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ABSTRACT

A study was conducted to document how 10 teachers of preschool handicapped children make decisions related to Individualized Education Program (IEP) development and revision, monitoring of pupil progress, and instructional modifications. Information also was obtained about exit criteria for students in programs for preschool handicapped children. Extensive interviews of teachers indicated that they are involved in IEP development and revision, with revisions influenced by pupil progress on IEP objectives. Student progress typically is evaluated through informal behavioral observations rather than through systematic and continuous measurements of performance. Few teachers have time for evaluation built into their schedules, even though most feel it would be advantageous. Program exit, either to a regular education program or to other special education programs, most often is based on chronological age or attainment of age-appropriate or kindergarten level skills as judged by teachers. (Author/CL)

University of Minnesota

RESEARCH REPORT #3

INSTRUCTIONAL DECISION-MAKING PRACTICES OF TEACHERS OF PRESCHOOL HANDICAPPED CHILDREN

James E. Ysseldyke, Paula A. Nania, and Martha L. Thurlow

EARLY CHILDHOOD ASSESSMENT PROJECT

September, 1985

Abstract

A study was conducted to document how teachers of preschool handicapped children make decisions related to IEP development and revision, monitoring of pupil progress, and instructional modifications. Information also was obtained about exit criteria for students in programs for preschool handicapped children. Extensive interviews of teachers indicated that they are involved in IEP development and revision, with revisions influenced by pupil progress on IEP objectives. Student progress typically is evaluated through informal behavioral observations rather than through systematic and continuous measurements of performance. Program exit, either to a regular education program or to other special education programs, most often is based on chronological age or attainment of age-appropriate or kindergarten level skills as judged by teachers.

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Instructional Decision-Making Practices of Teachers of Preschool Handicapped Children

James E. Ysseldyke, Paula A. Nania, and Martha L. Thurlow

Student evaluation, both formal and informal, is important in planning effective instructional inte ventions for children with handicapping conditions (Hunt, 1975). Because there are no universal formulas for determining the most effective way to intervene with a given handicapped student, the intervention process must be viewed as a hypothesis testing process (Deno & Mirkin, 1977). In this view, student progress needs to be monitored continually and directly, and the results from evaluation used to assess instructional effectiveness and to make instructional changes (Deno & Mirkin, 1980; Ysseldyke & Mirkin, 1982).

There is a wealth of research pertaining to assessment and intervention practices with elementary school-aged handicapped children (Algozzine, Ysseldyke, Christenson, & Thurlow, 1983; Ysseldyke & Thurlow, 1984), but little information about such practices with preschool-aged handicapped populations. In light of the growing emphasis placed on early intervention and its effectiveness, this is an area that needs to be investigated. Little is known specifically about how teachers of preschool handicapped children make instructional decisions (i.e., how they write instructional goals and objectives for student IEPs, if and how they evaluate progress, what they do with assessment information, and how they revise instructional plans). Before we can talk about intervening in this process, we need to thoroughly describe and

document the actual practices of teachers working in early childhood education programs.

The purpose of this study was to describe how a sample of teachers working with preschool handicapped children monitor progress and make educational decisions about their students. Because teachers work directly with the students and are closely involved in the review process for students, it was important to survey their opinions about the process and to consider these in examining current practice. Further, the sample of teachers was limited to include only those who were recommended by program administrators as being good in their field. These teachers also were questioned on their awareness of the existence of specific criteria used by their districts to decide when a child is ready to exit from a special education program.

Method

Subjects

Ten female teachers of handicapped preschool children in a midwestern state served as subjects for the study. The participating teachers were identified by Special Education Directors or Preschool Program Coordinators from school districts that were selected at random from a list provided by the Special Education Section of the State Department of Education. Each Director/Coordinator was asked over the phone to recommend a teacher of handicapped preschool children in the district whom they considered to be a "good" teacher. We specifically asked each Director/Coordinator to recommend "good" teachers because we were interested in documenting best practices, not

just typical practices. If the district had only one teacher working with the specified population, that teacher was not included as a subject unless he/she had been highly recommended as "good." If more than one teacher's name was given, a teacher was chosen at random. Only one of the Directors/Coordinators contacted could not recommend a "good" teacher.

Of the 10 different districts represented by the subjects, 1 district was urban, 4 were suburban, and 5 were rural. Eight of the districts served fewer than 25 handicapped preschool students in 1983-84, 1 served 25-50, and 1 district served 75-100. The 10 teachers had taught special education students for an average of 7.8 years (range = 1-14; SD = 3.4), had an average of 3.6 years of other teaching experience (range = 0-14; SD = 5.1), and had taught in their current program placement for an average of 5.1 years (range = 1-10; SD = 3.3). The highest degree obtained by four of the teachers was a bachelor's degree, two teachers reported having credits beyond a bachelor's degree, two had earned master's degrees, and two had credits or a degree beyond a master's. Teachers provided direct service to an average of 16.5 children (range = 9-28; SD = 7.2) and indirect service to an average of 1.0 children (range = 0-6; SD = 1.9). All children served by the teachers were in the 2-6 year age range.

The children served by the teachers were identified as having a broad range of handicapping conditions. The most frequently represented categories were physically handicapped and speech/language

impaired (served by 90% of the teachers), closely followed by educable mentally handicapped (80%), and developmentally disabled (70%).

Materials

The interview form developed for this study was adapted from a questionnaire used to study decision-making behavior of special education teachers in elementary schools (Potter, 1983). The interview consisted of six sections: (a) child information, (b) IEP development, (c) changes in IEPs and instructional plans, (d) monitoring progress, (e) program "exit criteria," and (f) teacher and school information. A copy of the interview form can be found in the Appendix.

Procedure

Teachers were contacted by telephone and asked to participate in a phone interview to be scheduled for a later time. Each teacher was told that she had been recommended by the school district's Director of Special Education or Preschool Program Coordinator. All 10 teachers contacted agreed to participate.

At the time of initial contact, each teacher was asked to select randomly one child whom she served. The teacher was to think about this child when answering certain interview questions. The child was to fit the following criteria: (a) under five years of age, (b) has a handicapping condition, (c) has been served by the teacher for at least eight months, and (d) is one for whom the teacher had been involved in the development of the most recent IEP.

Two researchers conducted the interviews by telephone using a typewritten interview form. Each interview took an average of 40 minutes. Each teacher was paid $10.00, except one teacher who refused payment but requested study results. All interviews were conducted in May and June, 1985.

Results

The children who were selected randomly by teachers ranged in age from 4 years 6 months to 5 years 5 months.[1] Four of the children were female and six were male. All 10 children were receiving service in center-based program alternatives. The children were described as having handicapping conditions in the following areas: speech and language (n = 8), physical/motor (n = 5), behavioral (n = 3), cognitive (n = 3), social/self help (n = 2), vision (n = 1), hearing impaired (n = 1), and mentally retarded (n = 1). (The total number of disabilities is greater than 10 because teachers sometimes identified multiple disabilities for which the child was receiving service.) Nine of the 10 children had been receiving special education services for 7-10 months and 1 child had been served for 2 years. Each of the teachers had served the child for the entire time services had been

[1] Although it was specified at the time of the initial contact with the teacher that the child be under 5 years of age, 2 children aged 5-4 and 5-5 were included by the teachers. These 2 children were less than 5 years of age when the teachers began providing service, however.

received. Interventions were provided by the teachers for the children in the following areas: preacademic/readiness (90%), self-help/independent behavior (80%), motor/physical (70%), speech and language (60%), social/emotional behavioral (60%). (Total is greater than 100% due to teachers providing service in more than one area.)

Development of Initial IEP

Teachers were asked to describe how the initial IEP for the chosen student was developed. Eight of the 10 teachers said they had been personally involved in the process. Several professionals and other persons also were named as having been involved in the process (see Table 1). The professional most frequently mentioned was the speech therapist (100%), closely followed by the psychologist (60%), and the occupational therapist (60%). Parents were mentioned by 70% of the respondents.

Teachers indicated that several sources of information were used in developing the initial IEPs. Behavioral observations (80%) and ability test scores (80%) were named most often. Parents' input (60%) and the psychologist's information (50%) also were frequently cited sources of information (see Table 2).

Changes in IEPs and Instruction Plans

Teachers were asked how many times the child's IEP had been revised since the initial IEP had been written. Three IEPs had been revised once (this includes the child who had received services for two years), four had been revised twice, and two had been revised

Table 1

People Involved in Development of Initial IEPs

Title	Number of Teachers Naming This Person
Speech Therapist	10
Parents	7
Psychologist	6
Occupational Therapist	6
Lead Teacher	5
Other Teachers	3
Adaptive Physical Education Teacher	3
Principal	2
Vision Consultant	1
Screening Staff	1
Nurse	1
Social Worker	1
Physical Therapist	1

Table 2

Sources of Information Used in Developing Initial IEPs

Source	Number of Teachers Naming Source
Behavioral Observations	8
Ability Test Scores	8
Parent Input	6
Psychologist's Information	5
Achievement Test Scores	4
Medical Information	3
Current Staff Input	2
Performance on Criterion-Referenced Measures	2
Performance on District Developed Measures	1
Previous Classroom Teachers' Input	1

three times. Teachers said that these numbers of revisions were fairly typical for the children in their programs. One teacher said that her student's IEP had not been revised at all, but that IEPs usually are revised once a year within that program.

Teachers were asked how they decide to change or maintain the child's IEP, and specifically, what tools, methods, and criteria they use in decision making. These results are summarized in Tables 3 and 4. The two most common decision factors that were mentioned (see Table 3) were progress on IEP objectives (n = 9) and informal behavioral observations (n = 7). Staff input and performance on criterion-referenced measures were mentioned least often. Teachers mentioned an average of 3.5 factors.

All 10 teachers reported that they used information from other staff members or outside professionals when revising the student's IEP, and that this practice was fairly typical. The most frequently named resources were speech therapists and parents (see Table 4). Eight of the 10 teachers used 3 to 5 other people as sources of information. Two of the teachers made use of only one outside source of information; for both, the identified source was the parents.

When asked whether there were other factors that played a role in decisions to change or not to change IEPs, seven teachers responded affirmatively and gave the following factors: parental concerns (n = 3), medical information (n = 2), transportation costs (n = 1), type of handicap (n = 1), and daily evaluation (n = 1).

Table 3

Information Used by Teachers in Changing or Maintaining IEPs

Factors	Number of Teachers Using Factor
Progress on IEP Objectives	9
Informal Behavioral Observations	7
Parent Input	6
Ability Test Scores	5
Achievement Test Scores	4
Staff Input	2
Performance on Criterion-Referenced Measures	2

Table 4

Persons Named by Teachers as Providing Them With Information Relevant to IEP Revisions

Person	Number of Teachers Naming Person as Source of Information
Speech Therapist	7
Parents	7
Other Teachers	5
Occupational Therapist	5
Psychologist	3
Doctor	2
Physical Therapist	1
Program Director	1
Play Therapist	1
Audiologist	1

Reactions to IEP Review/Revision Process

When asked whether they were satisfied with their program's process for reviewing and modifying IEPs, seven teachers responded "yes" and gave reasons for their satisfaction. Four teachers mentioned the many different people involved in the process and the resulting comprehensive view of the child that was obtained. Three teachers said they liked the contact with the parents and the amount of parental input provided by the process. Two teachers liked using IEPs for goal documentation and progress evaluation. One teacher gave each of the following reasons: the revision options allowed by the IEP form, the use of a mid-year review, and the timing of the reviews, which gave the child time to change.

Of the seven teachers who said they were satisfied with the process overall, none did so without also voicing dislikes or things they would change. Two teachers indicated that there is too much paperwork, which detracts from the time they felt they needed to spend with the children. Two teachers wished the conference format was changed to make it easier for parents to provide input. Each of the following was mentioned by an individual teacher: (a) the need for more time to share and discuss assessment information with other staff members, (b) the evaluation process is too rushed in the spring and, therefore, not all children get evaluated, (c) two yearly reviews would be better than the once-a-year review in current practice, (d) initial IEPs are written too early in the year and the writing should be delayed, and (e) the need to be able to experiment with different types of assessment procedures and tools.

Three teachers were dissatisfied overall with the review process. However, their dissatisfactions and the changes they would make were somewhat different from those given by the teachers who were satisfied. Two of the dissatisfied teachers wanted more prestaffing time (i.e., released time to work with parents or to prepare themselves to help parents better understand the process). One teacher desired more preparation time so that the staff could work better as a team and learn from each other. One said that too much testing was being done and that she would prefer to rely more on behavioral observations. One teacher said she wanted to serve fewer students. One teacher felt more time was needed for the process. And one teacher wanted more direct service from another professional in her classroom.

Although these three teachers were dissatisfied with the process overall, each was able to name some positive aspect of the program's review process: two teachers were satisfied with the communication between staff and parents; one felt the system was well organized; one was pleased with the increased time allotted for assessment at the beginning and end of the year; and one teacher mentioned good team communication.

Monitoring Pupil Progress

Most teachers (n = 7) reported that they have no time built into their schedules specifically for the purpose of conducting student evaluations. Six of these teachers said they do student evaluations during the school day while aides take over the class. One teacher

said she schedules evaluations on her office days and another said that she does formal evaluations only in the Fall and Spring. Six of these seven teachers expressed a desire to have some time to conduct evaluations built into their schedules. Three teachers responded that they did have time to conduct evaluations built into their schedules. One teacher had one day per week set aside for evaluation and was satisfied with that amount of time. Another teacher was satisfied with the 40 minutes per day she had in which to conduct evaluations. And one teacher, who had 7½ hours per week designated for evaluations, wished to have an additional 5 hours per week.

Teachers were asked to estimate the proportion of their preparation and instruction time that they actually were engaged in student evaluation. Two teachers could give no estimate and said that they were continually engaging in informal evaluation. For the eight teachers who provided estimates (see Table 5), the average amount of total preparation and instructional time spent on student evaluations was 15% (range = 4-33%).

Three of the 10 teachers did not desire a change in the amount of time they spent in evaluation. These three teachers were currently spending 18%, 22%, and an unestimated amount of their time in evaluation. Seven teachers did desire a change in the amount of time they spent in student evaluation. Five wanted more time; they currently were spending 7%, 11%, 11%, 14%, and 33% of their total time in evaluation. The two teachers who wanted to spend less time in evaluation were currently spending (a) 4% during the year, but much

Table 5

Percent of Total Preparation and Instruction Time Teachers (n=8) Spent in Student Evaluation

Percent of Time	Number of Teachers
1-10	2
11-20	4
21-30	1
31-40	1

more time in Fall and Spring, and (b) an unestimated amount of continuous informal evaluation.

Teachers were asked what they did with information they obtained from evaluations of student progress. The results, based on the responses of eight teachers, are summarized in Table 6. Most often the information was gathered to share with someone else.

Teachers were asked to name others who provided them with information concerning their students' progress. These results are summarized in Table 7. The teachers mentioned an average of 3.7 people (range = 2-6). The most frequently named was the speech therapist (90%), followed by parents (70%), and other teachers or aides (70%). Eight teachers said that the information received from others influenced how they worked with their student "very much." One teacher responded that the information had "somewhat" of an influence, and one teacher gave no response. None of the teachers felt that this information influenced them "not at all."

The teachers were asked questions about their evaluation procedures used with their chosen student in five specific areas.

Preacademic/readiness/cognitive. Nine of the 10 teachers said they had evaluated their students in the preacademic, readiness, or cognitive area. The most popular method of evaluation in this area was behavioral observation (n = 7), followed by the use of achievement test scores (n = 6). Other less frequently used methods included teacher-made checklists (n = 3), ability tests (n = 2), curriculum goals (n = 1), consultation with teachers at the child's other school

Table 6

What Teachers (n=8) Do With Information From Progress Evaluation

	Number of Teachers
Share with Parents	5
Put in Student's File	4
Chart	3
Share with Other Teachers	2
Use to Change or Add to IEP Goals	1
Take Notes	1
Use to Change Instructional Plans	1
Use to Prepare Weekly Activities	1

Table 7

Other Persons Providing Teachers With Information on Student's Progress

Person	Number of Teachers Naming Person
Speech Therapist	9
Parent	7
Other Teacher/Aide	7
Occupational Therapist	5
Psychologist	4
Physical Therapist	2
Doctor	2
Social Worker	1
Nurse	1

(n = 1), and program-developed measures (n = 1). The frequency of evaluation in this area was given as daily by three teachers; the rate was in reference to observations. Seven teachers said they evaluate their student with formal testing in this area two to three times per year. Of the seven teachers who responded as to how progress is documented in this area, four said that they chart the information, two said that they take notes and put them in the student's file, and one said that she keeps samples of the student's work.

Self-help/independent behavior. Eight teachers said they had evaluated their students' progress in the "self-help/independent behavior" area. Five of the teachers said that they monitor progress in this area daily with behavioral observations, and one said that she notes progress in this area only when a change is observed. Behavioral observation was the most frequent method used (n = 8). Three teachers used checklists, and one teacher used a commercial curriculum and an achievement test. One-half of the teachers said that they took notes and filed them to document progress, two teachers charted progress, and one used the checklist as a record of progress.

Social/emotional/behavioral. Five of the 10 teachers evaluated their students in the "social/emotional/behavioral" area. Two did so daily, two did so once per week, and one teacher conducted evaluation in this area once per month. All five teachers said they relied on behavioral observations to monitor progress in this area. In addition, one teacher held conferences with her student's teacher at another school to gain information in this area, and another teacher

used a "play observation guide." One teacher said that in this area there is the "least amount of good tools." Two teachers used charts to document student progress in this area, two took notes, and one teacher used both charts and written notes.

Speech/language. In the "speech/language" area, only two of the 10 teachers evaluated student progress. One teacher used behavioral observations only and said she did this on an ongoing, informal basis. There was no documentation of progress in this case unless the teacher had a conference with the speech therapist. The other teacher who monitored her student's progress in this area did so once per year and used as sources of information parent input, a language sample, and several ability tests. This teacher did not state how she documented her student's progress.

Motor/physical. Six of the 10 teachers evaluated their student's progress in the "motor/physical" area. Three teachers did so on a daily basis (with observations), and two others used observations three times per week. Formal testing was done once per year by one teacher, four times per year by another, and once per month by a third. All six teachers used observations, four used ability tests, two used achievement tests, and one used a checklist. Two teachers documented progress by filing work samples (e.g., cutting samples), one teacher charted progress, and another teacher said that she did not document progress, but just mentally noted it. Two teachers did not respond as to how they documented student progress in this area.

Exit Criteria

When the teachers were asked whether children ever exit from their programs, either to regular education programs or to other special education programs all teachers responded "yes." The most popular reasons (teachers usually gave more than one) for leaving the program were the child's chronological age and the child having age-appropriate skills (each reason given by six of the 10 teachers). Other reasons included the child moving out of the district (n = 3), the allowable length of time for service in the program being completed (n = 2), more appropriate programming being available elsewhere (n = 2), and when a "poor" diagnostic evaluation had been done and the child's entrance to the program was a mistake (n = 2). One teacher gave each of the following reasons: parent request, child's delays are not severe enough for her/him to be served in the program, and child no longer qualifies for direct service. One teacher mentioned only chronological age and moving out of the district as reasons, without referring in some way to the child's skills or progress as the other teachers did.

When asked whether their programs had specific exit criteria (described as some fairly objective rules governing the program's range of service in relation to child characteristics), one teacher was not sure, four said no, and five said yes. The five teachers who responded affirmatively gave the following criteria: the child does not fit the entrance criteria (n = 4), the child has kindergarten-appropriate skills (n = 2), the child has met his/her IEP goals (n =

1), "when there is more appropriate programming elsewhere" (n = 1), and when the child is "successfully functioning in the special education setting" (n = 1). The following guidelines for determining a child's exit from a program were either offered spontaneously by those who were unsure or who said there were no objective criteria, or were included in response to the question, "What would the student have to be like or do differently for a decision to be made to exit him/her into a regular education program?": child exhibits age-appropriate skills (n = 2), child is too old (n = 1), child has met his/her IEP objectives (n = 1), parental input plays a role (n = 1), the child would have to rise above a given percentile in performance (n = 1). Three teachers responded that exit decisions were based on teacher judgment and that the criteria were fairly subjective.

Discussion

The results of this study represent the practices and opinions of a small, select sample of teachers working with handicapped preschool children. These teachers had been identified as good teachers by an administrator in this program. Because similar information was not gathered from a sample of "average" or "poor" teachers, no conclusion can be drawn at this time about possible differences existing among teachers who might be judged to fall outside the "good" category.

Based on the information given by the sample of teachers, there does not seem to be one established best practice or one opinion on what exemplary practice should be concerning student evaluation and decision making in early childhood education programs for the

handicapped. However, a general description of current practice and opinions can be suggested.

When developing initial IEPs, teachers usually rely on behavioral observations and ability test scores. Speech therapists are involved in the process, as are parents. When teachers change instructional plans and IEPs, they commonly base these changes on the child's progress on IEP objectives and on informal behavioral observations. When other sources are used for input on making changes, the sources most often are the speech therapist and parents. The involvement of many people, good within-staff communication, high parental input, and good communication between parents and staff are factors that raise teachers' satisfaction with the IEP review/revision process. Dissatisfaction with the process centers around paperwork and occasionally demands for formal assessment that take away from instructional time.

Overall, different amounts of time are devoted to student evaluation, depending on the teacher. Few teachers have time for evaluation built into their schedules, even though most feel it would be advantageous. Behavioral observations are the most popular method for monitoring pupil progress. The information gathered in evaluations generally is shared with others; it is not used very often to change IEP goals or instructional plans. Similarly, it is not designated as a basis for making decisions about whether students are ready to exit from special education programs.

This description is fairly similar to that presented for elementary special education teachers (Potter, 1983). Even though the

research literature suggests that it is important to monitor students' behavior continuously and directly and to use the information to plan instructional programs (cf. Fuchs, Deno, & Mirkin, 1984), teachers generally do not do so (cf. Wesson, King, & Deno, 1984). The issue of whether progress monitoring is important enough to justify the time deserves attention in preservice training for teachers of handicapped preschoolers.

The teachers in the current study relied heavily on behavioral observations in changing instructional plans and IEPs and in monitoring pupil progress. Among a sample of special education teachers working at the elementary level, those who relied on behavioral observations were less likely to make instructional changes than those teachers who used test-based data (Potter, 1983). A direction for further investigation would be to look more closely at the relationship between preschool teachers' methods of monitoring progress and the frequency with which they make instructional changes, and what effect this has on the effectiveness of intervention.

It is interesting that the teachers' views of the exit criteria for their programs were similar to those reported from a national survey of personnel involved in programs serving handicapped preschoolers (Thurlow, Lehr, & Ysseldyke, 1985). Chronological age and the attainment of age-appropriate or kindergarten level skills were mentioned frequently by both samples.

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Appendix

Telephone Interview Form

Interviewer_____ Date_____

Teacher Interview

"Hello (teacher). This is _____ from the University of Minnesota. Is this still a convenient time for us to talk?"

"Before we start I would like to review with you the criteria for the specific child about whom you have agreed to answer some questions. The child should be under 5 years of age and have a handicapping condition. You have served this child since at least September or October of 1984 and you were involved in the development of the childs current IEP. Is that correct?"

Interview Questions

A. Child Information ("X" = Child)

1. "How old is "X"? ___ yrs ___ mo (or birthdate __/__/__)
2. "Is "X" a male ___ or female ___?"
3. "What is the nature of "X's" handicap? (i.e., "Why is "X" currently receiving special education services?").

_____

_____

_____

4. "What level of service is "X" currently receiving?

I ___ II ___ III ___ IV ___ V ___ VI ___

5. "For how long has "X" received special education services?" ___ (If available, list entrance date _____.)
6. "When did you begin serving "X"?" _____
7. "In what areas do you personally (teacher, not including other staff) provide intervention for "X"?"

___ Preacademic/Readiness
___ Self Help/Independent Behaviors
___ Social/Emotional/Behavioral
___ Speech and Language
___ Motor/Physical
___ Other_____

B. Development of IEP

"Describe how "X's" initial IEP within your program was developed."

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Prompt (a) "Who was involved?" (check off below)

___ Program director
___ Speech therapist
___ Psychologist
___ Social worker
___ M.D.
___ Other_____

___ Lead teacher
___ Other teacher
___ Occupational therapist
___ Physical therapist
___ Parents/guardians

Prompt (b) "Were you involved?" ___ YES ___ NO

Prompt (c) "What sources of information were used in developing "X's" initial IEP?" (check off below)

___ Parent input/priorities
___ Past classroom teacher input
___ Medical information
___ Psychologist's information
___ Current staff input
___ Progress on previous IEP objectives
___ Ability test scores
___ Achievement tests scores
___ Performance on criterion referenced measures
___ Performance on program/district-developed measures
___ Behavioral observations (___ formal ___ informal)

C. Changes in IEPs and Instructional Plans

1. "How many times has "X's" IEP been revised since the initial IEP was formulated within your program?"_____
2. "Is this a fairly typical number of times for the children in your program who have been in about that length of time?" ___ YES ___ NO "If NO, What is more typical?"_____
3. "How do you decide to change or to maintain as is "X's" IEP?"

_____
_____
_____

Prompt (a) "What tools, methods, criteria do you use?

___ Parent input/priorities
___ Past classroom teacher input
___ Medical information
___ Psychologist's information
___ Current staff input
___ Progress on previous IEP objectives
___ Ability test scores
___ Achievement test scores
___ Performance on criterion referenced measures
___ Performance on program/district-developed measures
___ Behavioral observations (___ formal ___ infomal)

Prompt (b) "When you change "X's" IEP do you use information from other staff members or outside persons or professionals?"
___ YES ___ NO

"If YES, Who?" What Kind of Information?

___ Program director _____
___ Speech therapist _____
___ Psychologist _____
___ Social worker _____
___ M.D. _____
___ Lead teacher _____
___ Other teachers _____
___ Occupational therapist _____
___ Physical therapist _____
___ Parents/guardians _____
___ Other _____

4. "Is this process you have described fairly typical for other children you serve?" _____
5. "Are there any other factors that play a role in decisions to change or not to change IEPs?" _____
6. "Are you satisfied with your program's process for reviewing and modifying IEPs?"

YES

(a) "What do you think is good about the process?" _____

(b) "Are there any changes you would make in this process if you could? ___YES ___ NO "What are they?" _____

NO

(a) "What do you dislike about the process?" _____

(b) "In what ways would you change this if you could?" _____

(c) "What, if anything, do you like about the current process?" _____

D. Monitoring Progress

1. "Do you have any "release time," that is, time set aside specifically for the purpose of evaluation, built into your schedule in which you can conduct child evaluations?"

___ YES

(a) "How much time per week?" _____

(b) "Would you like to see this amount change?"

___ yes, to _____

___ no

___ NO

(a) "Would you like to have some time set aside in your schedule for evaluation?" ___ YES ___ NO

(b) "When and how do you currently conduct evaluations?" ____

_____

_____

_____

2. "In general how much time per week do you spend in preparation and instruction?" _____ per week

3. "How much of that time would you estimate that you spend in evaluation activities?" _____

4. "Ideally, would you like to see this amount of time spent in evaluation changed at all?"

___ NO ___ MORE TIME ___ LESS TIME

5. "In what areas do you evaluate "X's" progress?"

___ Speech/Language

___ Preacademic/Readiness

___ Self Help/Independent Behaviors

___ Social/Emotional/Behavioral

___ Motor/Physical

___ Other _____

6. "What do you do with information that you obtain from evaluating "X's" progress?" _____

7. "If applicable,

Area #1

"How have you been evaluating "X's" progress in Preacademic/Readiness?" _____

_____

_____

_____

_____

_____

Prompt (a) "How often do you evaluate "X" in this area?" _____

Prompt (b) "What methods and tools do you use?"

___ Behavioral observations

___ Performance on program/district-developed measures

___ Ability test scores -- Names of tests _____

___ Achievement test scores -- Names of tests _____

___ Other _____

___ Other _____

Prompt (c) "How do you document progress information?" _____

_____

_____

_____

If applicable,
Area #2

"How have you been evaluating "X's" progress in Self-Help/ Independent Behaviors?" _____

_____

_____

_____

_____

_____

Prompt (a) "How often do you evaluate "X" in this area?" _____
Prompt (b) "What methods and tools do you use?"
___ Behavioral observations
___ Performance on program/district-developed measures
___ Ability test scores -- Names of tests _____
___ Achievement test scores -- Names of tests _____
___ Other _____
___ Other _____
Prompt (c) "How do you document progress information?" _____

_____

_____

If applicable,
Area #3

"How have you been evaluating "X's" progress in Social/ Emotional/Behavioral?" _____

_____

_____

_____

_____

_____

Prompt (a) "How often do you evaluate "X" in this area?" _____
Prompt (b) "What methods and tools do you use?"
___ Behavioral observations
___ Performance on program/district-developed measures
___ Ability test scores -- Names of tests _____
___ Achievement test scores -- Names of tests _____
___ Other _____
___ Other _____
Prompt (c) "How do you document progress information?" _____

_____

_____

If applicable,
Area #4

"How have you been evaluating "X's" progress in Speech and Language?" _____

_____

_____

_____

_____

_____

Prompt (a) "How often do you evaluate "X" in this area?" _____

Prompt (b) "What methods and tools do you use?"
___ Behavioral observations
___ Performance on program/district-developed measures
___ Ability test scores -- Names of tests _____
___ Achievement test scores -- Names of tests _____
___ Other _____
___ Other _____
Prompt (c) "How do you document progress information?" _____
_____
_____

If applicable,
Area #5
"How have you been evaluating "X's" progress in Motor/Physical Area?" _____
_____
_____
_____
_____
_____

Prompt (a) "How often do you evaluate "X" in this area?" _____
Prompt (b) "What methods and tools do you use?"
___ Behavioral observations
___ Performance on program/district-developed measures
___ Ability test scores -- Names of tests _____
___ Achievement test scores -- Names of tests _____
___ Other _____
___ Other _____
Prompt (c) "How do you document progress information?" _____
_____
_____

8. "Who else provides you with information concerning "X's" progress?"
___ Speech therapist
___ Psychologists
___ Social worker
___ Parent/guardian
___ Other _____
___ Other teachers/aides
___ Occupational therapist
___ Physical therapist
___ M.D.

9. "To what extent does this information from others influence how you work with "X",
___ very much, ___ somewhat, or ___ not at all?"

E. Exit Criteria

1. "Do children ever exit from your program, either to regular education programs or to other special education programs?"
___ NO
___ YES "For what reasons do children typically leave your program?" _____ _____
_____
_____

2. "Does your program have specific exit criteria (exit criteria = some fairly objective rules governing the program's range of service in relation to child characteristics; rules that help determine appropriateness of child-program match); when child is ready to leave?"
   ___ NO
   ___ NOT SURE/NOT AWARE
   ___ YES "What are the criteria?"_____
   _____
   _____

3. "What would "X" have to be like or do differently for a decision to be made to exit him/her into a regular education program?" _____
   _____
   _____
   _____

F. Teacher Information

"Now I would like to ask you a few questions about yourself."

1. "For how many years have you taught special education students?" _____
2. "How many years of other teaching experience do you have?"____
3. "How long have you been working in this program?"_____
4. "What is the highest degree you hold?"_____
5. "Approximately how many children do you serve each day?"____
   "How many of these do you serve directly?"____ Indirectly?____
6. "What are the ages of the children you serve?"
   ___ 0-1 ___ 1-2 yrs ___ 2-3 yrs ___ 3-4 yrs ___ 4-5 yrs
7. "What types of handicapped children do you serve?"

___ EMR	___ Physically handicapped
___ TMR	___ Hearing impaired
___ E.D.	___ Blind and deaf
___ Developmentally delayed	___ Multiple handicaps
___ Autistic	___ Learning disabled
___ Speech/language impaired	___ ESL
___ Visually impaired	___ Other _____
	___ Other _____

Sex of teacher ___ MALE ___ FEMALE

ECAP PUBLICATIONS

Early Childhood Assessment Project
University of Minnesota

No. 1 Preschool screening in Minnesota: 1982-83 by M. L. Thurlow, J. E. Ysseldyke, & P. O'Sullivan (August, 1985).

No. 2 Current screening and diagnostic practices for identifying young handicapped children by J. E. Ysseldyke, M. L. Thurlow, P. O'Sullivan, & R. A. Bursaw (September, 1985).

No. 3 Instructional decision-making practices of teachers of preschool handicapped children by J. E. Ysseldyke, P. A. Nania, & M. L. Thurlow (September, 1985).

No. 4 Exit criteria in early childhood programs for handicapped children by M. L. Thurlow, C. A. Lehr, & J. E. Ysseldyke (September, 1985).

No. 5 Predicting outcomes in a statewide preschool screening program using demographic factors by J. E. Ysseldyke & P. O'Sullivan (October, 1985).

No. 6 An ecological study of school districts with high and low preschool screening referral rates by. J. E. Ysseldyke, M. L. Thurlow, J. A. Weiss, C. A. Lehr, & R. A. Bursaw (October, 1985).