	21	Combines use of words and gestures to make wants known		/ /	
	22	Names 5 other family members including pets		/ /	
	23	Names 4 toys		/ /	
	24	Produces animal sound or uses sound for animal's name (cow is "moo-moo")		/ /	
	25	Asks for some common food items by name when shown (milk, cookie, cracker)		/ /	
	26	Asks questions by a rising intonation at end of word or phrase		/ /	
	27	Names 3 body parts on a doll or other person		/ /	

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language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Answers yes/no question with affirmative or negative reply	∣	/ /	
2-3	29	Combines noun or adjective and noun in two word phrase (ball chair) (my ball)	✓	/ /	
	30	Combines noun and verb in two word phrase (daddy go)	✓	/ /	
	31	Uses word for bathroom need	✓	/ /	
	32	Combines verb or noun with "there" "here" in 2 word utterance (chair here)	✓	/ /	
	33	Combines 2 words to express possession (daddy car)	✓	/ /	
	34	Uses "no" or "not" in speech	✓	/ /	
	35	Answers question "what's ——doing?" for common activities	✓	/ /	
	36	Answers "where" questions	✓	/ /	
	37	Names familiar environmental sounds	✓	/ /	
	38	Gives more than one object when asked using plur— —m (blocks)	✓	/ /	
	39	Refers to self by own name in speech	✓	/ /	
	40	Points to picture of common object described by its use (10)	✓	/ /	
	41	Holds up fingers to tell age	✓	/ /	
	42	Tells sex when asked	✓	/ /	
	43	Carries out a series of two related commands	✓	/ /	
	44	Uses "ing" verb form (running)	X	/ /	
	45	Uses regular plural forms (book/books)	X	/ /	
	46	Uses some irregular past tense forms consistently (went, did, was)	X	/ /	
	47	Asks question, "What's this (that)?"	✓	/ /	
	48	Controls voice volume 90% of the time	✓	/ /	
	49	Uses "this" and "that" in speech	X	/ /	
	50	Uses "is" in statements (this is ball)	X	/ /	
	51	Says "I, me, mine" rather than own name	X	/ /	Says me.
	52	Points to object that "is not———" (is not a ball)	X	/ /	
	53	Answers "who" question with name	X	/ /	
	54	Uses possessive form of nouns (daddy's)	X	/ /	

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ERIC

language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Uses articles. the, a in speech	X	/ /	
	56	Uses some class names (toy, animal, food)	X	/ /	
	57	Says "can" and "will" occasionally	X	/ /	
	5	Describes items as open or closed	X	/ /	
3 4	59	Says "is" at beginning of questions when appropriate	X	/ /	
	50	Will attend for five minutes while story is read	X	/ /	Attends for 3 minutes.
	61	Carries out series of two unrelated commands	X	/ /	
	62	Tells full name when requested	X	/ /	
	63	Answers simple "how" questions	X	/ /	
	64	Uses regular past tense forms (jumped)		/ /	
	65	Tells about immediate experiences		/ /	
	66	Tells how common objects are used		/ /	
	67	Expresses future occurrences with "going to," "have to," "want to"		/ /	
	68	Changes word order appropriately to ask questions (can I, does he)		/ /	
	69	Uses some common irregular plurals (men, feet)		/ /	
	70	Tells two events in order of occurrence		/ /	
4 5	71	Carries out a series of 3 directions		/ /	
	72	Demonstrates understanding of passive sentences (boy hit girl, girl was hit by boy)		/ /	
	73	Can find a pair of objects/pictures on request		/ /	
	74	Uses "could" and "would" in speech		/ /	
	75	Uses compound sentences (I hit the ball and it went in the road)		/ /	
	76	Can find top and bottom of items on request		/ /	
	77	Uses contractions can't, don't, won't		/ /	
	78	Can point out absurdities in picture		/ /	
	79	Uses words sister, brother, grandmother, grandfather		/ /	
	80	Tells final word in opposite analogies		/ /	
	81	Tells familiar story without pictures for cues		/ /	

PortageGuide

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Names picture that does not belong in particular class (one that's not an animal)		/ /	
	83	Tells whether or not 2 words rhyme		/ /	
	84	Uses complex sentences (She wants me to come in because _____)		/ /	
	85	Can tell whether sound is loud or soft		/ /	
5-6	86	Can point to some, many, several		/ /	
	87	Tells address		/ /	
	88	Tells telephone number		/ /	
	89	Can point to most, least, few		/ /	
	90	Tells simple jokes		/ /	
	91	Tells daily experiences		/ /	
	92	Describes location or movement through away, from, toward, over		/ /	
	93	Answers why question with an explanation		/ /	
	94	Puts together and tells 3-5 part sequence story		/ /	
	95	Defines words		/ /	
	96	Can "tell me the opposite of _____ "		/ /	
	97	Answers question "what happens if ... (you drop an egg)?"		/ /	
	98	Uses yesterday and tomorrow meaningfully		/ /	
	99	Asks meaning of new or unfamiliar words		/ /	

PortageGuide

self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Sucks and swallows liquid		/ /	
	2	Eats liquified foods, i.e. baby cereal		/ /	
	3	Reaches for bottle		/ /	
	4	Eats strained foods fed by parent		/ /	
	5	Holds bottle without help while drinking		/ /	
	6	Directs bottle by guiding it toward mouth or by pushing it away		/ /	
	7	Eats mashed table foods fed by parent		/ /	
	8	Drinks from cup held by parent		/ /	
	9	Eats semi-solid foods fed by parent		/ /	
	10	Feeds self with fingers		/ /	
	11	Holds and drinks from cup using two hands		/ /	
	12	Takes spoon filled with food to mouth with help		/ /	
	13	Holds out arms and legs while being dressed		/ /	
1 2	14	Eats table food with spoon independently		/ /	
	15	Holds and drinks from cup with one hand		/ /	
	16	Puts hands in water and pats wet hands on face in imitation		/ /	
	17	Sits on potty or infant toilet seat for 5 minutes		/ /	
	18	Puts hat on head and takes it off		/ /	
	19	Pulls off socks		/ /	
	20	Pushes arms through sleeves, legs through pants		/ /	
	21	Takes off shoes when laces are untied and loosened		/ /	
	22	Takes off coat when unfastened		/ /	
	23	Takes off pants when unfastened		/ /	
	24	Zips and unzips large zipper without working catch		/ /	
	25	Uses words or gestures indicating need to go to bathroom		/ /	
2 3	26	Feeds self using spoon and cup with some spilling		/ /	
	27	Takes towel from parent and wipes hands and face		/ /	

PortageGuide

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self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Sucks liquid from glass or cup using straw		/ /	
	29	Scoops with fork		/ /	
	30	Chews and swallows only edible substances		/ /	
	31	Dries hands without help when given towel		/ /	
	32	Asks to go to bathroom, even if too late to avoid accidents		/ /	
	33	Controls drooling		/ /	
	34	Urinates or defecates in potty three times per week when placed on potty		/ /	
	35	Puts on shoes		/ /	
	36	Brushes teeth in imitation		/ /	
	37	Takes off simple clothing that has been unfastened		/ /	
	38	Uses bathroom for bowel movements, one daytime accident per week		/ /	
	39	Gets drink from faucet without help, when stool or steps are provided		/ /	
	40	Washes hands and face using soap when adult regulates water		/ /	
	41	Asks to go to bathroom during day in time to avoid accidents		/ /	
	42	Places coat on hook placed at child's height		/ /	
	43	Stays dry during naps		/ /	
	44	Avoids hazards such as sharp furniture corners, open stairs		/ /	
	45	Uses napkin when reminded		/ /	
	46	Stabs food with fork and brings to mouth		/ /	
	47	Pours from small pitcher (6-8 oz.) into glass without help		/ /	
	48	Unfastens snaps on clothing		/ /	
	49	Washes own arms and legs while being bathed		/ /	
	50	Puts on socks		/ /	
	51	Puts on coat, sweater, shirt		/ /	
	52	Finds front of clothing		/ /	
3-4	53	Feeds self entire meal	✓	/ /	
	54	Dresses self with help on pullover shirts and all fasteners	✓	/ /	

PortageGuide

self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Wipes nose when reminded	√	/ /	
	56	Wakes up dry two mornings out of seven	√	/ /	
	57	Males urinate in toilet standing up	√	/ /	
	58	Initiates and completes dressing and undressing except fasteners 75% of time	√	/ /	
	59	Snaps or hooks clothing	√	/ /	
	60	Blows nose when reminded	√	/ /	
	61	Avoids common dangers (i.e., broken glass)	√	/ /	
	62	Puts coat on hanger and replaces hanger on low bar with instructions	√	/ /	
	63	Brushes teeth when given verbal instructions	√	/ /	
	64	Puts on mittens	√	/ /	
	65	Unbuttons large buttons on button board or jacket placed on table	√	/ /	
	66	Buttons large buttons on button board or jacket placed on table	√	/ /	
	67	Puts on boots	√	/ /	
4-5	68	Cleans up spills, getting own cloth	√	/ /	
	69	Avoids poisons and all harmful substances	√	/ /	
	70	Unbuttons own clothing	√	/ /	
	71	Buttons own clothing	√	/ /	
	72	Clears place at table	√	/ /	
	73	Puts zipper foot in catch	X	/ /	
	74	Washes hands and face	X	/ /	Can wash hands.
	75	Uses correct utensils for food	√	/ /	
	76	Wakes from sleep during night to use toilet or stays dry all night	√	/ /	
	77	Wipes and blows nose 75% of the time when needed without reminders	√	/ /	
	78	Bathes self except for back, neck, and ears	X	/ /	
	79	Uses knife for spreading soft toppings on toast	√	/ /	
	80	Buckles and unbuckles belt on dress or pants and shoes	√	/ /	
	81	Dresses self completely, including all front fastenings except ties	X	/ /	Cannot zip.

PortageGuide

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cognitive

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Removes cloth from face, that obscures vision		/ /	
	2	Looks for object that has been removed from direct line of vision		/ /	
	3	Removes object from open container by reaching into container		/ /	
	4	Places object in container in imitation		/ /	
	5	Places object in container on verbal command		/ /	
	6	Shakes a sound making toy on a string		/ /	
	7	Puts 3 objects into a container, empties container		/ /	
	8	Transfers object from one hand to the other to pick up another object		/ /	
	9	Drops and picks up toy		/ /	
	10	Finds object hidden under container		/ /	
	11	Pushes 3 blocks train style		/ /	
	12	Removes circle from form board		/ /	
	13	Places round peg in pegboard on request		/ /	
	14	Performs simple gestures on request		/ /	
1-2	15	Individually takes out 6 objects from container		/ /	
	16	Points to one body part		/ /	
	17	Stacks 3 blocks on request		/ /	
	18	Matches like objects		/ /	
	19	Scribbles		/ /	
	20	Points to self when asked "Where's (name)?"		/ /	
	21	Places 5 round pegs in pegboard on request		/ /	
	22	Matches objects with picture of same object		/ /	
	23	Points to named picture		/ /	
	24	Turns pages of book 2-3 at a time to find named picture		/ /	
2-3	25	Finds specific book on request	✓	/ /	
	26	Completes 3 piece formboard	✓	/ /	
	27	Names 4 common pictures	✓	/ /	

PortageGuide

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cognitive

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Draws a vertical line in imitation	✓	/ /	
	29	Draws a horizontal line in imitation	✓	/ /	
	30	Copies a circle	✓	/ /	
	31	Matches textures	✓	/ /	
	32	Points to big and little upon request	✓	/ /	
	33	Draws (+) in imitation	✓	/ /	
	34	Matches 3 colors	✓	/ /	
	35	Places objects in, on and under upon request	✓	/ /	
	36	Names objects that make sounds	✓	/ /	
	37	Puts together 4 part nesting toy	✓	/ /	
	38	Names action pictures	✓	/ /	
	39	Matches geometric form with picture of shape	✓	/ /	
	40	Stacks 5 or more rings on a peg in order	✓	/ /	
3 4	41	Names big and little objects	✓	/ /	
	42	Points to 10 body parts on verbal command	✓	/ /	
	43	Points to boy and girl on verbal command	✓	/ /	
	44	Tells if object is heavy or light	✓	/ /	
	45	Puts together 2 parts of shape to make whole	✓	/ /	
	46	Describes two events or characters from familiar story or T.V. program	X	/ /	
	47	Repeats finger plays with words and actions	X	/ /	Can do some actions.
	48	Matches 1 to 1 (3 or more objects)	X	/ /	
	49	Points to long and short objects	X	/ /	
	50	Tells which objects go together	✓	/ /	
	51	Counts to 3 in imitation	✓	/ /	
	52	Arranges objects into categories	X	/ /	
	53	Draws a V stroke in imitation	✓	/ /	
	54	Draws a diagonal line from corner to corner of 4 inch square of paper	X	/ /	

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cognitive

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Counts to 10 objects in imitation	X	/ /	Counts to 3.
	56	Builds a bridge with 3 blocks in imitation	✓	/ /	
	57	Matches sequence or pattern of blocks or beads	X	/ /	
	58	Copies series of connected V strokes VVVVVVVVV	X	/ /	
	59	Adds leg and/or arm to incomplete man	✓	/ /	
	60	Completes 6 piece puzle without trial and error	X	/ /	
	61	Names objects as same and different	X	/ /	
	62	Draws a square in imitation	✓	/ /	
	63	Names three colors on request	✓	/ /	red, yellow, blue
	64	Names three shapes. □, △, and ○	✓	/ /	
4 5	65	Picks up specified number of objects on request (1-5)	X	/ /	Can pick up 1-3.
	66	Names five textures	X	/ /	Knows soft and hard.
	67	Copies triangle on request	X	/ /	
	68	Recalls 4 objects seen in a picture	X	/ /	
	69	Names time of day associated with activities	X	/ /	
	70	Repeats familiar rhymes	X	/ /	
	71	Tells whether object is heavy or light (less than one pound difference)	X	/ /	
	72	Tells what's missing when one object is removed from a group of three	X	/ /	
	73	Names eight colors	X	/ /	
	74	Names penny, nickel and dime	X	/ /	
	75	Matches symbols (letters and numbers)	X	/ /	
	76	Tells color of named objects	X	/ /	
	77	Retells five main facts from story heard 3 times	X	/ /	
	78	Draws a man (head, trunk, 4 limbs)	X	/ /	
	79	Sings five lines of song	X	/ /	
	80	Builds pyramid of 10 blocks in imitation		/ /	
	81	Names long and short		/ /	

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cognitive

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Places objects behind, beside, next to		/ /	
	83	Matches equal sets to sample of 1 to 10 objects		/ /	
	84	Names or points to missing part of picture object		/ /	
	85	Counts by rote 1 to 20		/ /	
	86	Names first, middle and last position		/ /	
5-6	87	Counts up to 20 items and tells how many		/ /	
	88	Names 10 numerals		/ /	
	89	Names left and right on self		/ /	
	90	Says letters of alphabet in order		/ /	
	91	Prints own first name		/ /	
	92	Names five letters of alphabet		/ /	
	93	Arranges objects in sequence of width and length		/ /	
	94	Names capital letters of alphabet		/ /	
	95	Puts numerals 1 to 10 in proper sequence		/ /	
	96	Names position of objects first, second, third		/ /	
	97	Names lower case letters of alphabet		/ /	
	98	Matches capital to lower case letters of alphabet		/ /	
	99	Points to named numerals 1 to 25		/ /	
	100	Copies diamond shape		/ /	
	101	Completes simple maze		/ /	
	102	Names days of week in order		/ /	
	103	Can add and subtract combinations to three		/ /	
	104	Tells month and day of birthday		/ /	
	105	Sight reads 10 printed words		/ /	
	106	Predicts what happens next		/ /	
	107	Points to half and whole objects		/ /	
	108	Counts by rote 1 to 100		/ /	

PortageGuide

motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Reaches for object 6-9 inches in front of him		/ /	
	2	Grasps object held 3 inches in front of child		/ /	
	3	Reaches and grasps object in front of him		/ /	
	4	Reaches for preferred object		/ /	
	5	Puts objects in mouth		/ /	
	6	Head and chest supported on arms while on stomach		/ /	
	7	Holds head and chest erect supported on one arm		/ /	
	8	Feels and explores object with mouth		/ /	
	9	Turns from stomach to side, maintains position 50% of the time		/ /	
	10	Rolls from stomach to back		/ /	
	11	Moves forward one body length on stomach		/ /	
	12	Rolls from back to side		/ /	
	13	Turns from back to stomach		/ /	
	14	Pulls to sitting position when grasping adult's fingers		/ /	
	15	Turns head freely when body is supported		/ /	
	1	Maintains sitting position for two minutes		/ /	
	17	Puts down one object deliberately to reach for another		/ /	
	18	Picks up and drops object on purpose		/ /	
	19	Stands with maximum support		/ /	
	20	Bounces up and down in standing position while being supported		/ /	
	21	Crawls one body length to obtain object		/ /	
	22	Sits self supported		/ /	
	23	From sitting position, turns to hands and knees position		/ /	
	24	Moves from stomach to sitting position		/ /	
	25	Sits without hand support		/ /	
	26	Flings objects haphazardly		/ /	
	27	Rocks back and forth on hands and knees		/ /	

PortageGuide

ERIC

motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Transfers object from one hand to the other in sitting position		/ /	
	29	Retains two one-inch cubes in one hand		/ /	
	30	Pulls self to on-knees position		/ /	
	31	Pulls self to standing position		/ /	
	32	Uses pincer grasp to pick up object		/ /	
	33	Creeps		/ /	
	34	Reaches with one hand from creep position		/ /	
	35	Stands with minimum support		/ /	
	36	Licks food from around mouth		/ /	
	37	Stands alone for one minute		/ /	
	38	Dumps object from receptacle		/ /	
	39	Turns pages of book, several at a time		/ /	
	40	Scoops with spoons or shovel		/ /	
	41	Puts small objects in container		/ /	
	42	Lowers self from standing to sitting position		/ /	
	43	Claps hands		/ /	
	44	Walks with minimum aid		/ /	
	45	Takes a few steps without support		/ /	
1-2	46	Creeps upstairs		/ /	
	47	Moves from sitting to standing position		/ /	
	48	Rolls a ball in imitation		/ /	
	49	Climbs into adult chair, turns and sits		/ /	
	50	Puts 4 rings on peg		/ /	
	51	Removes 1" pegs from pegboard		/ /	
	52	Puts 1" pegs in pegboard		/ /	
	53	Builds tower of 3 blocks		/ /	
	54	Marks with crayon or pencil		/ /	

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motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Walks independently		/ /	
	56	Creeps down stairs, feet first		/ /	
	57	Seats self in small chair		/ /	
	58	Squats and returns to standing		/ /	
	59	Pushes and pulls toys while walking		/ /	
	60	Uses rocking horse or rocking chair		/ /	
	61	Walks upstairs with aid		/ /	
	62	Bends at waist to pick up objects without falling		/ /	
	63	Imitates circular motion		/ /	
2-3	64	Strings 4 large beads in two minutes	√	/ /	
	65	Turns door knobs, handles, etc.	√	/ /	
	66	Jumps in place with both feet	√	/ /	
	67	Walks backwards	√	/ /	
	68	Walks downstairs with aid	√	/ /	
	69	Throws ball to adult 5 feet away without adult moving feet	√	/ /	
	70	Builds tower of 5 6 blocks	√	/ /	
	71	Turns pages one at a time	√	/ /	
	72	Unwraps small object	√	/ /	
	73	Folds paper in half in imitation	√	/ /	
	74	Takes apart and puts together snap-together toy	√	/ /	
	75	Unscrews nesting toys	√	/	
	76	Kicks large stationary ball	√	/ /	
	77	Rolls clay balls	√	/ /	
	78	Grasps pencil between thumb and forefinger, resting pencil on third finger	√	/ /	
	79	Forward somersault with aid	√	/ /	
	80	Pounds 5 out of 5 pegs	√	/ /	
3-4	81	Puts together 3 piece puzzle or formboard	√	/ /	

PortageGuide

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motor

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

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motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	109	Cuts out 2-inch circle	X	/ /	
	110	Draws simple recognizable pictures such as house, man, tree	X	/ /	
	111	Cuts out and pastes simple shapes	X	/ /	Can paste.
5-6	112	Prints capital letters, large, single, anywhere on paper	X	/ /	
	113	Walks balance board forward, backward and sideways	X	/ /	Cannot walk backward.
	114	Skips	X	/ /	
	115	Swings on swing initiating and sustaining motion	X	/ /	
	116	Spreads fingers, touching thumb to each finger	✓	/ /	
	117	Can copy small letters	X	/ /	
	118	Climbs step ladders or steps ten feet high to slide	X	/ /	
	119	Hits nail with hammer	X	/ /	
	120	Dribbles ball with direction	X	/ /	
	121	Colors, remaining within lines 95%	X	/ /	
	122	Can cut picture from magazine or catalog without being more than '∙'' from edge	X	/ /	
	123	Uses pencil sharpener	X	/ /	
	124	Copies complex drawings	X	/ /	
	125	Tears simple shapes from paper	X	/ /	
	126	Folds paper square two times on diagonal in imitation	X	/ /	
	127	Catches soft ball or bean bag with one hand	X	/ /	
	128	Can jump rope by self	X	/ /	
	129	Hits ball with bat or stick	X	/ /	
	130	Picks up object from ground while running	X	/ /	
	131	Skates forward 10 feet	X	/ /	
	132	Rides bicycle		/ /	
	133	Slides on sled		/ /	
	134	Walks or plays in water waist-high in swimming pool		/ /	
	135	Steers wagon, propelling with one foot		/ /	

PortageGuide

ERIC

motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	136	Jumps up and pivots on one foot		/ /	
	137	Prints name on primary paper using lines		/ /	
	138	Jumps from height of 12 inches and lands on balls of feet		/ /	
	139	Stands on one foot, no support, eyes closed, 10 seconds		/ /	
	140	Hangs 10 seconds from horizontal bar bearing own weight on arms		/ /	

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