

DOCUMENT RESUME

ED 268 750

EC 182 354

TITLE The Status of Handicapped Children in Head Start Programs. Twelfth Annual Report of the U.S. Department of Health and Human Services Provided to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start.

INSTITUTION Administration for Children, Youth, and Families (DHHS), Washington, DC. Head Start Bureau.

PUB DATE 85

NOTE 44p.

PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS *Disabilities; Health Services; *Incidence; Outreach Programs; *Preschool Education; Services; Student Evaluation

IDENTIFIERS *Project Head Start

ABSTRACT

The report analyzes the status of handicapped children in Project Head Start from 1983-84. Following an overview of Head Start policies on services to handicapped children, the report describes questionnaire content. Detailed findings are then presented for the following topics: number of handicapped children enrolled in Head Start programs, types of handicaps, severity of handicaps, outreach and recruitment, diagnosis and assessment of handicapped children, mainstreaming and special services, and coordination with other agencies. Among findings are an increase of 4,431 in the number of handicapped students served from 1983 to 1984; an increase in the percent enrollment of students diagnosed as handicapped; and enrollment of at least one handicapped child in 98.6% of all Head Start programs. Services included education, parent involvement, social services, and health services. (CL)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

TWELFTH ANNUAL REPORT OF THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
TO THE CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
Washington, D.C.

1985

7-0 182 354

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D C 20201

FOREWORD

For two decades the Federal government has been making a sustained involvement in our country's future by its Head Start program of today.

Since its inception, Head Start has provided comprehensive developmental services to low income preschool children and their families. The program seeks to foster the development of children and enabled them to deal more effectively with both their present environment and later responsibilities in school and communities. Head Start programs emphasize education, social services medical, dental, nutrition and mental health services and parent involvement to enable each child to develop to his or her highest potential.

One facet of the Head Start program merits a special salute: its service to handicapped children.

Since 1972, Head Start has mounted a major effort to serve handicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 59,35 handicapped in 1984.

Head Start is in the forefront of the provision of services to the preschool handicapped child. Mainstreaming provides handicapped children with active, day-to-day group experiences with nonhandicapped children. Giving handicapped children an opportunity to learn, to play, and to live with nonhandicapped children enables them to take a giant step in the direction of participating in the general society as responsible adults in their later years. During the early, crucial years of growth, it is important for children to develop healthy attitudes and perceptions about each other, and themselves. Mainstreaming helps children reach that goal.

In 1984, 98.6 percent of all Head Start programs had enrolled at least one handicapped child. These children received a full range of child development services in addition to special education or related services in accordance with their needs. These special services were provided through the Head Start program, through outside agencies or through a combination of both.

This Administration believes in Head Start. We will continue to support comprehensive services which improve the quality of family life. It is through an alliance -- a working partnership -- between the Head Start program, community resources and State and local government agencies, that we can best make an important contribution to the lives of preschool children and their families.

Otis R. Bowen
Secretary

SUMMARY

Section 640(d) of the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, 42 U.S.C. §9835(d)), requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children, and that services shall be provided to meet their special needs." This section continued a mandate first made a part of the Head Start legislation in 1974. In addition, the Head Start Act adopts the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, (20 U.S.C. §1401(1)). That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

It has been estimated that there are 258,200 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although there are various programs available to assist handicapped children, Head Start continues to make a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported from 22,807 in 1973 to 59,335 handicapped children in 1984.

This report is based on data from the Handicapped Services section of the Project Head Start 1983-1984 Annual Program Information Report (PIR), as well as other supplementary data. The PIR was completed by Head Start programs in June 1984. Therefore, the data used in this report are frequently cited as 1984 data, although the report covers program year 1983-1984. This report discusses the status of handicapped children in those Full Year Head Start programs in 1983-1984 that responded to the PIR survey (nearly 100 percent responded). Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child Centers (designed to serve children 0 to three years of age and their families) that are not included in the survey.

Highlights are:

- o The number of handicapped children served by Head Start programs increased by 4,431 children from the previous year to 59,335 in 1984.
- o Children professionally diagnosed as handicapped accounted for 12.5 percent of the total enrollment in 1984. By comparison, in 1983, children professionally diagnosed as handicapped accounted for 11.9 percent of the total enrollment in full year programs.

- o An additional 11,665 children who had been referred by Head Start programs for diagnosis, but had not yet been professionally diagnosed, represent 2.5 percent of the total Head Start enrollment.
- o The statute requires that 10 percent of the total number of enrollment opportunities in each State must be available for handicapped children but it does not require an actual enrollment of 10 percent handicapped children. However, one objective of the Administration for Children, Youth and Families (ACYF), which administers the Head Start program, is to achieve at least a 10 percent enrollment level of handicapped children in each State. In 49 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in 1984. Only Alaska fell short of the 10 percent enrollment level with 8.8 percent handicapped children enrolled. In the prior year, Texas fell below the 10 percent level, but achieved the 10 percent level in 1984 with ACYF assistance.
- o The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 61 percent speech impaired, 12.1 percent health impaired, 5.9 percent physically handicapped, 5.7 percent specific learning disabled, 5.1 percent mentally retarded, 4.6 percent seriously emotionally disturbed, 2.9 percent hearing impaired, 2.2 percent visually impaired, 0.3 percent deaf, and 0.2 percent blind.
- o In 1984, 17.2 percent of the handicapped children enrolled in the reporting Head Start programs had multiple handicapping conditions. Some 18.5 percent of the handicapped children served required almost constant special education or related services, 51.5 percent a fair amount, and 30 percent little or some of these services. The proportion of children reported as requiring almost constant special education or related services reflected a slight increase of 1.2 percent over 1983.
- o In 1984, 98.6 percent of all Head Start programs had enrolled at least one handicapped child.
- o There were 919 programs (52 percent) that reported 5,511 handicapped children that were located by or referred to them that they were not able to enroll. The reason most frequently reported was that of not fitting age requirements (39.4 percent). The percent of such programs is slightly lower than in 1983 when 53.1 percent of the programs reported 5,429 handicapped children that they were not able to enroll.

The enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. In 1984, only 24 out of 1,767 Head Start programs served no handicapped children. Head Start continues to be the largest program that includes preschool handicapped children in group experiences with nonhandicapped children on a systematic basis, i.e., that mainstreams preschool handicapped children.

Preschool programs that mainstream handicapped children give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some handicapped children who, for a variety of reasons, may do better at first in a non-mainstream environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Handicapped children enrolled in Head Start programs received the full range of child development services required for all children in the Head Start Program Performance Standards as published in 45 CFR Part 1304. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, they received the special education and related services required by the Head Start legislation. Some 94.3 percent of the Head Start programs reported special efforts to enroll and serve more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively.

Head Start programs reported a number of special services provided to parents of handicapped children, including counseling; referrals to other agencies; visits to homes, hospitals, etc.; parent conferences with technical staff and other parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Head Start and other agencies and organizations concerned with handicapped children coordinate efforts in order to make maximum use of their limited individual resources. Head Start programs reported working with other agencies in several ways:

- o 43 percent of the handicapped children were referred to Head Start by other agencies or individuals; 20.7 percent of the handicapped children were referred and professionally diagnosed prior to Head Start.
- o 64.5 percent of the children received special education or related services from other agencies.
- o 95.8 percent of the programs had written or informal agreements with local education agencies or other agencies regarding services for handicapped children, reflecting a slight decrease over those that so reported in 1983 (97.4 percent).

Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. During 1983-1984, Head Start programs utilized 9,403 volunteers to provide special assistance to handicapped children, an increase of approximately 63 volunteers over the previous year. Programs also reported utilizing 6,404 staff from outside agencies, 5.6 percent more than last year.

Eight program manuals are being utilized to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with teams of national experts and Head Start teachers, under the direction of the Head Start Bureau in the Administration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each State's allocation figures are based on the number of handicapped children, 3 through 21 years of age, currently being served (20 U.S.C. §1411(a)(1)(A)). As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education agencies to ensure that children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the State "Child Count." In addition, Head Start programs coordinated their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel also utilized other resources such as the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs and talents. Additionally, the Head Start program provides the special education or related services required by handicapped children.

ACYF has also funded a network of projects called Resource Access Projects (RAPs) to provide training and technical assistance to Head Start grantees to enable them to serve handicapped children and their families. In 1977, an interagency agreement between ACYF and the Office of Special Education in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of the grantees in the development of State plans for preschool handicapped children as required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 40 States or territories.

To ensure optimal transition by handicapped Head Start children into public school, Head Start personnel help parents participate in developing an Individual Education Program (IEP) for each handicapped child.

CHAPTER I

Handicapped Children in Head Start Background Information

A. Purpose of this Report

This is the Twelfth Annual Report to the Congress on Head Start Services to Handicapped Children. Pursuant to the Head Start Act (Section 635 et seq. of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions and the services being provided to them.

B. Overview of Head Start Policies on Services to Handicapped Children

Section 640(d) of the Head Start Act (42 U.S.C. §9835[d]) requires "that for fiscal year 1982 and thereafter no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each State shall be available for handicapped children and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

In addition, the Head Start Act specifies the definition of handicapped children provided in paragraph (1) of section 602 of P.L. 91-230, the Education of the Handicapped Act, as amended, (20 U.S.C. §1401[1]). That Act defines the term handicapped children as "mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low income families, including families receiving public assistance).

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Head Start Bureau located in the Administration for Children, Youth and Families (ACYF) in the Department's Office of Human Development Services has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. Outreach and Recruitment - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would be detrimental to the child.

2. Needs Assessment, Screening and Diagnosis - Needs assessment, screening and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation in order to provide an adequate basis for special education, treatment and related services. Head Start programs must ensure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to ensure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on ensuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.
3. Diagnostic Criteria and Reporting - In 1975, Head Start, the Office of Special Education (formerly the Bureau of Education for the Handicapped) in the Department of Education and other agencies that serve handicapped children reviewed the criteria then being used by Head Start for reporting purposes. Based on that review, an expanded set of criteria were developed which included the addition of a "learning disabilities" category in order to be consistent with P.L. 94-142, the Education for All Handicapped Children Act of 1975, as amended, (20 U.S.C. §1411(a)(1)(A)). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, the criteria were specifically tailored to the developmental levels of the preschool population, aged 3-5.

In 1978, malnutrition was deleted from the "health impairment" category. A careful review of this category indicated that the inclusion of severe malnutrition was inconsistent with other conditions included under "health impairment." Since then, malnutrition has been dealt with as part of the overall health services reporting and evaluation.

Since program year 1981-1982, the reference to "autistic" children has been deleted from the category "serious emotional disturbance" and added to the category "health impairment" for the subsequent reporting of handicapped children in Head Start. This was done in accordance with the regulation issued in January 1981 by the Secretary of the Department of Education that made changes in the definition of "handicapped children" under the Education of the Handicapped Act, as amended by P.L. 94-142.

Appendix A presents the diagnostic criteria used in reporting handicapping conditions of the children in 1983-1984 Head Start programs.

4. Severely and Substantially Handicapped Children - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation and who, by reason of their handicap, require special education and related services (see Appendix A). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment opportunities requirement. Head Start considers

the children who need special services, namely those whose handicap cannot be corrected or ameliorated without special education or related services, as handicapped. Children with minimal or other problems, but who do not require special services, will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting, with nonhandicapped children. Severely handicapped children are enrolled in Head Start except when the professional diagnostic resource recommends that the placement would be detrimental to the child.

5. Services for the Handicapped Child - Head Start grantees and delegate agencies must ensure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services--education, social services, parent involvement and health services (including medical, dental, mental health and nutrition)--should consider the child's needs, his or her developmental potential and family circumstances. In addition, special education services and support services are provided to meet the unique needs of the individual handicapped child.
6. Mainstreaming - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As was noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.
7. Program Models - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include the standard five day center-based model, variations in center attendance, double sessions, a home-based model, and locally designed options, allow the flexibility necessary to individualize services to handicapped

children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on a professional's diagnosis and, with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to ensure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count" on which allocation of Federal education for handicapped funds is based. Head Start programs are also working with Statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and by other State and local funding auspices. Head Start actively pursues such arrangements.

9. Ten Percent Handicapped Enrollment by State - Head Start's objective is to achieve at least a 10 percent level of enrollment of handicapped children in each State and to provide the special education and related services necessary to meet the children's needs. ACYF Regional Offices work with individual Head Start grantees to help assure this objective. Regional Office staff help grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

CHAPTER 2

Status of Handicapped Children in Head Start

Section 640(d) of the Head Start Act requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through the Handicapped Services section of the Project Head Start 1983-1984 Annual Program Information Report (PIR). The PIR data are collected for ACYF by The MAXIMA Corporation. The Program Information Report was mailed to all Head Start grantees and delegate agencies in May 1984. Head Start programs reported on the status of handicapped children as of June 15, 1984, or the end of their program year.

The data in this report are based on responses from 1,767 Head Start full year programs. All but one questionnaire mailed to Head Start programs was completed and returned. Therefore, a response rate of almost 100 percent was achieved. Almost all Head Start programs are full year programs that operate eight to twelve months of the year. There are 36 Parent and Child centers (designed to serve children 0 to three years of age and their families) that are not included in the survey.

The questionnaire gathered data in the following categories:

1. General - Number of both handicapped and nonhandicapped children actually enrolled and number of center-based classes operated.
2. Staff - Number of programs with coordinators of services for handicapped children and type of degrees or licenses held, number of volunteers, number of staff provided by outside agencies, and number of programs using PA 26 funds (Head Start funds earmarked for services to handicapped children) for staff.
3. Enrollment of Handicapped Children - Data on number of handicapped children enrolled who were professionally diagnosed (reported by handicapping conditions), levels of special education or related services required, multiple handicaps, referrals from outside Head Start, ages, home-based and center-based experience. Also reported were the number of handicapped children who were located by or referred to Head Start programs that were not able to be enrolled, and the number not yet professionally diagnosed but believed to be handicapped at the time of the survey.
4. Services - Data on number of handicapped children, by handicapping condition, receiving services from Head Start and other agencies; number of programs offering special education and related services for handicapped children and their parents which were provided by Head Start and other agencies; the number of classes with at least one handicapped child enrolled; number of programs reporting utilization of PA 26 funds; and agreements with other agencies to provide needed services to handicapped children.

Data on enrollment of children professionally diagnosed as handicapped, multiply handicapped, levels of special education or related services required, and number of those children receiving services by Head Start and other agencies were reported by handicapping condition.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 258,200 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Although Head Start, with its current enrollment level, cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstream setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has increased since the data were first reported in 1973. In November-December 1973, Head Start programs were serving 22,807 handicapped children or 10.1 percent of their enrollment. As of June 1984, Head Start programs reported that they had served 59,335 handicapped children or 12.5 percent of their enrollment during the 1983-1984 program year. Since 1973, the proportion of handicapped children served has ranged from 10.1 percent to 13.4 percent of Head Start enrollment. All but a small fraction of these children are being mainstreamed.

Highlights are:

- o There were 59,335 handicapped children served in Head Start programs in 1984. This represents an increase of 4,431 children over the 54,904 handicapped children served in 1983. Children professionally diagnosed as handicapped accounted for 12.5 percent of total actual enrollment in Head Start programs, a slight increase from the 11.9 percent in 1983.
- o In 49 of the 50 States and the District of Columbia, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment.

Head Start has exceeded the 10 percent enrollment level nationally with a 12.5 percent enrollment of handicapped children in program year 1983-1984. Only Alaska, with an 8.8 percent enrollment of handicapped children, fell short of the 10 percent enrollment target.

* The March 1984 Current Population Survey conducted by the Bureau of the Census reported that the number of children in poverty in the age group 3-5 is 2,582,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent, or 258,200 of these children are handicapped.

In addition, the following territories were below the 10 percent enrollment level: Guam, 9.4 percent; Virgin Islands, 6.4 percent; Trust Territories of the Pacific Islands, 3.4 percent; and American Samoa, 0.4 percent. (Appendix C provides enrollment data for each State and territory, and Indian and Migrant programs.) All but American Samoa reflect an increase, showing progress toward the 10 percent level.

In the case of the one State and the territories that have less than 10 percent handicapped enrollment, efforts continue to increase the enrollment of handicapped children. The ACYF Regional Offices are working with the Head Start programs in these areas to identify the reasons for the level of enrollment of handicapped children and to devise specific strategies, such as increasing coordination of resources, for expanding enrollment of handicapped children. Progress toward increasing enrollment in these areas will be reported in next year's Annual Report.

Approximately 98.6 percent of the full year Head Start programs served at least one handicapped child. Head Start programs operated centers with 21,982 classes; 80.2 percent of these classes served at least one handicapped child during the 1983-1984 program year.

Approximately 75.6 percent of Head Start programs have enrolled at least 10 percent handicapped children in 1984, reflecting a slight increase over the proportion so reporting in 1983 (71 percent). The proportion of Head Start programs serving at least 10 percent handicapped children steadily increased through 1978 to 76 percent, and has ranged between 67 percent and 73 percent since 1978.

There were 3,867 handicapped children served in the home-based option, a program which uses the home as the central facility and focuses on the parents as the primary factor in the child's development. These children represent 6.5 percent of all handicapped children in Head Start. The vast majority, 89.1 percent of these children (3,449), attended a group experience at least once a month.

Of the 59,335 handicapped children served by Head Start programs, 25.1 percent were 3 years of age or under, 59.5 percent were 4 years old, 14.6 percent were 5 years old, and about 0.9 percent were 6 years or older. (Head Start children 6 years of age or older are in communities where the children go directly from Head Start into first grade, predominantly in the southeastern States.) Data on age of handicapped children enrolled in home-based and center-based options indicate that those in the home-based option are slightly younger as a group; 40.8 percent of the home-based children are 3 years old or younger, while only 24 percent of the center-based children are 3 years old or younger.

Data were collected on the drop out rate for handicapped children for the first time on the 1983-1984 PIR. Of the total number of handicapped children served in Head Start during the 1983-1984 operating year, 5,078 or 8.6 percent dropped out during the operating period. This is a substantially lower proportion than reflected for all children enrolled in Head Start in 1983-1984 where 15.8 percent of the total actual enrollment dropped out during the operating period. Further, of the total number of children who dropped out, 6.7 percent were handicapped children; this is also substantially lower than the proportion of handicapped children of the total actual enrollment (12.5 percent).

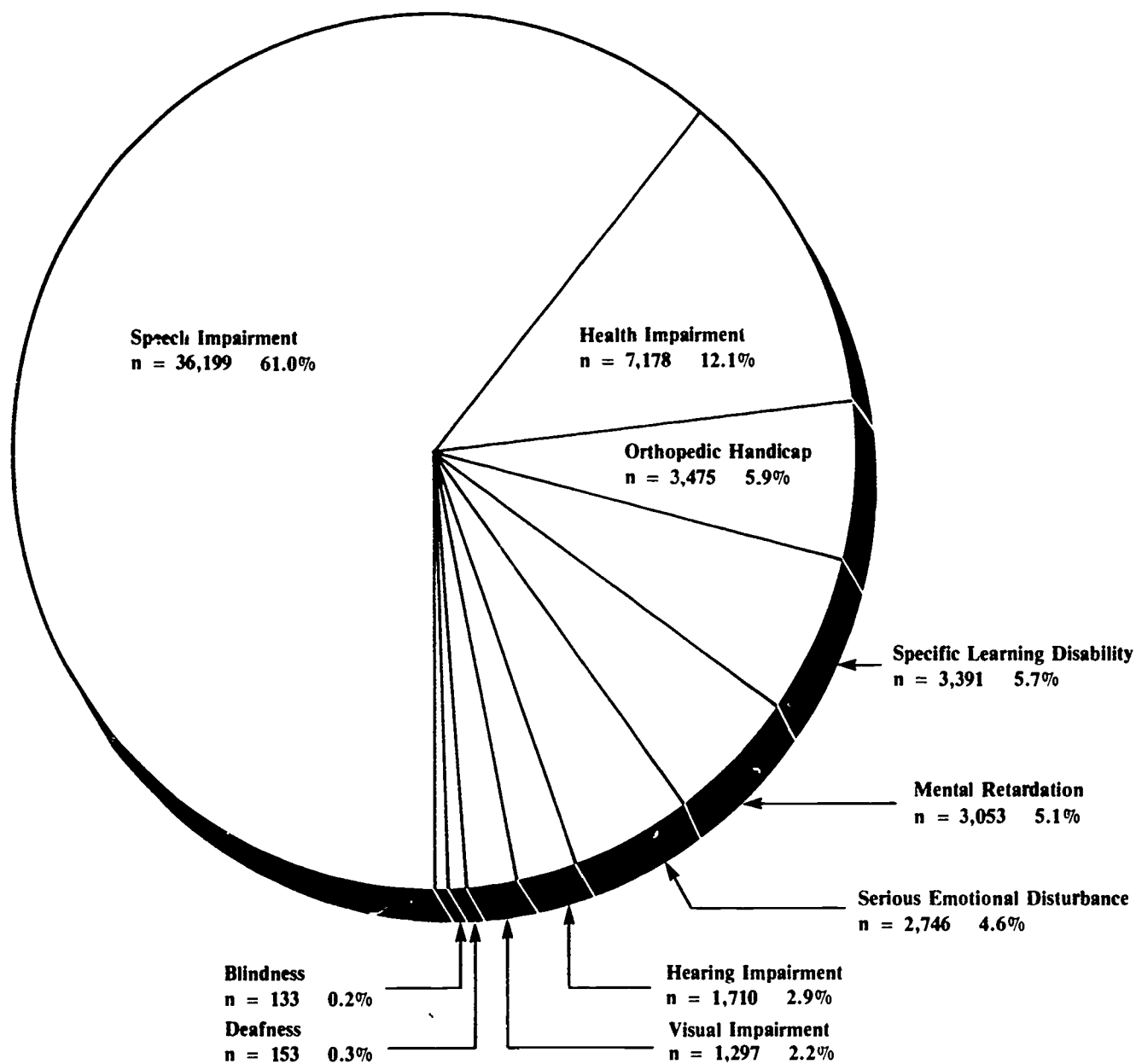
B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities who by reason thereof require special education and related services.

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Figure 1 and Table 1 as a proportion of the total population of handicapped children in Head Start programs in 1984. Of the handicapped children enrolled in Head Start, 61 percent have been diagnosed as speech impaired. This is by far the largest category of handicapped children served in Head Start programs. The size of this category has been of concern. The State Education Agencies report an even higher proportion of speech impaired children in the preschool age range which they are serving under P.L. 94-142 (see Figures 1 and 2). In addition, Head Start requires that all children be professionally diagnosed and a previously completed study on the speech impaired has determined that most of the children categorized as speech impaired in Head Start had been appropriately diagnosed. Thus, the proportion of speech impaired children served by Head Start is consistent with the proportion of preschool children in the larger population served under P.L. 94-142 by the public schools.

FIGURE 1

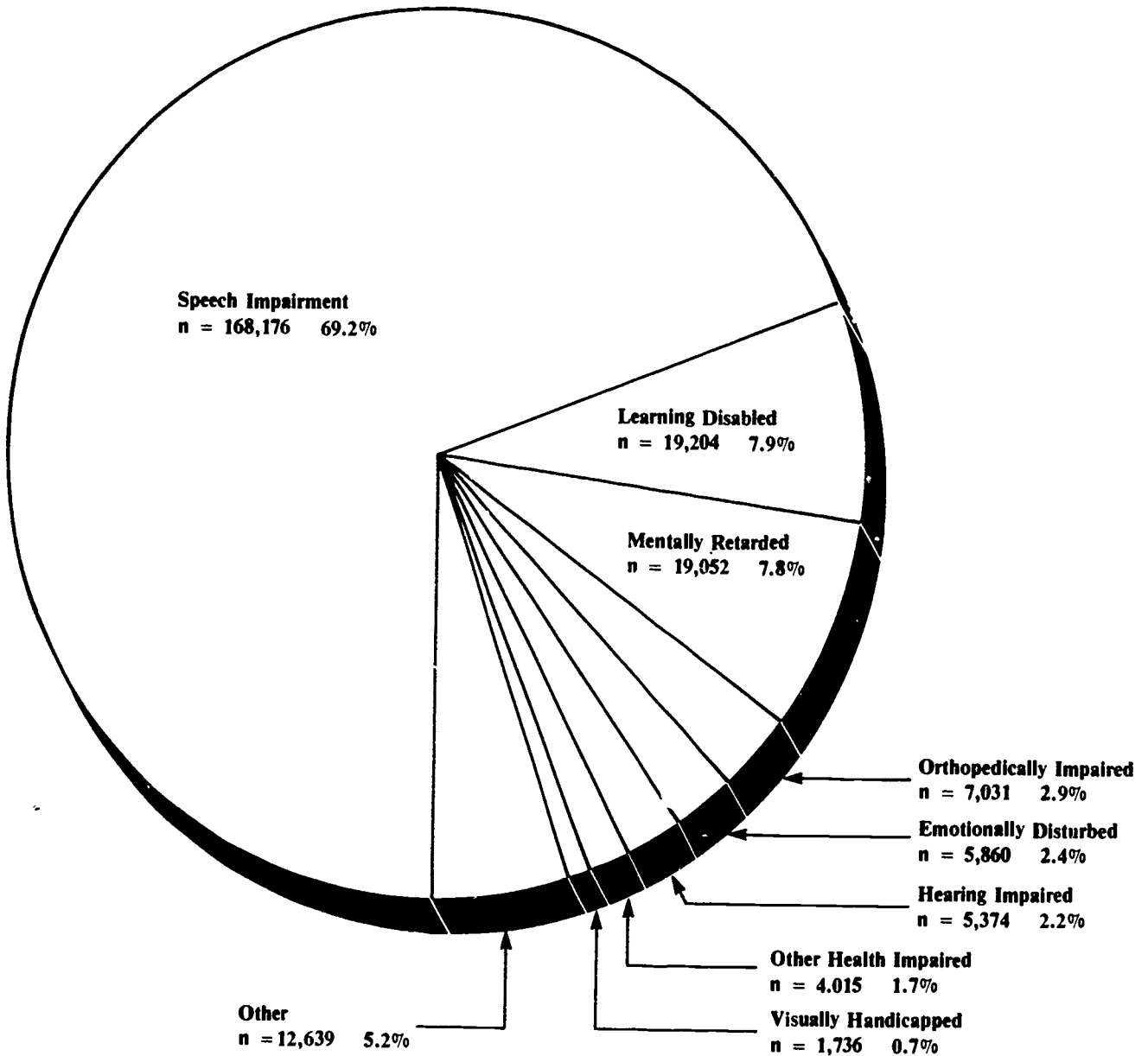
**Primary or Most Disabling Handicapping Condition
of Handicapped Children Enrolled in Full Year Head Start
June 1984**



(Total Number 59,335)

FIGURE 2

**Diagnostic Category of Handicapped Children
Ages 3-5 Served Under P.L. 94-142 as Reported by
State Education Agencies
December 1983**



(Total Number 243,087)

Source: Data from the Office of Special Education, U.S. Department of Education. The data were reported by State Education Agencies as Child Count figures for 3-5 year old children served.

Note: The Visually Handicapped category includes blind children. Hearing Impaired includes deaf children; and Other includes deaf-blind and multiple handicapped children.

TABLE I

Types of Handicapping Conditions of Children
Professionally Diagnosed as Handicapped

<u>Handicapping Condition</u>	<u>Number</u>	<u>Percent of Total Number Of Children Professionally Diagnosed as Handicapped</u>
Speech Impairment	36,199	61.0
Health Impairment	7,178	12.1
Physical Handicap (Orthopedic)	3,475	5.9
Specific Learning Disability	3,391	5.7
Mental Retardation	3,053	5.1
Serious Emotional Disturbance	2,746	4.6
Hearing Impairment	1,710	2.9
Visual Impairment	1,297	2.2
Deafness	153	0.3
Blindness	<u>133</u>	<u>0.2</u>
TOTAL	59,335	100.0

Head Start programs have enrolled children with a wide range of handicapping conditions. Ninety-six and three-tenths percent of the programs enrolled at least one child who was speech impaired; 67.6 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 62.6 percent; mental retardation, 48.3 percent; specific learning disability, 44.5 percent; serious emotional disturbance, 44.1 percent; hearing impairment, 37.6 percent; visual impairment, 34.9 percent; deafness, 6.5 percent; and blindness, 6.5 percent.

There were 36,199 speech impaired children enrolled in Head Start programs. The data on the specific conditions of speech impairment are presented in Table 2.

TABLE 2

Specific Handicapping Conditions of Children
Professionally Diagnosed as Speech Impaired

<u>Specific Conditions</u>	<u>Percent of Total</u>
Expressive or Receptive Language Disorders	51.6
Severe Articulation Difficulties	40.6
Severe Stuttering	2.1
Voice Disorders	1.5
Cleft Palate, Cleft Lip	1.5
Other Speech Disorders	<u>2.7</u>
TOTAL	100.0

There were 7,178 health impaired children enrolled in Head Start programs. The data on the specific conditions of health impairment are presented in Table 3.

TABLE 3

Specific Handicapping Conditions of Children
Professionally Diagnosed as Health Impaired

<u>Specific Conditions</u>	<u>Percent of Total</u>
Respiratory Disorders	18.7
Epilepsy/Convulsive Disorders	16.7
Blood Disorders (e.g., Sickle Cell Disease, Hemophilia, Leukemia)	11.2
Severe Allergies	10.1
Heart/Cardiac Disorders	9.1
Neurological Disorders	6.2
Diabetes	1.6
Autism	1.5
Other Health Disorders	<u>24.9</u>
TOTAL	100.0

There were 3,475 physically handicapped children enrolled in Head Start programs. The data on the specific conditions of physically handicapped are presented in Table 4.

TABLE 4

Specific Handicapping Conditions of Children
Professionally Diagnosed as Physically Handicapped
(Orthopedically Handicapped)

<u>Specific Conditions</u>	<u>Percent of Total</u>
Cerebral Palsy	30.5
Congenital Anomalies	16.0
Deformed Limb	10.1
Bone Defect	9.9
Spina Bifida	6.9
Oro/Facial Malformation	3.6
Absence of Limb	2.4
Severe Scoliosis	1.8
Arthritis	1.4
Other	<u>17.4</u>
TOTAL	100.0

There were 3,391 specific learning disabled children enrolled in Head Start programs. The data on the specific conditions of specific learning disabled are presented in Table 5.

TABLE 5

Specific Handicapping Conditions of Children
Professionally Diagnosed as Specific Learning Disabled

<u>Specific Conditions</u>	<u>Percent of Total</u>
Motor Handicaps	24.8
Sequencing and Memory	20.3
Perceptual Handicap	19.7
Hyperkinetic Behavior	12.9
Minimal Brain Dysfunction	7.0
Developmental Aphasia	5.2
Dyslexia	0.5
Other	<u>9.6</u>
TOTAL	100.0

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

In 1984, 10,230 (17.2 percent) of the handicapped children enrolled in Head Start programs had multiple handicapping conditions. Although the proportion is a decrease over the previous year, this is an increase in the number of multiply handicapped children reported last year (10,104). The proportion of multiply handicapped children declined from 27.7 percent in 1978.

Compared to other handicapping conditions, deaf children (73.2 percent) and mentally retarded children (66.4 percent), show the highest incidence of multiple handicap, and speech impaired children the lowest (6.5 percent). Table 6 provides specific data by primary handicapping condition on the number of children who have multiple handicapping conditions.

TABLE 6

Distribution of Number of Multiply Handicapped Children
by Primary or Most Disabling Handicap

<u>Primary Handicapping Condition</u>	<u>Number of Children Reported</u>	<u>Number of Children With One or More Other Handicapping Conditions</u>	<u>Percent of Children Who Have One or More Other Conditions</u>
Deafness	153	112	73.2
Mental Retardation	3,053	2,026	66.4
Blindness	133	61	45.9
Hearing Impairment	1,710	692	40.5
Specific Learning Disability	3,391	1,354	39.9
Physical Handicap	3,475	1,221	35.1
Serious Emotional Disturbance	2,746	751	27.3
Visual Impairment	1,297	300	23.1
Health Impairment	7,178	1,367	19.0
Speech Impairment	<u>36,199</u>	<u>2,346</u>	<u>6.5</u>
TOTAL	59,335	10,230	17.2

Finally, 18.5 percent of the handicapped children served required almost constant special education or related services, 51.5 percent a fair amount, and 30 percent little or some of these services. Compared to last year, those children requiring almost constant special education or related services increased 1.2 percent from 17.3 percent while those requiring a fair amount and little or some services reflected slight decreases of less than one percent. As in the previous years, deaf, blind, mentally retarded, and seriously emotionally disturbed children required the highest levels of almost constant services.

ACYF continues to pursue an active outreach and recruitment effort for enrolling and serving severely handicapped children. The performance standards and revised guidance on services to handicapped children encourage sharing resources and joint enrollment with other programs and agreements between Head Start programs and local education agencies. Additional materials have been developed for use by the Resource Access Projects in training programs to work with more severely handicapped children.

CHAPTER 3

Services to Handicapped Children

In program year 1983-1984, local Head Start programs developed and carried out activities and services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start, particularly more severely handicapped children. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own resources and other capabilities to meet the needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services. This chapter reports on the degree to which these activities and services are being performed, and utilization of staff, facilities, and materials.

A. Outreach and Recruitment

The data regarding outreach and recruitment were collected specifically on efforts to enroll and serve more severely handicapped children. In previous years, programs reported on special efforts and outreach and recruitment activities utilized to recruit handicapped children in general. Of the Head Start programs, 95.1 percent reported steps taken to enroll and serve more severely handicapped children. The most frequent steps taken by programs reporting these data were: coordination with other agencies serving severely handicapped children (87.1 percent), specific outreach and recruitment procedures aimed at severely handicapped children (68.6 percent), and sharing services with other agencies serving severely handicapped children (61.1 percent). Programs also reported that they held orientation sessions for local diagnosticians and provided them with special materials, etc. (35.1 percent), made change(s) in recruitment and enrollment criteria (23.8 percent), and took other steps (10.4 percent).

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Fifty-two percent of all Head Start programs reported that they were not able to enroll 5,511 handicapped children located by or referred to them. In 1983, 53 percent of the programs reported that they were not able to enroll some handicapped children. Table 7 provides data on the number and percent of such programs, the number of handicapped children, and indicates the primary reason why they were not able to enroll these children. Most common among these reasons were: the children did not fit the age requirements, other agencies serve these children, no available openings, and child's parents refused.

TABLE 7

Rank Ordering By Number and Percent of Programs of Reported
Reasons Why Some Handicapped Children Located by or
Referred to Head Start Programs Were Not Enrolled

<u>Primary Reasons* for Not Enrolling Some Handicapped Children</u>	<u>Number of Programs</u>	<u>Percent of the 919 Reporting Programs</u>	<u>Number of Handicapped Children Not Enrolled</u>
Did not fit age requirements	362	39.4	954
No available openings	329	35.8	1,373
Other agencies serve these children**	305	33.2	770
Child's parents refused	281	30.6	581
Did not meet income guidelines	232	25.2	706
Handicap too severe for child to benefit from Head Start	190	20.7	324
Lack of adequate transportation	174	18.9	386
Other	152	16.5	417

B. Diagnosis and Assessment of Handicapped Children

The Head Start statutory definition of handicapped children excludes from reporting as handicapped those children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to ensure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by appropriate professionals. At the time of data collection, all of the 59,335 children reported as handicapped had been diagnosed by qualified professionals. Of these children, 20.7 percent were referred to Head Start by other agencies or individuals and diagnosed prior to Head Start. Another 22.3 percent were similarly referred, but diagnosed after Head Start enrollment. This is a total of 43 percent who were referred to Head Start by other agencies or individuals outside Head Start and is comparable to those so reported in 1983 (42.7 percent).

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- * Head Start programs could report more than one primary reason as they report on the primary reason for each of the handicapped children located by or referred to them that they were not able to enroll.
 - ** Head Start programs do, however, serve children who are also served by other agencies when this would lead to the full provision of comprehensive services for the child.

Almost half (48.8 percent) of the total handicapped children were diagnosed between the time of enrollment in Head Start and January 31, 1984. Over one-third (34.3 percent) were diagnosed prior to enrollment in Head Start, and 16.9 percent between February 1, 1984 and the end of the operating period for the programs. Additionally, there were 11,565 children who had been referred by Head Start programs for diagnosis but had not yet been professionally diagnosed. These children, believed to be handicapped, represent 2.5 percent of the actual enrollment in Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) makes both a categorical diagnosis and a functional assessment. Head Start diagnostic criteria (see Appendix A) are used to make a categorical diagnosis. The categorical diagnosis is used primarily for reporting purposes and for overall program planning. The categorical diagnosis is consistent with procedures Head Start programs must follow to ensure confidentiality and to guard against mislabeling. No individual child is identified publicly as "handicapped." Only the aggregate numbers of children with specific handicapping conditions are reported by local Head Start programs to the ACYF.

Step 2: The diagnostic team also develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An Individual Program Plan (IPP) or an Individual Education Plan (IEP) is developed based on the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special education and related services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents, and the child's teacher.

Step 4: Ongoing assessment of the child's program is made by the Head Start teacher, the parents, and, as needed, by the diagnostic team. The Individual Program Plan and the delivery of services are modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for continuity of services when the child leaves the program. This may include: (1) updating the assessment information with the development of recommendations for future treatment; (2) conducting an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child; and (3) transferring of files, with parental consent. The public school is the primary agency responsible for following up to ensure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team, with close and continuing involvement of parents, appears to be the best way to ensure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning, and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services--medical, dental, nutritional, mental health, social services, and parent participation--tailored to the specific capabilities of each child. In addition, handicapped children are to receive special education, therapy, or other services, either within the Head Start program or as provided by other agencies. Parents of these handicapped children also receive training, counseling, and support services.

Mainstreaming - By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children at an early age can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Preschool programs where handicapped children are mainstreamed give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capabilities.

A two year evaluation of mainstreaming in Head Start, conducted for ACYF,* indicated that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start. The study established that high levels of time spent in a mainstreaming situation were positively related to developmental gains and increased positive social interaction by Head Start handicapped children.

ACYF has initiated a followup evaluation of the effects of mainstreaming handicapped children in Head Start. The purpose of this study is to follow the children and parents who participated in the former two year study to determine what happens to these children as they progress through public and non-public educational systems. This study will provide longitudinal data on children's receipt of special education and related services during the school years 1977-1984. Results from this followup study are expected to be available soon.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who, at least initially, may do better in a home-based program. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. Others benefit from a flexible approach and may spend part of the week in a special program and part in a mainstream program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as appropriate.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences with non-handicapped children on a systematic basis. In 1984, 98.6 percent of the Head Start programs had enrolled at least one handicapped child. Moreover, the data showed that handicapped children were present in 79.9 percent of the Head Start classrooms in 1984. These levels are generally comparable to 1982, and 1983.

Special Services - Handicapped children have special needs which require special services. They may also require special equipment, materials, or modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1982, 1983, and 1984, by reporting Head Start programs.

* Applied Management Sciences (AMS), an independent research firm, completed their evaluation of mainstreaming in Head Start in February of 1979. The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. These reports are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703-841-1212). The order numbers are ED 168-236 through 240, ED 168-291, ED 176-433, and ED 177-803.

TABLE 8

Three Year Comparison of Special Services
Provided to Handicapped Children Enrolled in
Full Year Reporting Head Start Programs

<u>Services Provided</u>	<u>1982</u>	<u>1983</u>	<u>1984</u>
Total number of children who are receiving special education or related services from Head Start staff	47,092	51,697	55,416
Total number of children who are receiving special services from other agencies	33,449	36,664	38,280
Total number of parents receiving special services from Head Start related to their child's handicap	35,726	39,217	43,756

In each category of special services, the trend of increased numbers of children receiving special services continues. The number of children receiving special education or related services from Head Start staff increased by 7.2 percent from 51,697 in 1983 to 55,416 in 1984. The total number of children receiving special services from other agencies increased 4.4 percent from 1983 to 1984. The number of parents receiving special services from Head Start increased by 11.6 percent from 39,217 in 1983 to 43,756 in 1984. This increase more than doubles the number of parents served in 1977.

About 93.4 percent of the handicapped children received special education or related services from Head Start staff and 64.5 percent received special services from other agencies. About 59 percent of the handicapped children received services from both sources, reflecting a small decrease compared with 61.9 percent so reported in 1983. Over one-third (34.4 percent) received services from Head Start staff only, and 5.5 percent from other agencies only. Only 1.1 percent of the children received no special education or related services. This figure is higher than the 1983 figure of 0.9 percent and lower than that of 1.5 percent for 1982.

Special Services Provided by Head Start

Head Start programs provide many special education and related services to handicapped children. These services include individualized instruction, counseling for parents, and psychological and physical therapy.

The special education or related services provided by Head Start staff, listed in order of the proportion of programs providing the services, are: individualized teaching techniques (93.4 percent); speech therapy and language stimulation (83.2 percent); transportation (79 percent); education in diet, food, health, and nutrition (78.5 percent); counseling for parent or family (77.6 percent); assistance in obtaining special services included in the IEP/IPP (74.6 percent); special teaching equipment (66.4 percent); psychotherapy, counseling and behavior management (58.2 percent); medical or psychological diagnosis, evaluation, or testing (48.2 percent); medical treatment (40.2 percent); special equipment for children (37.7 percent); physical therapy and physiotherapy (16.2 percent); occupational therapy (12.8 percent); and other services (5.6 percent).

Special Services Provided by Other Agencies

Head Start also received services for handicapped children in their programs from other agencies. These services, listed in order by the proportion of programs receiving services, are: medical or psychological diagnosis, evaluation or testing (84.6 percent); speech therapy and language stimulation (80.8 percent); medical treatment (73.3 percent); family or parental counseling (69.5 percent); psychotherapy, counseling and behavior management (65.3 percent); individualized teaching techniques (63.3 percent); assistance in obtaining special services included in IEP/IPP (62.3 percent); special equipment for children (51.2 percent); physical therapy (49.6 percent); education in diet, food, health, and nutrition (40.1 percent); transportation (38.1 percent); occupational therapy (34.7 percent); special teaching equipment (45.3 percent); and other services (4 percent).

Special Services Provided to Parents of Handicapped Children

Of the Head Start programs serving handicapped children, 93.2 percent provided special services to parents of handicapped children. The services, listed in order of percent of programs providing the services, are: referrals to other agencies (86.4 percent); counseling (80.3 percent); conferences with technical staff and other meetings (77.8 percent); literature or special teaching equipment (75.4 percent); transportation (72.8 percent); visits to homes, hospitals, etc. (72.3 percent); parent meetings (69.1 percent); medical assistance in securing medical services (65.9 percent); workshops on school services (56.4 percent); special classes (40.2 percent); and other services (8.3 percent).

Other Special Services Provided by Head Start

In 1984, 96.4 percent of the Head Start programs had a coordinator of services for handicapped children. In 1984, 34.6 percent of the programs reported a full time coordinator as compared to 41.3 percent in 1983. About half (50.3 percent) reported a part time coordinator and 16.6 percent indicated that as a delegate agency they were served by a handicapped coordinator at the grantee level. Of the 1,767 programs in 1984, 83.5 percent had a coordinator with a degree or license. In 19.5 percent, the coordinator's degree or license was in early childhood/special education, in 18.3 percent, it was in special education, 10.9 percent in speech pathology/audiology, 12.2 percent in psychology, and 53.8 percent in some other area.

PA 26 funds are monies earmarked by the Head Start Bureau for use by grantees for services to handicapped children. In 1984, PA 26 funds were used by 38.8 percent of the programs to pay for full or part time teaching staff, 82.7 percent for full or part time specialists or consultants, and 7.6 percent for special modifications in physical facilities. Programs also reported purchasing or leasing various types of materials or equipment. These included 70.2 percent of the programs securing instructional materials, 61.8 percent screening/diagnostic tests, 35.1 percent special play equipment, 10.6 percent special transportation equipment, and 19.2 percent other materials and equipment. Almost 9.5 percent of the programs did not indicate utilization of PA 26 funds in any of these areas.

In 1984, 9,403 volunteers in over 41 percent of the Head Start programs provided special assistance to handicapped children. This is an increase over the 9,340 volunteers reported in 1983 programs. In addition, 6,404 staff members that provided special assistance to handicapped children in 59 percent of the Head Start Programs were from other agencies. This is a slight increase from 1983 when 6,062 staff from outside agencies in over 55.6 percent of the programs provided special assistance.

Resource Access Projects (RAPs) - Head Start's commitment to individualization for all children, including those with handicaps, has provided the basis for mainstreaming handicapped children in a setting with non-handicapped youngsters.

Head Start's effort to serve handicapped children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Head Start Bureau of ACYF established a network of fifteen Resource Access Projects (RAPs) to serve a designated number of Head Start programs in each ACYF region throughout the nation. The fifteen RAPs are also providing services to Migrant grantees. A sixteenth RAP was funded in 1984 to serve Indian grantees in ten western States.

It is the responsibility of each RAP to assist Head Start in working with handicapped children. Activities performed by each RAP include the following:

- o Identify local, regional and national resources;
- o Determine local Head Start needs and match these needs with available resources;
- o Coordinate the delivery of services to Head Start programs;
- o Provide training and technical assistance;
- o Promote and facilitate collaborative efforts between Head Start and other agencies; and
- o Provide resource materials to Head Start grantees.

Additionally, the RAPs have responsibility for providing training designed to introduce the eight resource manuals in the series Mainstreaming Preschoolers* which focus on mainstreaming in Head Start and spell out techniques that can be used by teachers and parents in working with handicapped children. The RAPs are responsible for conducting a minimum of one workshop per State each year, and have been designated as the primary mechanism for dissemination of the Mainstreaming Preschoolers series.

* For the information of those working in programs for handicapped children, the series of eight program manuals detailing the procedures and techniques for mainstreaming handicapped preschoolers into Head Start classrooms is for sale by the Government Printing Office. Requests should be addressed to: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders must be accompanied by a check or money order made payable to the Superintendent of Documents. The orders must also include titles and GPO stock numbers. The documents that are available are Mainstreaming Preschoolers: Children With Mental Retardation (GPO Stock No. 017-092-00029-4), \$6.50; Mainstreaming Preschoolers: Children With Visual Handicaps (GPO Stock No. 017-092-00030-8), \$6.00; Mainstreaming Preschoolers: Children With Health Impairments (GPO Stock No. 017-092-00031-6), \$6.50; Mainstreaming Preschoolers: Children With Hearing Impairments (GPO Stock No. 017-092-00032-9), \$6.50; Mainstreaming Preschoolers: Children With Speech and Language Impairments (GPO Stock No. 017-092-00033-2), \$6.50; Mainstreaming Preschoolers: Children With Orthopedic Handicaps (GPO Stock No. 017-092-00034-1), \$6.50; Mainstreaming Preschoolers: Children With Learning Disabilities (GPO Stock No. 017-092-00035-9), \$6.50; Mainstreaming Preschoolers: Children With Emotional Disturbances (GPO Stock No. 017-092-00036-7), \$6.50.

In 1983-1984, the RAPs conducted mainstreaming training for 15,415 persons including teachers, teacher aides, and other personnel. A separate contract was awarded to evaluate the mainstreaming training. In a sample of 288 Head Start programs contacted by the contractor evaluating the RAPs, it was found that 33 percent of the Head Start teachers had received mainstreaming training during 1983-1984. Evaluations by participants have shown that these conferences were very successful. Teachers and other Head Start staff members, including aides, directors, parents, and support staff, have indicated that they have benefited greatly from the training. Ninety-six percent of the trainees who completed evaluation forms gave the RAPs the top two ratings on the scale used to evaluate training. Further, from the sample of 288 programs, Head Start programs indicated that training was the most valuable service provided by RAPs. Participants indicated they learned new skills for working with handicapped children and learned to work more comfortably with handicapped children. They anticipated that they would do three or four things differently as a result of training (e.g., closer observation of handicapped children, use new materials and resources to work with handicapped children in the classroom, etc.).

The RAP training and the Mainstreaming Preschoolers manuals have been widely acclaimed not only throughout the Head Start community, but have also achieved recognition far beyond the Head Start programs for which they were primarily intended. The manuals have been sent to other Federal agencies, national professional associations, volunteer organizations that provide services to handicapped children, and State educational agencies. They are also being used in public schools, day care programs, universities and other organizations. The series has been shared with foreign governments as well.

Other major foci of the sixteen RAPs include promoting collaboration between Head Start and other programs and agencies serving handicapped children, and facilitating the inclusion of Head Start in the State plans for serving handicapped children, required under P.L. 94-142. In 1974, an interagency agreement between ACYF and the Office of Special Education in the Department of Education designated the RAPs as liaisons between Head Start and the State Education Agencies (SEAs). The RAPs have been facilitating the participation of Head Start grantees in the development of the State plans for preschool handicapped children which are required under P.L. 94-142. Formal collaborative agreements describing how Head Start and SEAs will coordinate services to preschool handicapped children are now in place in 40 States or territories. Four new written agreements and one reconfirmation of a previous written agreement were signed during the 1983-1984 program year, three of them were between ACYF and SEAs. One of the agreements was between the Head Start grantee and the public schools.

Some key points from these four new written agreements are provided as examples:

- o In Georgia, Head Start programs will participate with local education agencies (LEAs) in conducting ongoing Child Find activities; Head Start and LEAs are to develop joint screening procedures, participate in training sponsored by either and may jointly fund activities for staff training. Head Start personnel are to be invited to attend IEP/Placement meetings for handicapped children entering LEA programs and LEAs, through a designated liaison, are to assist Head Start programs in conducting follow-up for handicapped children and families transferring to LEAs.

- o In the District of Columbia, Head Start is recognized as an appropriate placement for handicapped children; Head Start and the public schools agree to dual enrollment whenever possible and appropriate and agree to mutually shared training and technical assistance services for personnel. Head Start will orient the child and family to the public school system to ensure the smooth transition from Head Start to public school.
- o In Oregon, Head Start programs will follow the SEA guidelines for diagnostic criteria and definitions and still address the diagnostic categories identified by Head Start. The SEA will, upon request, participate in Head Start in-service programs, and provide Department special education publications and technical assistance. ACYF agrees to monitor Head Start for compliance with P.L. 94-142 and both agree to assign at least one staff person responsible for coordinating the development of interagency programs, providing leadership and facilitating communications. The agreement provides for an annual meeting to review and update the provisions.
- o In Alaska, when the LEA considers Head Start to be the appropriate placement, Head Start is to be involved in the IEP process and it is recommended that Head Start be involved in the annual IEP review meetings. LEAs are responsible for providing transportation to children with handicapping conditions if stipulated as a related service in the child's IEP, and it is recommended that transportation services be agreed upon by LEAs and Head Start and included in the IEP. LEAs have responsibility for assuring that all handicapped children are identified by appropriate screening, assessment and diagnostic procedures; Head Start is responsible for initial screening of Head Start children and it is recommended that LEAs assist Head Start with screening procedures when necessary; the LEA is responsible for assessment and diagnosis of children who have been referred and the Head Start director's participation is encouraged. The SEA and Head Start also encourage the development of local cooperative agreements and the RAP provides technical assistance and materials relating to cooperative agreements.

On September 23, 1983, the U.S. Department of Health and Human Services, Office of Human Development Services and the U.S. Department of Education, Office of Special Education and Rehabilitation Services, signed an Interagency Agreement for a \$400,000 project to improve services to young handicapped children. Funding for the project was provided by the Department of Education, Special Education Programs (\$300,000) and the Department of Health and Human Services, Administration for Children, Youth, and Families (\$100,000), with collaboration from the Administration on Developmental Disabilities. The major goal of the project was to expand a training program being developed by Head Start to prevent abuse and neglect of young handicapped children. Copies were disseminated to Head Start programs in 1984 and a version adapted for use by public schools and other agencies is being developed for distribution in 1985. With the collaboration of public

school personnel this prevention program also included handicapped kindergarten children. The RAPs and University Affiliated Facilities programs in five geographic areas developed and field tested the materials in Head Start and public schools. Copies of these materials will be disseminated in 1985. This agreement also provides for the development of a film on serving a severely handicapped child within a Head Start program and during the transition to a public school. This film was produced in 1984 and training materials to accompany it will be completed during 1985.

In November 1983, ACYF funded the Deferred Diagnosis Pilot Project to be implemented by the New England RAP and Region VII RAP in Connecticut and Iowa respectively. The project was funded as part of an overall effort to review the diagnostic criteria for reporting handicapped children in Head Start. Deferred diagnosis was defined by ACYF for purposes of this study as "the deferment of the final, definitive diagnosis of handicapped children for a specified period of time and under specified circumstances." Both pilot projects, working through an Advisory Committee, developed diagnostic criteria, implemented the concept in selected sites in Connecticut and Iowa, and assessed the results of the project.

In Connecticut, staff concluded that the pilot project clearly demonstrated the usefulness of deferred diagnosis as a category for handicapped children served in Head Start. The Advisory Committee felt that the next step should be to test the category more broadly and that the dual underpinnings for the guidelines developed for the category--measurable delay documented by an interdisciplinary diagnostic process and follow-up activities designed to broaden and clarify the diagnostic picture--represented sound clinical practice which should not be diluted. They also felt that the standards set for this category were valid for all young handicapped children and hoped to see the guidelines developed serve as a model for the development of guidelines describing both criteria and follow-up activities for each diagnostic category. They were troubled both by the frequency of reported emotional disturbance in the sample children and by the high incidence of stressful home situations or parental disability.

In Iowa, administrative circumstances limited the scope of the pilot. However, the project staff concluded from the information gathered that there is a small percentage of handicapped preschool children who are difficult to diagnose and who do not fit neatly into the current diagnostic categories used by Head Start. They believed it is helpful to have a longer period to observe the child and analyze the problem areas closely without delaying the services which appear to be the most appropriate.

Results of this pilot project were also taken into consideration by the RAP Task Force in their analysis of the Diagnostic Criteria for Reporting Handicapped Children in Head Start.

The list of sixteen RAPs in the network is provided in Appendix B.

D. Coordination With Other Agencies

Current Local Efforts - Head Start programs reported working with other agencies in several ways. Of the 59,335 handicapped children enrolled in the programs, 25,472 (43 percent) had been referred to Head Start by other agencies or individuals, including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations. Of those referred, 12,260 (48.1 percent) were professionally diagnosed as handicapped prior to enrollment in Head Start.

Nearly 65 percent of the handicapped children in Head Start received special education or related services from other agencies. These services included speech therapy, language stimulation, physical therapy, and other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling. About 59 percent of the programs utilized 6,404 additional staff from outside agencies to provide special assistance for handicapped children.

About 96 percent of the programs reported having written or informal agreements with LEAs or other agencies regarding services for handicapped children. A total of 1,492 Head Start programs (84.4 percent) had a written or informal agreement with LEAs regarding services to be provided to handicapped children in Head Start. A total of 1,562 (88.4 percent) of the Head Start programs had written or informal agreements with agencies other than LEAs regarding services to be provided to handicapped children in Head Start.

APPENDIX A

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. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

Blindness - A child shall be reported as blind when any one of the following exists: (a) the child is sightless or 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 exists: (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 has been made in the State of residence.

Hearing Impairment (Handicap) - A child shall be reported as hearing impaired when any one of the following exists: (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) the child has hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

* 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.

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

Speech 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 Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

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

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

Specific Learning Disabilities - These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which 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. Not included are 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 special educators with at least Master's degrees and evidence of special training in the diagnosis of learning disabilities.)

APPENDIX B

1983-1984 Resource Access Project Network

<u>DHHS Region</u>	<u>States Served</u>	<u>Resource Access Project (RAP)</u>
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Square Village, Suite 1M New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center 3800 Reservoir Road, NW Bles Building Washington, D.C. 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center, Merritt Mill Road Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start 119 Mayes Street Jackson, Mississippi 39213
	Alabama Kentucky Tennessee	Peabody College/Vanderbilt University Box 317 Nashville, Tennessee 37203
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe School 403 East Healey Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project 626 East Slifer Street Portage, Wisconsin 53901

<u>DHHS Region</u>	<u>States Served</u>	<u>Resource Access Project (RAP)</u>
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division P.O. Box 4170 Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit 26 Kansas City, Kansas 66103
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Denver Research Institute/SSRE University of Denver Denver, Colorado 80208
IX	Arizona California Nevada	Child, Youth and Family Services 1741 Silverlake Boulevard Los Angeles, California 90026
	Pacific Trust Territories and Hawaii	University of Hawaii Biomedical Building, C-105M 1960 East West Road Honolulu, Hawaii 96822
X	Idaho Oregon Washington	Portland State University Division of Continuing Education P.O. Box 1491 Portland, Oregon 97207
	Alaska	Easter Seal Society of Alaska 620 East 10th Avenue, Suite 203 Anchorage, Alaska 99501

American Indian Programs in:

Arizona Colorado Montana Nevada New Mexico North Dakota Oklahoma South Dakota Utah Wyoming	American Indian Law Center, Inc. P.O. Box 4456 - Station A Albuquerque, New Mexico 87196
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APPENDIX C

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1983-1984

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Alabama	38	10,972	1,261	11.49
Alaska	3	809	71	8.78
Arizona	18	3,464	383	11.06
Arkansas	21	6,215	805	12.95
California	117	37,548	3,913	10.42
Colorado	24	5,710	780	13.66
Connecticut	27	4,911	539	10.98
Delaware	4	760	145	19.08
District of Columbia	4	1,997	234	11.72
Florida	35	13,185	1,570	11.91
Georgia	39	10,525	1,343	12.76
Hawaii	4	1,348	163	12.09
Idaho	8	1,174	290	24.70
Illinois	79	27,135	2,972	10.95
Indiana	34	6,802	949	13.95

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1f of the Project Head Start 1983-1984 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1984 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1983-1984

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Iowa	22	3,539	609	17.21
Kansas	21	3,420	526	15.38
Kentucky	47	10,928	1,293	11.83
Louisiana	40	10,182	1,217	11.95
Maine	13	1,858	357	19.21
Maryland	28	5,325	827	15.53
Massachusetts	32	8,579	1,240	14.45
Michigan	87	22,912	2,580	11.26
Minnesota	26	5,177	652	.59
Mississippi	22	29,738	3,255	10.95
Missouri	22	9,554	1,477	15.46
Montana	9	1,186	155	13.07
Nebraska	14	1,946	359	18.45
Nevada	4	537	104	19.37
New Hampshire	6	766	126	16.45
New Jersey	32	10,555	1,286	12.18

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1f of the Project Head Start 1983-1984 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1984 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1983-1984

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
New Mexico	23	3,998	425	10.63
New York	152	28,915	3,335	11.53
North Carolina	43	11,693	1,521	13.01
North Dakota	7	657	104	15.83
Ohio	75	23,198	3,152	13.59
Oklahoma	25	8,087	1,252	15.48
Oregon	18	3,005	520	17.30
Pennsylvania	61	16,610	2,559	15.41
Rhode Island	8	1,571	220	14.00
South Carolina	18	6,652	783	11.77
South Dakota	7	1,024	158	15.43
Tennessee	24	9,408	1,286	13.67
Texas	91	22,716	2,531	11.14
Utah	10	1,947	257	13.20
Vermont	6	859	133	15.48

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment as obtained from item 12 B1f of the Project Head Start 1983-1984 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1984 or the end of the operating year.

APPENDIX C (continued)

Survey Results of Handicapped Children in Head Start by State*
(or Geographical Entity)

Full Year 1983-1984

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled**	Number of Children Professionally Diagnosed as Handicapped Through End of Operating Year***	Percent of Enrollment Professionally Diagnosed as Handicapped Through End of Operating Year
Virginia	30	5,129	836	16.30
Washington	26	4,312	643	14.91
West Virginia	26	4,166	703	16.87
Wisconsin	34	6,800	822	12.09
Wyoming	5	799	109	13.64
American Samoa	1	1,800	8	0.44
Guam	1	394	37	9.39
Puerto Rico	29	15,731	1,723	10.95
Trust Territories of The Pacific Islands****	6	1,984	167	8.42
Virgin Islands	1	1,180	76	6.44
State Subtotal	1,607	441,392	54,841	12.42
Indian Programs	94	15,855	1,818	11.47
Migrant Programs	66	18,681	2,676	14.32
Total	1,767	475,928	59,335	12.50

* State data exclude Migrant and Indian Programs.

** These enrollment data reflect total actual enrollment, as obtained from item 12 B1f of the Project Head Start 1983-1984 Annual Program Information Report (PIR).

*** The data on the Head Start Handicapped Efforts were obtained as part of the PIR and were collected as of June 15, 1984 or the end of the operating year.

**** Include Head Start programs in the Commonwealth of Northern Mariana Islands, Marshall Islands, Palau, Ponape, Truk, and Yap.