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ABSTRACT

The report describes the development and implementation of a statewide (Vermont) service delivery system which employed and trained parents of children with severe handicaps to: (1) work with educators to facilitate their involvement with families, and (2) provide information and support services which addressed individual family needs. The family services were integrated into existing regional and local educational services for learners with severe handicaps. The first section of the report describes characteristics of the state and the educational service delivery model, while subsequent sections report the development and implementation of the model. Individual sections provide information on the following topics: identification of family needs, recruitment and training of parent support persons, coordination and integration with other training, continuous identification of training needs, provision of information and support services, addressing regional and local needs, addressing individual family needs, consumer satisfaction with support and information services, needs assessment satisfaction, resource guide satisfaction, training workshop satisfaction, costs and benefits, and dissemination. Fifteen appendixes include sample training modules, sample pages from a community resource guide, sample newsletters, a parent interview form, and a sample workshop evaluation form. (DB)

FINAL REPORT

OCTOBER, 1987

84.086B

PARENT LEADERSHIP PROGRAM: PARENT INVOLVEMENT - SEVERELY HANDICAPPED

GRANT # G008430104

PROJECT # 086BH4006

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I-TEAM PARENT SUPPORT NETWORK

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APPENDICES

PARENT LEADERSHIP PROGRAM: PARENT INVOLVEMENT - SEVERELY HANDICAPPED FINAL REPORT - OCTOBER, 1987

One goal of educational programs for students with severe handicaps is to increase their participation and independence in current and future integrated community environments (Brown, Nietupski, & Hamre-Nietupski, 1976). Cooperative parent-educator relationships are essential in: 1) selecting high priority community environments and associated skills critical for participation, 2) designing and implementing IEPs which target increased participation in home and community environments, and 3) planning transitions into future integrated community environments (Bronicki & Turnbull, 1987; Vincent, Laten, Salisbury, Brown, & Baumgart, 1980). Furthermore, students with severe handicaps and their families also need a wide variety of community support services (Cina & Caro, 1984; Crnic, Friedrich, & Greenberg 1983). The need for parent involvement and cooperative relationships has traditionally been addressed through encouraging parent involvement as educational decision makers (e.g., IEP managers) and interventionists (e.g., teaching their children), and by providing training to parents which relates to these roles (Benson & Turnbull, 1986; Turnbull, 1983; Vincent, Dodd & Henner, 1978).

In the past few years, there has been increased emphasis for professionals to view students with severe handicaps within the broader context of family life (Bronicki & Turnbull, 1987; Benson & Turnbull, 1986; Vincent, Dodd & Henner, 1978). Professionals have been encouraged to use a family systems perspective to understand the resources, interactions, needs, and functions of families, and to address parent involvement and the provision of educational services from the perspective of individual family resources and needs. There is a body of literature on educational programs involving parents of children with severe handicaps as educational decision makers and interventionists (Benson & Turnbull, 1986). The literature on preschool educational programs notes that services are based upon families' total needs for information and support within a family and community context (de Pietro, Epstein & Schweinhart, 1987). There are, however, few models for school-age educational programs for students with severe handicaps which base services upon the total information and support needs of individual families.

This report describes the development and implementation of a statewide service delivery system which employed and trained parents of children with severe handicaps to: 1) work with educators to facilitate their involvement with families, and 2) to provide information and support services which addressed individual family needs. The family services were integrated into existing statewide, regional, and local educational services for learners with severe handicaps. The first section of the report briefly describes characteristics of the state and the educational service delivery model for learners with severe handicaps. Subsequent sections describe the development and implementation of the statewide family services model.

CONTEXT OF THE MODEL

The majority of Vermont's learners with moderate and severe handicaps receive special education services in regional programs located in integrated public schools within, or adjacent to, the more populated areas of the state. Due to the rural nature, poverty, and sparse population of Vermont, there are disparities in the availability of interdisciplinary specialists such as physicians, communication specialists, and physical and occupational therapists. The State of Vermont's Department of Education funds the State Interdisciplinary Team for Intensive Special Education (I-Team) to fill service gaps through complementing and supplementing existing services.

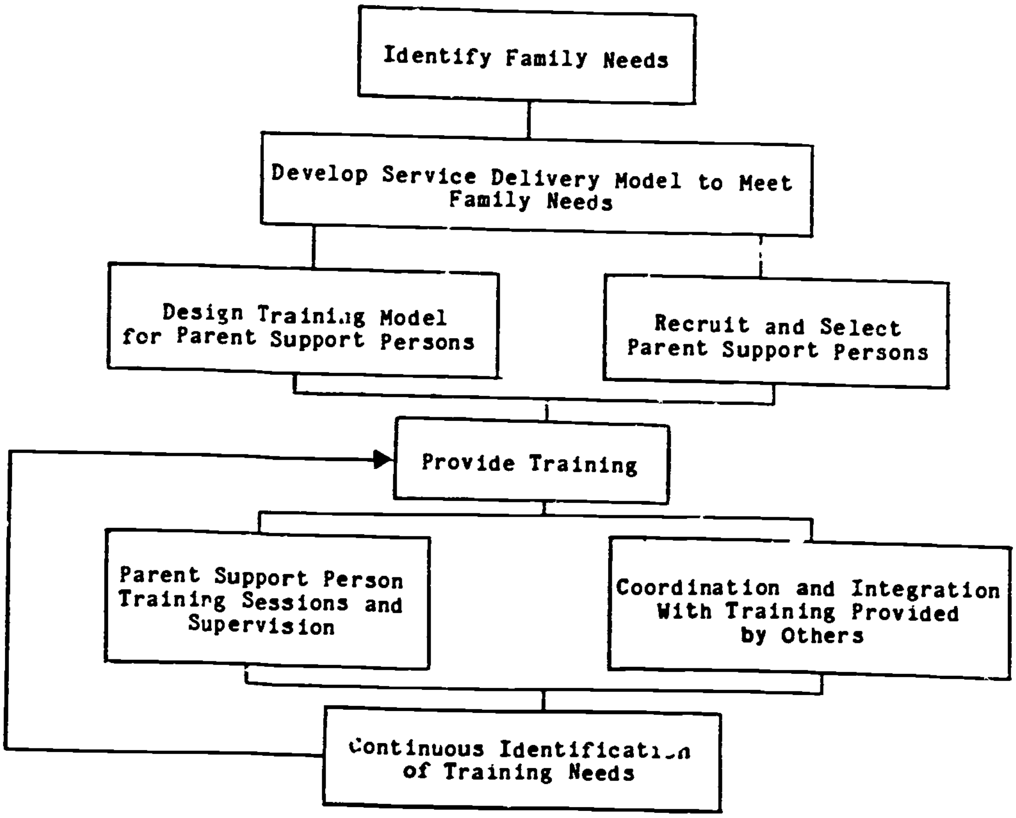
I-Team services are delivered by a core team and regional specialists. Core I-Team members include a communication and language specialist, occupational and physical therapists, a dual sensory impairment specialist, and physicians. A master's level educational specialist is assigned to one of five geographical regions in Vermont to coordinate I-Team services for that region. These five educational specialists meet learners' needs at the local level by providing technical assistance and training to service providers and parents. When the educational specialist determines there is need for assistance from a member of the core I-Team, a site visit is conducted and core member expertise is integrated into overall recommendations for the learner's program.

DEVELOPMENT OF THE FAMILY SERVICES MODEL

Figure 1 depicts the process that was employed to develop the family support and information model. As the diagram illustrates, an initial step in developing the model was identifying the needs of families of children with severe handicaps. A service delivery model for meeting the identified needs was then designed. The I-Team hired and trained parents to work with educators to provide services and to coordinate services with other agencies. These parents will be referred to as parent support persons (PSPs).

FIGURE 1

FAMILY SUPPORT AND INFORMATION MODEL DEVELOPMENT PROCESS



The next step in the process involved designing a system for delivering training to the PSPs. At the same time, parents of children with severe handicaps were recruited and selected to become PSPs. Training was provided through PSP training sessions and on-the-job supervision. Appropriate training sessions provided by other agencies were also integrated into the program.

After PSPs began providing services, they identified additional training needs for themselves, thus initiating a continuous training model. PSPs participated in at least one training session a month to coordinate services, problem solve, receive training, and identify additional training needs.

Identification of Family Needs

The results of informal family needs surveys conducted by the State I-Team indicated that services offered to families of children with severe handicaps by the I-Team and local schools were not adequately addressing the needs of families. PSPs documented specific areas of family need through interviews with 143 families of children with severe handicaps at the beginning of the program. As Table 1 indicates, the greatest needs among all families were in the areas of: 1) parent support groups, 2) future planning (e.g., where children would live, guardianship concerns), 3) community services and how to access them, 4) recreational programs in which their children could participate, and 5) respite care. Updated surveys were conducted with 46 families. These survey results indicate a continued need for more information on future planning and forming and maintaining parent support groups.

TABLE 1

SURVEY OF FAMILY INFORMATION AND SUPPORT NEEDS
(N - 143)

	%	Rank		%	Rank
Parent Support Group	55	1	Teaching Self-Care Skills	24	12.5
Future Planning	51	2	Medical Concerns	24	12.5
Community Services (e.g. ARC)	46	3	Residential Opportunities	20	14.5
Area Recreation Program	45	4	Advocacy Services	20	14.5
Respite Care Services	42	5	Counseling Services	16	16.5
Legal Services	35	6	Transportation Services	16	16.5
Speech & Language Therapy	33	7	Teaching Domestic Skills	15	18.0
Behavior Management	32	8	Teaching Community Skills	14	19.0
Teaching Communication Skills	31	9	Accessibility	13	20.0
More Input into IEP Process	30	10	Employment Opportunities	8	21.0
Managing Family Stress	29	11	Teaching Sex Education	6	22.0

Service Delivery Model

Educators providing support and information to families were hampered in their efforts by a number of factors, including: 1) distance between homes and schools, 2) inadequate sources of support and information for families, and 3) insufficient resources within the educational system to meet family information and support needs. In order to help address these "barriers," one parent (i.e. PSP) of a child with severe handicaps in each I-Team region was trained and hired to work twenty hours a week with the I-Team educational specialists and other educators to provide services to families.

These PSPs were integrated into the existing I-Team organizational structure, which consisted of an Advisory Council, a coordinator, the core I-Team and the five regional educational specialists. The Advisory Council informed the I-Team about policy, quality of services, and service needs. It was composed of parents, teachers, school administrators, and representatives from advocacy groups and the State Divisions of Special Education and Mental Retardation. This council reviewed and evaluated the development and implementation of the parent support network model, and helped coordinate its activities with existing services.

Two new organizational structures were developed to help the PSPs identify and address regional and local family needs. Regional planning teams, formed in each I-Team region, assisted in: 1) identifying regional needs, 2) coordinating PSP activities with existing regional services, 3) reviewing and evaluating regional PSP activities, 4) developing a regional plan of services, and 5) identifying strategies for implementing the service plan. These regional planning teams were composed of the following members: the PSP, other parents, special education administrators, representatives of parent groups, teachers of learners with severe handicaps, and the I-Team educational specialist.

Within each I-Team region, there was a local planning team in each school district which served learners with severe handicaps. The local planning teams served the same functions as the regional planning teams at a local level, focusing on identifying needs, coordinating services, and developing an action plan with parents, special education administrators, school administrators, and teachers of learners with severe handicaps.

Table 2 depicts the roles of PSPs. The PSP primarily provided information and support services. The educators encouraged and provided opportunities for parent participation in the development, implementation, and evaluation of their child's educational program.

Figure 2 gives an overview of the process for eliciting family involvement and providing information and support services. The first step in the process was to have the PSPs identify individual family needs through conducting interviews with families on the I-Team caseload. PSPs utilized regional and local school planning teams to assist them in identifying regional and local needs, developing regional and local school action plans, and in coordinating services with agencies or groups providing similar services. PSPs met the support and information needs of each individual family by: 1) helping families identify and access appropriate services provided by other agencies or organizations; 2) arranging for the provision of services to

TABLE 2

PARENT SUPPORT PERSON ROLES

PARENT SUPPORT PERSON ROLES

1. Develop a comprehensive regional resource guide and assist service providers and families to identify and access community resources to meet family needs.

2. Through personal interviews, identify individual family needs and assist families in meeting those needs.

3. Identify regional and local family involvement needs and develop and implement a plan of action to meet those needs.

4. Support families through personal contacts and forming informal family support networks.

5. Inform families about community services and encourage exemplary educational practices through personal contacts, regional newsletters, and conducting, arranging, or advertising, workshops and training sessions.

6. Function as a mediator to improve parent-educator communication and relationships.

EDUCATOR ROLES

1. Provide frequent opportunities for parent-teacher communication.

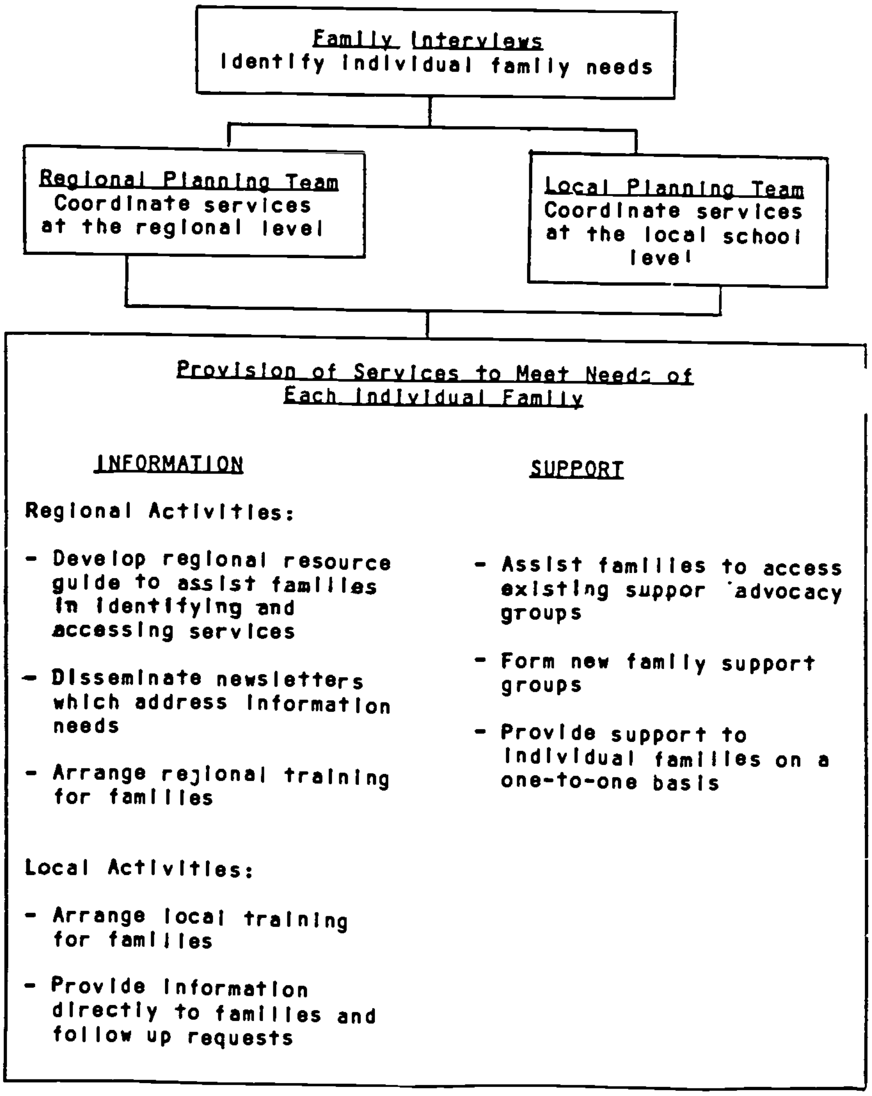
2. Provide frequent opportunities for parent participation in the educational decision making process by making decisions in the individual educational program conference, assessing their child, monitoring child progress, prioritizing goals and objectives, planning transitions, and evaluating the overall program.

3. Provide opportunities for parents to receive training on behavior management and teaching their children.

4. Provide information to parents on exemplary educational practices, educational services, educational programming, and the rights of families and children in regard to educational services.

FIGURE 2

OVERVIEW OF INFORMATION
AND
SUPPORT SERVICE PROCESS



Family Interviews
Identify individual family needs

Regional Planning Team
Coordinate services at the regional level

Local Planning Team
Coordinate services at the local school level

Provision of Services to Meet Needs of Each Individual Family

INFORMATION

Regional Activities:

- Develop regional resource guide to assist families in identifying and accessing services
- Disseminate newsletters which address information needs
- Arrange rejional training for families

Local Activities:

- Arrange local training for families
- Provide information directly to families and follow up requests

SUPPORT

- Assist families to access existing suppor 'advocacy groups
- Form new family support groups
- Provide support to individual families on a one-to-one basis

families at regional and local levels; and 3) providing support, information, and follow up services to individual families.

RECRUITMENT AND TRAINING OF PARENT SUPPORT PERSONS

Recruitment and Selection

An individual applying to be a PSP had to have the following qualifications: 1) be the natural parent of a child with a severe handicap, 2) have the ability to work up to 20 hours a week, 3) be able to travel extensively to meet with families and educators, 4) be capable of expressing him/herself orally and in writing, and 5) be committed to learning and carrying out the functions of a PSP as described in Table 2. Candidates were recruited through advertising in local newspapers and parent newsletters and by asking parents, I-Team members, teachers, and special education administrators to solicit names.

All parents of children with handicaps who applied for the positions were interviewed. Interviews were conducted by the I-Team coordinator, the educational specialists, parents, educators, special education administrators from the individual regions, and project staff. During the interviews, the job requirements were reviewed and applicants were asked how they would respond to hypothetical, job-related situations.

Parent Support Person Training Model

Initial training focused on the knowledge and skills necessary for performing the role of a PSP as described in Table 2. Training was divided into two major areas: knowledge and performance. Knowledge training consisted of sessions or workshops which familiarized the trainees with specific topics (e.g., "best" educational practices) or with methods for completing specific job tasks (e.g., developing a community resource guide, conducting meetings, managing time). Performance training for completing specific job tasks (e.g., conducting family needs assessments) followed knowledge training and involved providing on-the-job technical assistance and constructive feedback to trainees. For example, after providing knowledge training about conducting family needs interviews, an I-Team staff member accompanied trainees to their initial parent interviews and provided technical assistance and feedback to the trainees.

Provision of Parent Support Person Training

An instructional module was written for each topic covered by knowledge training. The modules included: 1) a description of the topic; 2) expected outcomes of the module; 3) training activities; 4) assignments;

5) handouts; and 6) forms for evaluating assignments, the overall usefulness of the module to the participants, and the need for further training on the topic (see Appendix A for sample training modules and evaluation rating scales). Modules were assembled in three-ring binders to use in training new PSPs. (Complete training module outlines for the three years of the project are located in Appendices M, N, and O).

During the first year of the program, bi-monthly training sessions were conducted. In subsequent years, sessions were conducted on a monthly basis. The I-Team staff and a full time coordinator, who was hired through grant funds to assist the I-Team to develop and implement the model, provided supervision. Throughout the first year, on-site visits were made to each region at least monthly to supervise and provide technical assistance and support to the PSPs. On-site visits were supplemented by weekly phone calls and assistance at the bi-monthly training sessions. In following years, site visits and follow-up phone calls were made on an as needed basis.

Project staff trained PSPs to log their activities in order to manage their time and meet family needs. The activity log indicated the date, the activity, who was involved, and the amount of time spent on each activity (see Appendix B for a sample activity log). During the first year, PSPs received bi-weekly feedback on their activity logs. During subsequent years, PSPs submitted the logs monthly to the project coordinator and received assistance on an as needed basis. In addition, during the first year a competency achievement log was maintained. This log listed each major task or training competency to be achieved during the first year, how and when it was to be accomplished, and who would evaluate competency attainment (see Appendix C for a sample competency achievement log). Project staff and PSPs assessed progress through log reviews conducted on a monthly basis.

Staff assessed PSP satisfaction with training on a continuing basis. After each training session, PSPs rated the training module evaluation items using a 1 to 5 point scale with 5 being the highest rating. Table 3 lists each training module, the number of hours of training per module, and the overall PSP ratings of the usefulness of the module, and the need for more training. Periodically, PSPs rated evaluation items related to supervision and support with the same 5 point scale. (See Appendix D for a sample practicum supervision rating scale). Table 4 depicts PSP ratings of practicum supervision. Items on the training session and practicum supervision evaluation scales averaged a 4+ rating, indicating a high degree of satisfaction with training sessions and supervision.

TABLE 3
I-TEAM PARENT SUPPORT NETWORK TRAINING SESSIONS
November 1984 through June 1987

* 5 POINT SCALE
1=low
5=high

YEAR 1

Session Topic	Month	Session Length In Hours	N	*Evaluation Usefulness	*Need for More Training
Overview of Project	11/84	4	7	4.6	3.3
Strategies for Developing Regional Services	12/84	2	6	4.8	3.3
Identifying Parental/Family Resource Needs	12/84	2	6	5.0	2.2
Best Practices: Introduction	1/85	4	10	4.8	2.7
Developing Regional Resource Guide	1/85	2	6	4.8	2.9
Working with Parents Under Stress	1/85	2	16	4.7	3.1
Best Practices: IEP's	2/85	4	7	4.9	2.0
Developing a Regional Newsletter	3/85	2	7	4.7	2.7
Growing Up With Children	3/85	2	11	4.9	3.5
Developing a Local Action Plan	3/85	2	8	4.6	3.4
Overview of Volunteers for Families Project	3/85	2	5	-	-
Best Practices: Behavior Management	3/85	2	5	4.8	3.4
Helping Parents Survive	3/85	2	6	4.9	3.3
OT/PT Development and Services	4/85	3	5	4.9	3.0
Regional Reports	4/85	1	-	-	-
Overview of Homecoming	5/85	2	5	4.9	2.4
Regional Reports	5/85	2	5		
Best Practices: Sexuality and Disabilities	5/85	2	5	4.9	3.1
Best Practices: Exemplary Programs Video Tapes	5/85	2	5	4.9	3.2
Parental Involvement in the Education Process	5/85	2	14	4.7	3.5
Project Update	5/85	2	6	-	-
State Advocacy Program	6/85	2	6	4.9	3.8
Transition Vocational Programs	6/85	2	6	4.8	3.6
Leading/Facilitating Meetings	6/85	2	5	4.8	3.5
Time Management	6/85	2	7	5.0	3.3
Annual I-Team Advisory Board Meeting	6/85	4	26	-	-

I-TEAM PARENT SUPPORT NETWORK TRAINING SESSIONS

YEAR 2 November 1985 through June 1987

* 5 Point Scale
1 = low
5 = high

Session Topic	Month	Session Length In Hours	N	*Evaluation Usefulness	*Need for More Training
Facilitating Communication	9/85	2	6	4.3	3.[illegible]
Project Update	9/85	2	6	-	-
Vermont Vocational Training Network Workshops	10/85	8	5	-	-
Local Action Plan Review	11/85	2	5	-	-
Increasing Parent Involvement	11/85	2	5	4.7	3.1
TASH Conference	12/85	15	5	-	-
Social Security	1/86	2	4	4.9	2.3
Mental Health Services	1/86	2	4	4.6	2.1
Speech/Language Intervention	2/86	2	6	4.6	3.0
Child Development Clinic Services	2/86	2	7	4.8	2.3
Developmental Disabilities Law Project Services	3/86	2	5	4.6	2.5
Transitional Employment Programs	3/86	2	5	4.4	2.9
Best Practices: Essential Early Education	4/86	2	9	4.2	3.2
Integrated Recreation	4/86	2	5	4.1	2.5
Managing Family Stress	5/86	2	6	4.7	3.5
Legislation and Lobbying Issues	5/86	2	6	4.2	2.5
Annual I-Team Advisory Board Meeting	6/86	4	26	-	-

YEAR 3

Session Topic	Month	Session Length In Hours	N	*Evaluation Usefulness	*Need for More Training
Encouraging Parent Input	9/86	2	6	4.9	3.0
Project Update	9/86	2	6	-	-
Negotiation Skills	10/86	6	6	-	-
The Grieving Process	11/86	2	10	4.9	3.4
Video Tape of Helen Featherstone	11/86	2	4	-	-
Leisure/Recreation in the Community	12/86	2	3	4.8	2.9
United Cerebral Palsy Services	12/86	2	3	4.9	2.6

Table 3 continued next page.

Table 3 continued.

YEAR 3

Session Topic	Month	Session Length In Hours	N	*Evaluation Usefulness	*Need for More Training
Social and Rehabilitation Services	1/87	2	4	4.8	3.3
Regional Reports	1/87	2	4	-	-
Improving Parent-Professional Communication	2/87	4	11	4.8	3.5
Overview of TEEM Project	3/87	2	3	5.0	3.5
Social Welfare Services	3/87	2	4	4.5	3.5
Child Abuse/Neglect	4/87	2	9	4.4	3.4
Project Update	4/87	2	4	-	-
Sibling Workshops	5/87	6	18	-	-
Annual I-Team Advisory Board Meeting	6/87	4	25	-	-

Total Hours, Year 1, 2, 3 - 159

TABLE 4

PRACTICUM SUPERVISION AND SUPPORT EVALUATIONS

March 1985 through May 1987

(scale 1=low 5=high)

	March 1985		June 1985		November 1985		March 1986		Dec. 1986	May 1987
	*PSP N=5	**ES N=3	*PSP N=6	**ES N=4	*PSP N=5	**ES N=4	*PSP N=4	**ES N=5	*PSP N=5	*PSP N=5
1. Availability of Staff.....	4.4	4.7	4.3	4.8	4.0	4.8	4.0	5.0	4.8	4.6
2. Quality of Staff Recommendations.........	4.4	5.0	4.3	4.7	4.6	4.5	4.5	5.0	5.0	4.6
3. Professional Behavior of Staff..................	4.6	5.0	5.0	5.0	4.6	5.0	4.8	5.0	4.8	4.8
4. Rapport of Staff..........	5.0	5.0	5.0	5.0	4.6	5.0	4.5	5.0	5.0	4.6

*PSP = Parent Support Person
**ES = Educational Specialist

Coordination and Integration With Other Training

Coordinating and integrating training with that provided by others avoided duplication of training efforts and helped PSPs network with other agencies. PSPs were encouraged, and sometimes required, to participate in training provided by other agencies on such topics as transition planning. In addition, representatives from other agencies conducted selected training sessions. PSP training sessions were advertised in various statewide and local newsletters to encourage the participation of other parents and educators.

Continuous Identification of Training Needs

PSPs and other I-Team members continuously identified additional training needs. For example, PSPs identified the need for more training on managing time, conducting meetings, and addressing the needs of siblings of children with severe handicaps. As described previously, the training model was a continuous one. PSPs participated in at least monthly sessions to coordinate services, problem solve, receive training, and identify additional training needs.

PROVISION OF INFORMATION AND SUPPORT SERVICES

To provide information and support services, PSPs engaged in the following activities: 1) identifying service needs; 2) addressing regional and local needs by developing regional resource guides, writing regional newsletters, assisting parents to form or access support groups, and arranging formal training sessions; and 3) addressing individual family needs.

Identifying Service Needs

Service needs were identified through family interviews, parent and professional requests for support and information, and regional and local planning team input.

Family Interviews. As described previously, the first major activity that PSPs assumed was an indepth interview in person with each family receiving I-Team services in their region. An interview instrument and procedures, based partially upon PSP input, were developed and PSPs were trained in their use (see Appendix E for a copy of the interview). In addition to collecting information, the interviews enabled the PSPs and the families in their regions to establish an initial relationship. Interviews were updated by PSPs on a yearly basis. The results of the initial interviews were presented in a previous section.

After regional interviews were completed, PSPs were able to identify two to five specific areas of need to be addressed by their regional and local planning teams. Table 5 identifies the priority areas by region. Although the different interviewing styles of PSPs may have influenced responses, the needs expressed across regions were fairly consistent.

Parent Requests. The activity log kept by the PSPs included a record of who called them and the reason for the call. As depicted in Table 6, an analysis of the parent telephone requests indicated that: 1) 35% were for support (conversations in which parents needed to talk with someone but were not seeking specific advice or information); 2) 20% were for general information (requests which were difficult to categorize); 3) 15% were for information on local planning team activities; 4) 7% were for information on educational issues; 5) 4% were for information on parent support groups; and 6) 19% were for information on miscellaneous categories for which there was not a high frequency of calls per category (e.g., adaptive equipment, respite services, legal concerns, medical concerns, and community living options). In addition to documenting the type of requests received, the PSPs also recorded the frequency of contacts. Contacts from parents increased from two during January, February, and March, 1985, to 95 during

TABLE 5

Information and Support Needs by Region
(N = 143)

	Percentage of Families Requesting Information and Support
NORTHWEST (N = 34)	
1) Area Recreation Program	59%
2) Community Services	47%
3) Parent Support Group	38%
4) Future Planning	38%
5) Respite Care Services	38%
CENTRAL (N = 26)	
1) Parent Support Group	62%
2) Teaching Communication Skills	42%
3) Area Recreation Program	42%
4) Teaching Self-Care	42%
5) Future Planning	42%
6) Behavior Management	38%
NORTHEAST (N = 31)	
1) Area Recreation Program	68%
2) Community Services	68%
3) Legal Services	65%
4) Speech and Language Therapy	61%
SOUTHWEST (N = 37)	
1) Parent Support Group	65%
2) Future Planning	59%
3) Respite Care Services	59%
4) More Input into IEP Management	43%
SOUTHEAST (N = 15)	
1) Future Planning	73%
2) Managing Family Stress	60%
3) Parent Support Group	53%
4) Community Services	53%

TABLE 6
TYPE OF FAMILY REQUESTS
January 1985 through May 1987

FAMILY REQUESTS N=468	%	Rank
Support	35	1
Information	20	2
Local Planning Team Activities	15	3
Educational Issues	7	4
Parent Support Group	4	5
Miscellaneous	19	6

March, April, and May, 1987. During Year Three of the project, PSPs averaged 84 contacts per three month period.

Professional Requests. The analysis of the PSPs' logs indicated that a substantial percentage of requests came from professionals (32%). The majority of the professionals were educators (e.g., teachers and administrators). However, other professionals such as school nurses also requested information. As Table 7 illustrates, an analysis of professional requests indicated that: 1) 46% were for information related to organizational networking; 2) 12% were for information on local planning team activities; 3) 9% were for information on educational issues; 4) 4% were for information on new referrals, respite care or day care issues, general information which was difficult to categorize, and recreational issues; and 5) 14% were for not a high frequency of calls per category. Data was collected on the frequency of calls PSPs received from professionals. During January, February, and March, 1985, PSPs received two calls from professionals. During March, April, and May, 1987, professionals made 64 contacts to PSPs. During Year Three of the project, PSPs averaged 43 contacts from professionals per three month period. These data indicate that PSPs can help meet the needs of both parents and professionals.

TABLE 7
TYPE OF PROFESSIONAL REQUESTS
January 1985 through May 1987

PROFESSIONAL REQUESTS

N=224	%	Rank
Organizational Networking	46	1
Local Planning Team Activities	12	2
Educational Issues	9	3
New Referrals	4	5.5
Respite Care/Day Care	4	5.5
Information	4	5.5
Recreation	4	5.5
Miscellaneous	17	8

Regional Planning Team Input. Regional planning teams, as described earlier, functioned as steering committees to provide guidance and facilitate coordination of services. Each regional planning team identified the following two needs: 1) increased communication among families and between parents and educators through a regional newsletter, and 2) a regional resource guide to assist families and service providers in identifying and accessing services.

Local Planning Team Input. Local planning teams, as discussed previously, served the same functions as the regional planning teams on a local level. They focused on identifying needs, coordinating services, and developing an action plan. Most local planning teams identified a need to form, or encourage parents to join existing, parent support groups.

Addressing Regional and Local Needs

PSPs addressed identified regional and local needs by developing regional resource guides, writing regional newsletters, assisting parents to access and form support groups, and arranging formal training sessions.

Regional Resource Guides. PSPs compiled regional resource guides to familiarize themselves with their region's resources and to enable them to assist families to identify and access those resources. The guides listed community resources, the services they provided, eligibility requirements for using them, the cost, and how to access them (see Appendix F for sample pages from a community resource guide).

Regional Parent-To-Parent Newsletters. PSPs prepared and developed a one or two page newsletter for their region which was published three times during the school year. The purpose of the newsletter was to establish a network of parents in each region to help write the newsletter and to disseminate information. Newsletters contained articles written by family members on topics and information specific to each region (e.g., regional summer camp opportunities and respite care services), and specific to the project (e.g., regional planning team reports). (See Appendix G for sample newsletters).

Forming and Accessing Support Groups. PSPs helped families to identify and access existing support groups. When groups were unavailable, or when families felt that existing support groups did not meet their needs, PSPs facilitated the formation of new support groups. A total of eight new support groups were formed across the five I-Team regions. In addition to providing a vehicle for parents to socialize and share experiences and information, the activities of the support groups enabled parents to arrange receptions for new school staff, tour schools, invite speakers on topics of interest (e.g., behavior management), and develop summer recreation programs for their children.

Training Arranged by Parent Support Persons. PSPs arranged workshops by: determining family needs, securing a presenter, time and location, and disseminating the information throughout the region. Table 8 depicts the training sessions arranged by PSPs from December, 1984 through May, 1987, and illustrates the variety of workshop topics requested by families. During this time period, a total of 49 workshops were conducted. Three hundred eighty-six parents and 144 professionals participated in the workshops.

Addressing Individual Family Needs

The primary focus of services was to meet individual family needs. Although many needs could be met through regional and local action plan activities, PSPs spent considerable time working with individual families. The types of services PSPs provided to individual families can best be illustrated through examples.

In one case, a young girl with a severe seizure disorder attended a special class located in her neighborhood school. Her seizures were not controlled by medication and she had been hospitalized on an emergency basis during school hours. During an initial interview visit with the PSP, the student's mother expressed concern about a classroom move from one end of the building to another, fearing that valuable time would be lost should her

TABLE 8

TRAINING ARRANGED BY PARENT SUPPORT PERSONS

December 1984 through May 1987

ACTIVITIES	NUMBER OF MEETINGS	*FAMILY MEMBERS	*PROFESSIONALS	*TOTAL
Parents, Teachers, and the IEP Process	12	93	24	117
Stress Management	7	64	15	79
Guardianship, Wills, Trusts, and SSI Benefits	6	46	14	60
Residential Opportunities	4	18	8	26
Behavior Management	4	47	5	52
Respite Care Issues	3	27	13	40
Community Mental Health Services	3	18	3	21
Teaching Communication Skills	2	14	2	16
Forming Parent Support Groups	1	9	-	9
Medical Services	1	5	1	6
Legislative Issues	1	20	40	60
Early Education Transitioning	1	9	3	12
Sexuality and Disabilities	1	4	3	7
Genetics and Different Syndromes	1	7	-	7
ARC Parent Leader Program and the I-Team PSN	1	3	8	11
Homecoming	1	2	5	7
TOTALS	49	386	144	530

*These figures may represent duplicate data.

daughter need to leave the building in an emergency. The mother had expressed her concern to the school staff, but was not satisfied with their response and was contemplating removing her daughter from the program. Upon hearing the mother's concern, the PSP organized a program review meeting with the parent, teacher, and special education administrator. The PSP served as a mediator, support person, and facilitator. As a result of the meeting, the student continued in the program (despite the classroom move), and the school staff received more intensive seizure management training. The mother's fears were alleviated and communication improved between the home and school.

In another situation, a parent of two children with severe handicaps was not receiving the appropriate amount of respite care. The mother, who received respite care for one child, was unaware that she could receive additional hours for her other child until informed otherwise by the PSP. The PSP contacted the local mental health agency representative responsible for respite care. As a result of this intervention, the number of respite care hours allotted to the family was increased.

In a third case, the parent of a child with Duchenne Muscular Dystrophy wanted to meet another parent of a child with a similar diagnosis. The PSP located such a parent in an adjacent state, arranged a meeting of the two mothers, and provided transportation to facilitate the meeting. The

PSP was able to build a successful network between the two families.

Finally, a person with severe handicaps who had been placed out of state was being transferred back into the state. Although various agencies knew about the transfer, little had been done to secure necessary services. The person's mother called the PSP for support and information. The PSP invited the mother over to her house and they determined which agencies had to be contacted. Together they called each agency to set up meetings to facilitate the transfer.

CONSUMER SATISFACTION WITH SUPPORT AND INFORMATION SERVICES

Consumer satisfaction with support and information services was assessed through project staff conducting phone interviews with randomly selected families and other consumers who had received services. Interviews were conducted to sample: 1) overall family satisfaction with services; 2) family satisfaction with the needs assessment process; 3) parent and teacher satisfaction with the resource guides; 4) parent, teacher, special education coordinator and principal satisfaction with newsletters; and 5) family and professional satisfaction with training workshops.

OVERALL FAMILY SATISFACTION

To evaluate overall family satisfaction with information and support services, project staff conducted telephone interviews in July, 1985, January, 1986, July, 1986, December, 1986, and May, 1987 (see Appendix H for a copy of the interview). A total of 96 randomly selected parents from the five regions (approximately 16 per region) were interviewed. These families were on the I-Team caseload and had participated in the needs survey.

Table 9 shows that the percentage of families who indicated that they had requested information and support services increased from 56 and 55 percent for the first two interviews to 80, 88, and 73 percent for the remaining interviews (the decrease noted in interview five was due to the fact that some newly referred families were interviewed). Across interviews one, two, four, and five (families were not asked to report the following information in interview three), 100% of the families who had requested information and support services reported that: 1) the PSP provided the information/support requested or referred them to someone who could, 2) they felt comfortable calling the PSP for support and/or information, and 3) it was helpful to have a PSP to contact.

TABLE 9

INFORMATION AND SUPPORT SERVICES EVALUATIONS

July 1985 through May 1987

Date of Evaluation	Number of Parents Contacted	● Did you request information or seek support from your PSP?	● Did you feel comfortable in calling your PSP for information and/or support?	● Did your PSP provide info/support requested or refer you to someone who could?	● Has it been helpful for you to have a PSP to contact?
		Percent Responding "Yes"			
7/85	25	56%	100%	100%	100%
1/86	20	55%	100%	100%	100%
7/86	20	80%	Not Asked	Not Asked	100%
12/86	16	88%	100%	100%	100%
5/87	15	73%	100%	100%	100%
Total	96	70%	100%	100%	100%

NEEDS ASSESSMENT SATISFACTION

Family satisfaction with the needs assessment process was evaluated by having project staff conduct 25 telephone interviews (five per region). (See Appendix I for a copy of the interview). The 25 families interviewed were randomly selected from a list of families who had been interviewed by a PSP. One-hundred percent of the families interviewed indicated that they felt comfortable with, and that their time was well spent in, talking to their respective PSP. All but one family felt their needs were identified through the interview process. No suggestions were made for additional topics or areas to include in the interview.

RESOURCE GUIDE SATISFACTION

Project staff conducted telephone interviews with 16 randomly selected families and teachers (two to four per region) who had received the regional resource guide to evaluate consumer satisfaction with the guides (see Appendix J for a copy of the interview). Ninety-four percent of the interviewees indicated that they had reviewed the guide. As Table 10 indicates, 100% of those that had reviewed the guide reported that the guide was easy to use. On the average, these interviewees rated the usefulness of the guides a 3.1 on a scale of 1 to 4 (4 was extremely useful, 3 was very useful, 2 was useful and 1 was not useful).

TABLE 10

RESOURCE GUIDE EVALUATIONS

January 1986 through December 1986

	1) Have you had an opportunity to look at the guide?	2) Was the content informative/ useful?	3) Was the guide easy to use?
	% Responding "Yes"	Average of 4 Point Rating Scale 4=High	% Responding "Yes"
Parents N=14	93%	3.2	100%
Teachers N=2	100%	3.0	100%
Total	94%	3.1	100%

NEWSLETTER SATISFACTION

Project staff conducted telephone interviews in July, 1985, December, 1985, December, 1986, and May, 1987 to evaluate consumer satisfaction with the newsletters (see Appendix K for a copy of the interview). A total of 91 randomly selected persons from the five regions (approximately 15 per region) who had received the newsletters and had had contact with the PSPs were interviewed. Seventy of the interviewees were parents. The remaining 21 interviewees were teachers, special education administrators, principals, and I-Team Advisory Board members. Ninety-four percent of the interviewees indicated that they had read the newsletter. Table 11 indicates that, on the average, the interviewees who had read the newsletters rated the usefulness and ease of reading the newsletters a 3.8 and 4.5 respectively on a scale of 1 to 5 (5 was extremely useful/easy, 4 was very useful/easy, 3 was useful/easy, 2 was somewhat useful/easy and 1 was not useful/easy).

TABLE 11

NEWSLETTER EVALUATIONS

July 1985 through May 1987

		1) Have you had an opportunity to look at the guide?	2) Was the content informative/useful?	3) Was the guide easy to use?
		% Responding "Yes"	*Rating	*Rating
7/85	Parents N=25	92%	3.9	4.7
	Others N=16	100%	4.1	4.6
12/85	Parents N=15	100%	3.8	4.4
	Others N=5	100%	3.3	4.3
12/86	Parents N=15	100%	3.8	4.7
	Others N=0	0	0	0
5/87	Parents N=15	73%	3.7	4.4
	Others N=0	0	0	0
Total	91	94%	3.8	4.5

*Average of 5 Point Rating Scale (5=high)

Other: Teachers, Special Education Administrators, I-Team Advisory Board Members, Principals

TRAINING WORKSHOP SATISFACTION

Families and professionals who participated in workshops organized by the PSPs completed evaluation forms at the close of each session. Of the 530 family and professional participants, 240 completed workshop evaluation forms for thirty-three workshops (see Appendix L for a sample workshop evaluation form). Participants rated each workshop on a 5 point rating scale (1 = low, 5 = high) across six dimensions: 1) the overall quality of the workshop, 2) the clarity of workshop objectives, 3) the content presented, 4) the workshop activities, 5) the workshop leader(s), and 6) the training materials. Table 12 depicts the average ratings along each of the six dimensions for each workshop. The overall average across all workshops was 4.5 with the six dimensions rated as follows: quality 4.5, clarity of objectives 4.5, content 4.6, activities 4.3, leader(s) 4.6, and materials 4.3. Narrative comments were overwhelmingly positive, with many participants requesting additional sessions.

TABLE 12

SUMMARY OF TRAINING WORKSHOP EVALUATIONS

	WORKSHOPS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	N=	4	9	11	8	5	3	3	9	12	5	4	3	8	15	16	14	9
DIMENSIONS	OVERALL AVERAGE	5.0	4.4	4.5	4.5	4.5	4.0	4.4	4.5	4.7	4.9	4.6	4.7	4.7	4.5	4.0	4.2	4.6
	QUALITY	5.0	4.3	4.4	4.3	4.4	4.0	4.3	4.5	4.8	5.0	4.3	4.3	4.5	4.7	4.3	4.2	4.6
	CLARITY OF OBJECTIVES	5.0	4.4	4.3	4.3	4.6	4.7	4.3	4.5	4.7	5.0	5.0	5.0	4.7	4.5	4.3	4.2	4.6
	CONTENT	5.0	4.2	4.5	4.7	4.9	4.7	4.3	4.8	4.7	5.0	4.5	4.7	4.7	4.7	4.2	4.4	4.6
	ACTIVITIES	5.0	4.0	4.6	4.4	4.4	3.7	4.3	4.1	4.6	4.8	4.5	4.3	4.6	4.4	3.6	4.2	4.5
	LEADER(s)	5.0	4.6	4.7	4.7	4.6	4.0	4.7	4.9	4.9	5.0	5.0	5.0	4.7	4.8	3.9	4.4	4.8
	MATERIALS	5.0	4.7	4.5	4.5	4.4	3.0	4.3	4.3	4.5	4.8	4.5	4.7	4.5	3.8	3.9	4.1	4.5

	WORKSHOPS	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	
	N=	7	18	5	3	8	13	9	5	4	3	5	9	3	10	9	5	N=240
DIMENSIONS	OVERALL AVERAGE	4.6	4.4	3.4	4.9	4.8	3.4	4.9	4.5	4.2	4.2	4.6	4.5	4.8	4.6	4.3	4.7	4.5
	QUALITY	4.7	4.2	3.9	4.7	4.8	3.4	4.9	4.8	4.3	4.0	4.5	4.5	4.6	4.6	4.3	4.6	4.5
	CLARITY OF OBJECTIVES	4.9	4.3	3.2	5.0	4.9	3.2	4.9	4.6	4.9	4.3	4.5	4.4	4.9	4.9	4.9	4.9	4.5
	CONTENT	4.9	4.3	3.6	5.0	5.0	3.5	4.9	4.8	4.[illegible]	4.0	4.7	4.7	4.8	4.8	4.4	4.9	4.6
	ACTIVITIES	4.7	3.9	3.6	5.0	4.6	3.1	4.9	4.3	4.0	4.3	4.5	4.4	4.8	4.3	4.3	4.4	4.3
	LEADER(s)	5.0	4.9	3.3	4.7	5.0	3.5	4.9	4.8	4.5	4.3	4.7	4.7	4.8	4.9	3.9	4.9	4.6
	MATERIALS	4.6	4.5	3.0	N/A	4.4	3.4	4.9	4.0	3.5	4.3	4.9	4.3	4.8	4.2	4.1	4.6	4.3

COSTS AND BENEFITS

The costs and benefits analysis includes projected costs to continue the project. These costs include salaries and benefits for the PSPs, training travel, service travel, supplies and duplicating, communication, and child care. The cost to employ five PSPs for forty weeks, twenty hours per week, at $6.00 per hour, and including benefits, is estimated at $27,000. To replicate the model, this figure will differ depending upon local pay structures. The cost for PSPs to travel to attend monthly training sessions is estimated at $1,300. Forty-two hundred dollars is the estimated cost for PSPs to travel within their respective regions to provide services to families and professionals. Five hundred dollars is estimated to cover supplies and duplicating costs. The estimated communication costs are $1,800. Estimated costs to reimburse PSPs for child care when they attend training sessions is $800. The total estimated cost to continue the project is $35,600.

Benefits are based upon services provided during the third year of the project (September, 1986 through June, 1987).

- Number of Families Served	175
- Number of Newsletters	3 Per Region
Distribution per newsletter	900/Issue
- Number of Support Groups Facilitated	11
- Number of Workshops	34
Family Participants	248
Professional Participants	59
Total Number of Participants	307
- Number of Contacts with Families and Professionals	
Contacts to Families	2917
Contacts from Families	262
Contacts from Professionals	135
Total Number of Contacts	3314

Although State Department personnel in the Special Education Unit supported the project, the Department elected not to fund the Parent Support Network when the grant terminated. Project and Center for Developmental Disabilities staff will continue to advocate for these services to be reinstated as soon as possible.

DISSEMINATION

A major focus during the three year period was the dissemination of information about the project. Table 13 summarizes the wide variety of dissemination activities completed by project staff. As indicated in the table, a total of sixteen presentations were delivered nationally, regionally, and statewide. In addition, information about the project was disseminated at the Parent Support Network sponsored workshops, which were attended by 530 family and professional participants.

TABLE 13

SUMMARY

OF

DISSEMINATION ACTIVITIES

Dissemination Strategy	Number Completed	Number People Reached
I. Presentations		
National	5	220
Regional	3	105
State	8	80
Total	16	405
II. Workshops	49	530
III. Products		
Chapters	1	Unknown
Monographs	3	Unknown
News Releases	7	Unknown
Brochures	1	2800
Regional Resource Guides	1	400
Newsletters	12	900 per issue
Total	25	4100+

The three monographs describe the model components and their implementation. This information was also the basis for a chapter in a book currently under publication. Brochures describing the project were disseminated to I-Team families, educators, special education coordinators, physicians, and related service providers (e.g., Occupational Therapists, Physical Therapists, mental health professionals, related organizations). PSPs distributed approximately 400 regional resource guides to families, educators, and related service providers. Over the three year period, PSPs published seven of the twelve newsletters documented in Table 13 (see Appendix G for sample newsletters). Project staff received several letters of praise from service providers following publication of two of these newsletters. PSPs received numerous compliments from families in their region on the quality of the newsletter.

CONCLUSION

Although the family support services model is unique because it was imbedded within an existing statewide and regional system for delivering interdisciplinary services for students with severe handicaps, there are many aspects of the model which can be generic. These aspects include: 1) parents designing and implementing services for families and educators, 2) provision of services based on identified individual family needs, 3) provision of family support and information services as a formal component of the educational service delivery system, 4) continuous training of family service providers, 5) coordination and integration of services with those provided by other agencies and organizations, and 6) establishment of regional and local family networks.

Some of the strongest aspects of the model were that it was based upon individual family needs, was very flexible, and services were provided by parents. There was no a priori decision of what or how services were to be provided. Families did not have to attend training sessions, support groups, or other meetings to receive services. The flexibility of basing services on individual family needs and delivering them in a format which met those needs encouraged family participation. Families responded differently when services were provided by other parents. There were many cases in which the PSPs were able to work with families who in the past had not worked with educators and other professionals.

Finally, offering family support services as part of the educational service delivery system appeared to facilitate working relationships between parents and teachers. Administrators and teachers appeared to trust the PSPs, made referrals to them, and used them as a source of information. As part of the system, however, PSPs had to learn the difficult role of advocating for children and families from within the system.

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APPENDIX A

SAMPLE TRAINING MODULES

MODULE 4

DEVELOPING A REGIONAL RESOURCE GUIDE AND IDENTIFYING COMMUNITY SERVICES

OUTCOMES

1. Parent leaders will be able to describe the purpose of a regional resource guide.

2. Parent leaders will be able to describe the steps necessary to develop a regional resource guide.

3. Upon completion of Module 4, parent leaders will develop a regional resource/service guide following the recommended steps, including evaluation of the final product.

ACTIVITIES

1. Review and discuss the purpose(s) of a regional resource guide.

2. Review and discuss the steps necessary to develop a regional resource guide: (Handout #1)

    a. recruiting a committee to produce the guide;

    b. selecting categories of services to be included based on information gained from parent interviews; (Handout #2)

    c. reviewing existing resource guides based upon pre-selected categories of services; (Handout package #3)

    d. identifying information/service gaps in existing guides; (Handout #4)

    e. collecting missing information; (Handout #5)

    f. compiling the guide; and

    g. disseminating the guide.

3. Brainstorm and develop an evaluation questionnaire. (Handout #6)

4. "What Would You Do?" activity. (Handout #7)

5. Review assignments and training program evaluation. (Handout #8)

6. Evaluate Modules 2 and 3 assignments. (Handouts #9 and #10)

7. Evaluate Module 4 training session. (Handout #11)

ASSIGNMENTS

1. Form a Resource Guide Committee.

2. Develop a Regional Resource/Service Guide, following the steps outlined in Handout #1, with the addition of the following steps:

   - Submit the category list to the Regional Planning Team for review.

   - Submit the Guide to project staff, the Regional Planning Team, and five (5) knowledgeable community members for review prior to dissemination.

3. Complete evaluation questionnaires with at least 10 recipients to include parents, Special Education Coordinators, teachers and related services providers.

4. Complete the Information and Support Services Log.

HANDOUTS

1. "Steps Toward Developing a Regional Resource/Service Guide"

2. "Potential Categories of Services for the Resource Guide"

3. "Existing Resource Guides/Services"

4. "Additional Service Categories"

5. "Sample Resource Description"

6. "Regional Resource Guide Evaluation" (to be completed during Activity #3)

7. "What Would You Do?"

8. "Training Program Evaluation: Module 4"

9. "Module 2 Assignments Evaluation"

10. "Module 3 Assignments Evaluation"

11. "Module 4 Training Session Evaluation"

STEPS TOWARD DEVELOPING A REGIONAL RESOURCE/SERVICE GUIDE

I. Resource Guide Committee

From the contacts you have made with parents, teachers related service providers, Special Education Coordinators and Planning Team members, recruit at least four (4) people who will produce and disseminate the guide.

II. Select Service Categories for Inclusion

Continue with the Parent Interviews until all parents of severely handicapped students have been interviewed.

Then, using the completed interviews as a basis, make a list of categories to be included in the guide. (Handout #2) Submit this list to the Planning Team for review.

Also, ask planning team for guidance on where the guide should be distributed in addition to places listed in VII below. (local physicians, town offices?)

III. Review Existing Service Guides

Using the list of categories, evaluate the existing service guides, generating a list of resources/services not covered. (Handouts #3 and #4)

IV. Collect Missing Information

Information about each missing resource must be collected. Information should include: (Handout #5)

a. Address
b. Phone number
c. Contact person
d. Services offered
e. Elibibility requirements for receiving services
f. Operating hours
g. Cost, if any

V. Compile the Guide

Put the guide together in the following form:

a. Listing of existing guides, then contents, and how/where they may be obtained.

b. Categories not addressed adequately in the existing guides.

c. New information

VI. Disseminate the guide.

Determine number of copies needed. Request P.S. to print guide.

Provide copies to the agencies and organizations described in the guide, if appropriate.

Distribute to parents, planning team members, school personnel, and others designated by the planning team.

POTENTIAL CATEGORIES OF SERVICES FOR THE RESOURCE GUIDE

- Parent Education
- Transportation
- Parent Organizations
- Post-school Opportunities/Services
- Accessibility
- Medical Services for Severely Handicapped Persons
- Advocacy
- Social Service Agencies
- Youth Groups
- Educational Opportunities/Services
- Residential Opportunities/Services
- Legal Guidance/Services
- Psychological Counseling
- Respite Care

Module 4
Handout #

EXISTING RESOURCE GUIDES/RESOURCES

Copies of the following guides/resources to be handed out:

- Community Resources - Chittenden County
- Agency of Human Services Series
- Directory of Mental Health Services in Vermont
- Vermont Coalition of the Handicapped Member Organizations
- Long Term Care Community Service: A Review ....
- Vermont Advocacy Organizations
- Vermont Vocational Training Network flyer
- Recreation in the Community

Module 4
Handout #4

ADDITIONAL SERVICE CATEGORIES

List categories of services that you have identified to be included in the guide that either are not addressed in the existing guides or are not addressed in sufficient detail.

1.____

2.____

3.____

4.____

5.____

6.____

7.____

8.____

9.____

10.____

11.____

12.____

13.____

14.____

15.____

16.____

17.____

18.____

19.____

20.____

Module 4
Handout #5

Sample Resource Description

DENTAL CLINIC FOR SPECIAL PATIENTS........................656-2357

DeGoesbriand Unit
Medical Center Hospital of Vermont
Burlington, VT 05401

Services: This specially equipped dental facility provides dental services for people who require special accommodations. Only elective procedures are performed; no emergency or nonelective work will be done.

Eligibility: People who have difficulty getting dental care at a regular dentist's office, including wheelchair users, mentally and/or physically handicapped people, nursing home residents, and stretcher patients. Eligibility will be determined at a preliminary screening visit.

Cost: Treatments may be paid for at each visit, or in monthly installments with no interest.

Hours: 8:00 am - 5:00 pm Mon-Fri

Module 4
Handout #7

WHAT WOULD YOU DO?

1. You locate a potential resource and phone to collect the necessary information for the guide. The contact person says they already have enough people to serve and they don't need anymore, therefore, they don't want to be included in the guide. How do you react?
2. You contact a potential resource and they interpret your guide as a means of advertising. They want to write their own description? What do you do?
3. How do you handle "informal" resources, such as, who's the best barber, dentist, etc. for handicapped children?

TRAINING PROGRAM EVALUATION: MODULE 4

Evaluators:
Parent Leader: ____________________
Others: ____________________
____

PARENT LEADER COMPETENCIES	HOW	WHEN	EVALUATOR	EVAL. INIT.	COMMENTS
1. Describe purpose of regional resource guide.	-Complete Module 4	-1/85	-Trainer		
2. Describe steps necessary to develop a guide.	-Complete Module 4	-1/85			
3. Develop a resource guide and evaluate the final product	-Complete Module 4	-1/8	-Trainer		
	-Compile and disseminate guide	-3/85	-P.S., E.S., & P.L.		
	-Ten recipients evaluate the guide	-3/85 -4/85	-Recipients include: Parents, Sp. Ed. Coords., Teachers, Service Providers		
4. Document your activities	-Complete log	-1/85	-P.S. & P.L.		

Module 4
Handout #8

Module 4
Handout #9

MODULE 4 ASSIGNMENTS EVALUATION

IDENTIFYING PARENTAL/FAMILY RESOURCE NEEDS

(1=low 5=high)

	Assignments	Usefulness	Need for More Training
1.	Contract with Educational Specialist, Special Education Coordinators and teachers	1 2 3 4 5	1 2 3 4 5
2.	Parent Interviews (10)	1 2 3 4 5	1 2 3 4 5

---

1. Did you encounter any specific difficulties completing your assignments? What were they?

2. Do you have any suggestions for changes in the assignments?

3. Other comments:

Module 4
Handout #10

MODULE 3 ASSIGNMENTS EVALUATION

IDENTIFYING PARENTAL/FAMILY RESOURCE NEEDS

Assignments	Usefulness (1=low 5=high)	Need for More Training
1. Consult with E.S. to identify 10 parents to be interviewed	1 2 3 4 5	
2. Contact Special Educators and describe purpose of interview	1 2 3 4 5	1 2 3 4 5
3. Meet with each teacher and: explain project, review form letters, develop procedure for contacting parents	1 2 3 4 5	1 2 3 4 5
4. Complete 10 interviews	1 2 3 4 5	1 2 3 4 5

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1. Did you encounter any specific difficulties completing your assignments? What were they?

2. Do you have any suggestions for changes in the assignments?

3. Other comments:

Module 4
Handout #11

MODULE 4 TRAINING SESSION EVALUATION

DEVELOPING A REGIONAL RESOURCE GUIDE AND IDENTIFYING COMMUNITY SERVICES

(1=low 5=high)

	Activities	Usefulness	Need for More Training
1.	Knowledge of purpose of guide	1 2 3 4 5	1 2 3 4 5
2.	Knowledge of steps necessary to produce guide	1 2 3 4 5	1 2 3 4 5
3.	Brainstorming evaluation questionnaire	1 2 3 4 5	1 2 3 4 5
4.	"What Would You Do" activity	1 2 3 4 5	1 2 3 4 5
5.	Review of assignments	1 2 3 4 5	

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1. Do you have any suggestions for changes (additions, deletions, etc.) in the <u>content</u> that was presented?

2. Do you have any suggestions for changes in the <u>way</u> (materials, methods, etc.) in which the information was presented?

3. Other comments:

Please be prepared to evaluate Module 4 assignments at the next training session

PARENTING WORKSHOP # 2

"Growing Up With Children"

OUTCOMES

1. Parent leaders will understand that just as the behavior of parents effect the growth and development of children, so does the behavior of children effect parents.
2. Parent leaders will become familiar with the concept of "family life cycle."
3. Parents leaders will become aware that the growth of the child is not the only development that is occuring within a family -- simultaneous with the transitions from stage to stage that the child experiences, the marital relationship is evolving, the individual adults are maturing and the family as a whole is developing.
4. Parent leaders will become aware of the commonalities and differences between parenting a handicapped child and a non-handicapped child.
5. Parent leaders will become familiar with the results of some recent research examining the influence on the marital relationship of having a handicapped child.

ACTIVITIES

1. Lecture/discussion of the give-and-take relationship between the behaviors of parents and their children. Although we typically acknowledge the influence that parents have on their children, we have given less emphasis to the effects children have on parents.
2. Lecture/discussion of the concept of "family life cycle." The workshop participants will examine one particular model of the family life cycle that was developed by Evelyn M. Duvall. The model consists of eight stages: (1) the couple without children; (2) the oldest child less than 30 months; (3) the oldest child from 30 months to 6 years of age; (4) the oldest child from 6 to 13 years of age; (5) the oldest child from 13 to 20 years of age; (6) when the first child leaves the home until the last child is gone; (7) empty nest to retirement; and (8) retirement to death of one or both spouses. (HANDOUT #1)
3. Group discussion of the "demands" and "resources" that are associated with different stages of the family life cycle.

4. Lecture/discussion regarding the simultaneous growth and development of children, couples and families. (HANDOUT #2)

5. Small group excercise to identify the commonalities and differences between parenting a handicapped child in constrast with a non-handicapped child. The group will be divided into small groups (no more than four persons in each group) for a 15-minute exercise. The task of each group will be to develop a list of commonalities and differences between the parenting of a handicappped child in constrast with a so-called "normal" child. (HANDOUT #3)

6. Discussion of the lists developed by the small groups.

7. Lecture summarizing some recent research that has focused on the impact of parenting a handicapped child on the marital relationship of the couple.

> "... although we do find that the impact of a handicapped child adds to the stresses of child care and family life, the impact is not necessarily severely distressing or degenerating" (p. 307).
>
> Sam J. Korn, Stella Chess and Paulina Fernandez. "The Impact of Children's Physical Handicaps on Marital Quality and Family Interaction." In R. M. Lerner and G. B. Spanier (Eds.), <u>Child Influences on Marital and Family Interaction</u>. New York: Academic Press, 1978, pp. 299-326.

8. Complete evaluation form for workshop. (HANDOUT #4)

HANDOUTS

1. A model of the stages of the family life cycle.

2. A table listing the different transitions and stressors that can occur simultaneously within a family -- illustrating the demands of development within children, adults, the couple and the family.

3. Small group exercise form.

4. Evaluation form for "Parenting Workshop #2".

TABLE 1. Issues for Children, Adults, C[illegible]ples and Parenting Across the Life Cycle

	TRANSITION INTO PARENTHOOD	PRESCHOOL CHILDREN	SCHOOL-AGE CHILDREN	ADOLESCENTS	LAUNCHING STAGE
ISSUES IN CHILD DEVELOPMENT	Total dependence Vulnerability Total care, maintenance Attachment	Separation/Autonomy Drive for Individuation Aggression Gender Identity Verbal Expression and understanding	Increased Impact of Other Influences Development of Moral Judgments Achievement (Academic, Athletic, Artistic, etc.) Consolidation of Gender Identity Development of Positive Self-Concept	Socialization to Outside Adult World Control of Sexual Impulses Control of Aggressive Impulses Maintenance of Positive Self-Concept Independent Identity Expression of Values	Establishment of Independent Life Style —Financial —Geographical —Emotional —Occupational
ISSUES IN ADULT DEVELOPMENT	Concerned with Making Satisfying Life Investments Preoccupied with being Productive and Performing Well High Financial Stress High Demand on Time and Energy Resources Fathers: —Crucial Stage of Career —May Have Growing Dissatisfaction with "Rat Race" —May Desire to Participate in Childrearing Mothers: —At Risk for Depression, Suicide, Marital Violence, Child Abuse —Fulltime Homemaker at Risk for Social Isolation, Boredom —Employed Mothers at Risk for Overcommitment of Resources			Established Economically Peak or Early Decline of Earning Power Generally Good Health Preoccupied with the Yield from Life Investments/Taking Inventory Beginning of Biological Decline "Middle Generation" Fathers: Slow Down of "Rat Race" Mothers: Fulltime Homemakers—Reassessment of Future	
ISSUES FOR COUPLES	Adjustment to a triad Sharing Love with Another Finding Time to Be Together Traditionalization of Sex Roles	At Risk for End of Marital Honeymoon —Low Ebb of Marital Satisfaction —Poor Communication —Alienation from Each Other's Roles —Disagreements about Finances —High Demand for Decision-Making		At Risk for Reassessment of Marriage and Marital Roles —Disenchantment —"Hollowness" in Relationship —Boredom —Further Alienation from Each Other's Roles	
PARENTING ISSUES	Attachment Type of Child Care Relationship with New Grandparents Division of Parenting Responsibilities Building of Basic Trust in Child	Discipline Encouragement of Positive Self-Concept in Child Establishing Relationships Between —Work and Family —Alternative Child Care and Family —School and Family —Leisure/Recreation and Family Dealing with Childrearing "Experts"		Setting Limits Allowing Participation in Adult Roles Communication Programming, i.e., Parents vs. Adolescent Determining Activities Values (Religious, Sexual, etc.) Distancing, i.e., Allowing Independence while Communicating Concern Dealing with Conflict between Parent and Adolescent Developmental Stages	

Parenting Workshop #2
Handout #1

Table 21.1
Delineations of Stages in the Family Life Cycle

Family Cycle Stage	*Sorokin, Zimmerman, and Galpin (1931)*	*National Conference on Family Life (1948)*	*Duvall (1957, p. 8)*	*Feldman* (1961, p. 6)*	*Rodgers (1962, pp. 64–65)*
I	Starting married couple	Couple without children	Couple without children	Early marriage (childless)	Childless couple
II	Couple with one or more children	Oldest child less than 30 months	Oldest child less than 30 months	Oldest child an infant	All children less than 36 months
III		Oldest child from 2½ to 5	Oldest child from 2½ to 6	Oldest child at preschool age	Preschool family with (*a*) oldest 3–6 and youngest under 3; (*b*) all children 3–6
IV		Oldest child from 5 to 12	Oldest child from 6 to 13	All children school age	School-age family with (*a*) infants, (*b*) preschoolers, (c) all children 6–13
V		Oldest child from 13 to 19	Oldest child from 13 to 20	Oldest child a teen-ager, all others in school	Teen-age family with (*a*) infants, (*b*) preschoolers, (c) school-agers, (*d*) all children 13–20
VI	(III) One or more self-supporting children	When first child leaves till last is gone	When first child leaves till last is gone	One or more children at home and one or more out of the home	Young adult family with (*a*) infants, (*b*) preschoolers, (c) school-agers, (*d*) teen-agers, (*e*) all children over 20
VII	(IV) Couple getting old with all children out	Later years	Empty nest to retirement	All children out of home	Launching family with (*a*) infants, (*b*) preschoolers, (c) school-agers, (*d*) teen-agers, (*e*) youngest child over 20
VIII				Elderly couple	When all children have been launched until retirement
IX			Retirement to death of one or both spouses		Retirement until death of one spouse
X					Death of first spouse to death of the survivor

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*Feldman enumerates Stages IX, X, and XI to classify childless families to correspond to families with children in the stages of childbearing, child-rearing, empty nest, and old age (Stages II to VIII).

SOURCE: George P. Rowe, "The Developmental Conceptual Framework," in *Emerging Conceptual Frameworks in Family Analysis*, ed. by F. Ivan Nye and Felix M. Berardo (New York: The Macmillan Company, 1966), pp. 198–222. Reprinted by permission of the author and publisher. The table was adapted from Pitirim Sorokin, Carle C. Zimmerman, and C. J. Galpin, *A Systematic Source Book in Rural Sociology*, Vol 2 (Minneapolis: University of Minnesota Press, 1931); Evelyn M Duvall and Reuben Hill, Co-Chairmen, *Report of the Committee on the Dynamics of Family Interaction* (Washington, D.C.: National Council on Family Life, May 1948, mimeographed material). Evelyn M Duvall, *Family Development* (Philadelphia: J. B. Lippincott Co., 1957). Harold A. Feldman, *A Report of Research in Progress in the Development of Husband-Wife Relationships* (Ithaca, N Y.: Cornell University, January 30, 1961, mimeographed); Roy H. Rodgers, *Improvements in the Construction and Analysis of Family Life Cycle Categories* (Kalamazoo, Mich.: Western Michigan University, 1962).

Parenting Workshop #2
Handout #3

In the space below, list three aspects of parenting that are the same for parents of handicapped and non-handicapped children:

1.

2.

3.

In the space below, list three aspects of parenting that are different for parents of handicapped as opposed to non-handicapped children:

1.

2.

3.

Parenting Workshop #2
Handout #4

PARENTING WORKSHOP #2 EVALUATION

GROWING UP WITH CHILDREN

(1 = Low 5 = High)

Activities	Usefulness	Need for More Training
1. Lecture/discussion of parent/child relationship	1 2 3 4 5	1 2 3 4 5
2. Lecture/discussion of "family life cycle"	1 2 3 4 5	1 2 3 4 5
3. Discussion of "demands" and "resources" of stages	1 2 3 4 5	1 2 3 4 5
4. Lecture/discussion of growth and development of children, couples, families	1 2 3 4 5	1 2 3 4 5
5. Small group exercise and discussion	1 2 3 4 5	1 2 3 4 5
6. Summary of recent research	1 2 3 4 5	1 2 3 4 5

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1. Do you have any suggestions for changes (additions, deletions, etc.) in the <u>content</u> that was presented?

2. Do you have any suggestions for changes in the <u>way</u> (materials, methods, etc.) in which the information was presented?

3. Other comments:

APPENDIX B

SAMPLE ACTIVITY LOG

PARENT SUPPORT NETWORK

PARENT INFORMATION AND SUPPORT SERVICES/EXPENSES

PARENT SUPPORT PERSON________________________________ DATES________________ TO ________________

Date	Description of Activity/ Information Exchange	Purpose/ Objective	Who Involved	Outcome	Follow-Up	TIME	MILES

APPENDIX C

SAMPLE COMPETENCY ACHIEVEMENT LOG

SUPERVISION GUIDELINES AND LOG

October, 1984 - October, 1985

Evaluators:
Parent Leader:____________
Others: ____________

PARENT LEADER COMPETENCIES	HOW	WHEN	EVALUATOR	EVAL. INIT.	DATE	COMMENTS
1. Describe purpose, goals, objectives of the following: a. Parent Leadership Program b. Advisory Council c. I-Team d. Regional Planning Team e. Statewide Network	- Complete Modules 1 & 2 - Observation	- 11/30/84 12/84 - quarterly 1/15/85 4/15/85 7/15/85 10/15/85	- Trainer - Practicum Supervisor (P.S.) Educational Specialist (E.S.) & Parent Leader (P.L.)			
2. Describe the role and responsibilities of the parent leader.	- Complete Modules 1 & 2 - Observation	- 11/30/84 12/84 - quarterly	- Trainer - P.S., E.S., & P.L.			
3. Form Regional Planning Team and develop regional plan.	- Complete Modules 1 & 2 - Develop and revise written plans	- 11/30/84 12/84 - quarterly	- Trainer - P.S., E.S., & P.L.			
4. Compile and disseminate regional community resource guide. Evaluate final product.	- Complete Module 3 - Compile and disseminate guide - Ten recipients evaluate the guide	- 12/84 - 1/85 - 1/85 & 2/85	- Trainer - P.S., E.S., & P.L. - Recipients include: parents, Sp. Ed. Coord. Advisory Council			

Module 1
Handout #9

SUPERVISION GUIDELINES AND LOG

Parent Leader:_______________

PARENT LEADER COMPETENCIES	HOW	WHEN	EVALUATOR	EVAL. INIT.	DATE	COMMENTS
5. Conduct parent interviews and utilize forms to refer parents to appropriate services.	- Complete Module 4 - Conduct parent needs surveys - Observation	- 1/85 - 2/85 - 2/85, 5/85 8/85	- Trainer - P.S., E.S., & P.L. - P.S., E.S., & P.L.			
6. Prepare and disseminate regional parent-to-parent newsletter. Evaluate final products.	- Complete Module 5 - Disseminate newsletters - Ten recipients evaluate the newsletters	- 1/85 - 3/85, 6/85 10/85 - 3/85, 6/85 10/85	- Trainer - P.S., E.S., & P.L. - Recipients include: Parents Sp.Ed. Coord. Advisory Council			
7. Describe I.E.P., its contents and use.	- Complete Module 6 - Observation	- 2/85 - 2/85, 5/85 8/85	- Trainer - P.S., E.S., & P.L.			
8. Develop a local Parent-School Action Plan.	- Complete Module 6 - Develop written plan	- 2/85 - 4/85	- Trainer - P.S., E.S., & P.L.			

Handout #9
page 2

SUPERVISION GUIDELINES AND LOG

Parent Leader:________________

PARENT LEADER COMPETENCIES	HOW	WHEN	EVALUATOR	EVAL. INIT.	DATE	COMMENTS
9. Recognize and encourage "best educational practices	- Complete Seminars 1-10 - Observation	- 2/85-9/85 - Ongoing	- Trainer			
a. Human Relations Training						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						
j.						
10. Maintain project - related data: logs, evaluation forms.	- Log data & submit to P.S. when requested	- weekly, collected at each training session	- P.S., E.S., & P.L.			
	- Evaluate training sessions	-collected at each session	- P.S., E.S., & P.L.			
	- Evaluate P.S. and trainer	- quarterly	- P.L.			

SUPERVISION GUIDELINES AND LOG

Parent Leader:________________

PARENT LEADER COMPETENCIES	HOW	WHEN	EVALUATOR	EVAL. INIT.	DATE	COMMENTS
1. Communicate effectively with parents, learners, teachers, and members of the community.	- Observation	- quarterly 11/84-10/85	- Project Staff - Parents, Special Educators, Community Members			
12. Abide by confidentiality and recordkeeping procedures.	- Complete Module 1 activities	- 11/30/84	- Trainer			
	- Complete Confidentiality Agreement	- 11/30/84	- Trainer			
	- Observation	- quarterly 11/84-10/85	- P.S., E.S., &			
13. Operate in accord with established job description.	- Observation	-quarterly 11/84-10/85	- P.S., E.S., & P.L.			
	- Complete Supervision Guidelines & Log	- ongoing	- Project Staff P.S., E.S., & P.L.			
	- Complete written evaluation rating each Parent Leader's ability in each competency area	- 5/85 10/85	- Project Staff P.S., E.S. & P.L.			

Handout #9
page 4

APPENDIX D

SAMPLE PRACTICUM SUPERVISION RATING SCALE

Circle One: E.S. P.S.P

EVALUATION OF PRACTICUM SUPERVISION AND SUPPORT

Please rate your Practicum Supervisor and the project staff on each of the items below using the following scale:

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

1. Practicum Supervisor and project staff availability:

1 2 3 4 5

2. Quality of Practicum Supervisor's and project staff's recommendations and ability to refer you to others for appropriate advice.

1 2 3 4 5

3. Practicum Supervisor's and project staff's overall professional behavior, e.g., punctuality, scheduling visits, calling when delayed, etc.

1 2 3 4 5

4. Quality of Practicum Supervisor's and project staff's rapport with you, e.g., friendly, honest, courteous, willingness to listen, etc.

1 2 3 4 5

Additional Comments:

APPENDIX E

PARENT INTERVIEW FORM

PARENT INTERVIEW FORM

NAME ____________________

TOWN OF RESIDENCE ____________________

AGE OF CHILD ____ EDUCATIONAL PLACEMENT ________________

We are developing information and support services to meet the needs of parents. Some of the activities we plan to engage in are:

* developing a community service guide which lists services available in our region

* developing a newsletter in which parents can share information

* developing parent groups which address specific needs

Before we can really develop information and support services for parents, we need to find out from parents what the needs are. I would now like to ask you some questions which will help us identify needs.

1. How is ________________ getting along in school? Do you get a chance to talk with his/her teacher(s)?

1.1 Would you like to have more involvement?

* More communication with teachers?

* More frequent communication around planning programs?

* Home visits by the teacher?

* Your visiting the school more frequently?

* Opportunities to meet as a group with other parents and/or teachers?

Other

1.2 Would you like to know more about educational programs? The IEP process? The role of the OT, the PT, speech therapy, others? etc.

2. Have you received any medical services for your child? What are they?

2.1 How have medical services been helpful?

2.2 Do you need help dealing with medical services?

* Doctor?

* Dentist?

* Adaptive Equipment?

* Other?

2.3 Do you need ...

- * Something or someone to help you find the service?
- * Transportation?
- * Financial assistance?
- * Other?

3. Is your child involved in activities such as:

* Eating out?

* Going shopping with the family?

* Going to church?

* Other?

3.1 What do you feel would help your child participate more in these activities?

* A volunteer/helper to go along on activities?

* More independence in activities?

Other?

4. Do you have a chance to enjoy yourself (with your spouse?) Do you have time for yourself?

4.1 Can you think of things that would help meet your family need(s) such as:

* Being able to share ideas with other parents?

* Family counseling?

* Respite care?

5. Have you ever been helped by any local or state services or agencies such as:

* The Association for Retarded Citizens?

* Community Mental Health?

* United Cerebral Palsy?

* Vocational Rehabilitation?

* Others?

5.1 Have you found such services beneficial? Why or why not?

5.2 Are there services you are interested in but are unable to locate in your community/region?

5.3 Would you like to know what services <u>are</u> available in your community/region?

6. There are also a number of professional service organizations such as TASH (The Association for Severely Handicapped) and CEC (Council for Exceptional Children). Have you had contact with these organizations?

6.1 What type of contact have you had with these organizations?

6.2 Would you like to know more about these organizations?

7. Families frequently use legal services to do such things as draw up wills, plan estates and establish guardianship. Have you ever used legal services in relationship to your handicapped child? Have securing legal services created financial hardships for you?

7.1 If yes, have the services been helpful?

7.2 Would you like to know about legal services that could benefit you and your child?

8. Have you made future plans for or are you considering:

* Where your child will live? Home? Group home?

* If and when your child will work?

* What services will be needed?

8.1 Has anyone provided you with assistance or information in planning for the future? If yes, has the assistance been helpful? Why or why not?

* Would you like more information or assistance?

9. Would you be interested in:

____ Helping to develop a parent-to-parent newsletter?

____ Helping to develop a community resource guide?

SURVEY OF
PARENT INFORMATION AND SUPPORT NEEDS

10. I would like to receive information or assistance in the following areas:

AREAS	Yes	No	Priority	Resource
Parent Support Group..............				
Behavior Management...............				
More Input into IEP Management.....				
Community Services (e.g., ARC,VFF).				
Managing Family Stress............				
Teaching Communication Skills......				
Teaching Sex Education.............				
Speech and Language Therapy........				
Area Recreation Program...........				
Future Planning...................				
Teaching Self-Care Skills..........				
Teaching Domestic Skills..........				
Teaching Community Skills.........				
Counseling Services...............				
Transportation Services...........				
Respite Care Services.............				
Legal Services....................				
Advocacy Services.................				
Employment Opportunities...........				
Medical Concerns..................				
Residential Opportunities..........				
Accessibility.....................				

II. Please number the three or four most important areas to be addressed in the column labeled priority

III. In the resource column, indicate the professional or agency that can best help meet each need (e.g., teacher, speech/language pathologist, Legal Aide, ARC, mental health agency)

APPENDIX F

SAMPLE PAGES FROM A COMMUNITY RESOURCE GUIDE

THE ASSOCIATES IN CHILD AND FAMILY SERVICES 775-2385

65 Grove Street
Rutland, VT 05701

Services: We offer family oriented psychotherapy for children and families experiencing emotional stress, behavioral problems or life transitions; family therapy; and group and individual therapy for children, adolescents and parents. We also offer consultation and evaluation for schools, concerned parents, community agencies, or other professionals; psychological evaluations; developmental assessments; learning/behavioral assessments; and consultation.

Eligibility: Anyone experiencing emotional stress, behavioral problems or life transition.

Cost: There is a standard fee for psychotherapy and psychological evaluations and consultation services. Payment is expected at the time of service. Special arrangements may be made with our bookkeeper on an individual basis. Your medical insurance may cover some portion of your fee. Sliding fee.

Hours: 8:30 a.m. - 5:00 p.m. Mon. - Fri., daytime and evenings by appointment.

COUNSELING SERVICE OF ADDISON COUNTY..........388-6751

Day Programs
89 Main Street
Middlebury, VT 05753

Services: Social and recreational groups designed to maximize client participation in activities and provide learning activities.

Eligibility: Available to individuals who are mentally retarded.

Cost: No cost to families.

Hours: 8:30 a.m. - 9:30 p.m. Mon. - Fri.

FAMILY SERVICE FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES....................656-2661

UVM Department of Psychology
Burlington, VT 05401

Services: Services include support, training, and counseling for training, and counseling for developmentally disabled persons and their families.

Eligibility: Available to any family in which one member is disabled.

RUTLAND MENTAL HEALTH.........................775-2381

Day Treatment Programs
P.O. Box 222
78 South Main Street
Rutland, Vt 05701

Services: Social and recreational groups designed to maximize client participation in activities and provide learning activities.

Eligibility: Available to adult mentally retarded clients.

Cost: No cost to families.

Hours: 8:30 a.m. - 5:00 p.m. Mon. - Fri.

STATE OF VERMONT DIVISION FOR THE BLIND AND VISUALLY IMPAIRED.............................773-5822

173 West St.
Rutland, VT 05701

Services: Vocational counseling and guidance is provided to assist blind or visually handicapped persons achieve their maximum social and economic independence. Also assist with visual aids, surgery, and orientation with mobility.

Eligibility: Available to any person with a visual disability.

Cost: Based on eligibility.

Hours: 8:00 a.m. - 4:30 p.m. Mon. - Fri.

UNITED COUNSELING SERVICES DAY TREATMENT PROGRAMS.........................442-5491

P.O. Box 588
120 Hospital Drive
Bennington, VT 05201

Services: Social and recreational groups designed to maximize client participation in activities and provide learning activities.

Eligibility: Available to individuals who are mentally retarded.

Cost: No cost to families.

Hours:
Mon. & Thu. 8:30 a.m. - 6:00 p.m.
Tue. & Wed. 8:30 a.m. - 8:00 p.m.
Fri. 8:30 a.m. - 5:00 p.m.

APPENDIX G

SAMPLE NEWSLETTERS

VERMONT I-TEAM NEWSLETTER

May, 1986

I-TEAM PARENT SUPPORT NETWORK

State of Vermont Interdisciplinary Team for Intensive Special Education

Lu Christie, I-Team Coordinator
& Newsletter Editor

Maureen Charron, I-Team Secretary

#29

499C Waterman Building
University of Vermont
Burlington, VT 05405
Telephone: 656-4031

Dear Friends,

Another collection of regional news from our Parent Support Network. Thanks to all who contributed! Also, some special items for the end of the school year. (Can it really be upon us???)

Best wishes to all of you for a wonderful summer!

Sincerely,

Lu Christie

BANISH THE BIBS!!

We all know how important it is for students with severe handicaps to be dressed the way most kids their ages dress. But for some of our special friends who have trouble swallowing that means clammy wet shirts and blouses if bibs aren't worn.

An alternative for school, home and community!! Colorful bandanas with narrow hems sewn over lightwight terry cloth liners! (My farmer Dad always had one of those red bandanas hanging out of the back pocket of his coveralls.) An alternative for the ladies: pretty cotton print squares that complement their clothing. Inexpensive, easy to launder, almost indestructible, and all the kids are wrapping these things around their necks!! Just fold them over in a large triangle and tie them in the back. Very fashionable!

Thanks to two Burlington teachers for the idea: Penny Sheil for the bandanas, and Becca Goodling for the terry liners for increased (important) absorbency!!

MORE REFERRALS FOR VAB TEACHERS OF THE BLIND??

Do you have a son, daughter, or student who is either legally blind or said to have no functional vision? (This doesn't mean "can't see at all"....I am legally blind without my glasses and, while you wouldn't want me to drive your car, I can see a great deal!! I'm not eligible for VAB services, though, because I'm one of those lucky people whose vision is corrected to 20/20 with glasses.) Many of the students referred for I-Team services are eligible for and have been referred to the Vermont Association for the Blind (VAB) for the services of their teachers of the blind, new to the state this year. This consulting service is funded by the State Division of Special and Compensatory Education, and these competent folks are a welcome addition to our special education services in the state.

A child may be referred to VAB by teacher or parent, provided the child is enrolled in an educational program. As soon as the case load permits, the teacher of the blind for your region will visit both home and school to follow up, get acquainted, do a functional vision assessment, and offer any appropriate services as soon as their case load permits. Even if there are no immediate needs, I feel there are two important advantages if the referral is made as soon as possible. First of all, the student becomes a client of VAB, an agency that serves adults. This can be very important to students when their years of special education are over.

The second reason is that this referral may be a way that your student with severe handicaps can be of help to someone else. Here's how it works: VAB reports all children and adults who are legally blind or have no functional vision to the American Printing House for the Blind. For each person reported, VAB receives a small amount of money which can be used in Vermont to provide people with visual handicaps with special (costly!) equipment. What this means is that the referral of some of our I-Team kids might make it possible for a 3rd grader to have a Braille writer available at home, or a high school student to have a tape recorder to take "notes" for him in school. Each year the amount of money available for such equipment gets smaller and smaller, and it's really important that Vermont get its fair share by having all eligible people identified and counted.

I learned all this by talking to Susan Wells, Coordinator of Client Services for VAB. If you have questions or would like to make a referral, please call Susan, toll free, (800) 322-5861. (She's nice, she knows lots, and she's easy to talk to!)

THE PARENT CONNECTION

JOYS OF SURVIVING
- BY FAMILIES

central region

Parent Support Person - Joanne Carriveau
(223-3818)

Riddle: Try to guess where I am.

I'm sitting down surrounded by adults, but I'm not at a meeting.

It's my choice to speak to someone or just sit and reflect on things, but I'm not in a psychiatrist's chair.

Someone is waiting on me, but I'm not in a hospital.

I just got an apology for having been kept waiting, but it wasn't from a Special Ed. Coordinator.

Before I tell you where I am, I'll tell you that what I'm doing is recreation. When we had our Training Session about recreation, we were asked what it was for us. I was again reminded about what, how important and how different recreation is for different people.

When Lisa was born, Justin was 3 and after 3 months at home, I went back to work full-time. We didn't have much time (or energy) for recreation. At that time, I thought you needed to be sweating, out-of-breath or at least moving quickly to be enjoying (?) recreation. Well, I was doing all those things, usually while trying to fix a meal or while trying to convince 2 children that it was time for bed. So why wasn't I feeling better? It took me a long time to be able to take time for myself and not feel guilty. Having some quiet time by myself is not only recreation to me, it's something I <u>need</u> to be a happier person.

Answer: I'm at a restaurant doing 2 things I love, eating and writing!

Joanne

MY PARENT SUPPORT GROUP

A group of eight people are sitting around a table. They are from very different backgrounds with only one thing in common. But a very powerful thing it is; all are parents (or grandparents) of children with Cerebral Palsy. In their own way, each parent is an expert on the subject of Cerebral Palsy. Each has had to solve extremely difficult problems as they came up in their children's lives. At various times they have had to be engineers, linguists, physicists, psychologists, jugglers, as well as do all the things that any parent must do.

Sharing solutions to difficult problems is a key benefit of these meetings. Often the solutions are applicable to other homes and situations. but even when they are not, there is value in others hearing that difficult problems were overcome. Each child represented by the parents at this group has unique problems. Therefore, each home has different physical, educational, and emotional problems to deal with. Each family has developed its own network of resources to help in solving these problems. It is interesting to see that, even in a relatively small community such as ours, there are a large number of possibilities in the construction of a support network. Certainly there are common threads such as EEE and Mary Scollins, but it seems that in each case, there are different people involved. different kinds of treatment and different philosophies of what treatment should look like.

(cont. on back)

All of this is important information to be shared.

It was difficult for me to become involved in this group. We have been receiving gentle pressure for some time to become involved with parents of other children with CP, but had, for the most part, resisted that pressure. However, when Lee Viets organized this group, we realized that there was no good reason not to be involved and lots of very good reasons to be involved. Our group is, I believe, still in the developmental stages. We are still casting around for a format that will provide continuity from month to month. We have had general discussions about our children (which, to tell the truth, is what we talk about the most) and their accomplishments in the last month. The key in these discussions is that we, as the song goes, accentuate the positive.

On several occasions, we have had a chance to talk with adults with CP. These sessions gave us a great deal of insight into the possibilities for overcoming handicaps and leading a rewarding and full life.

We have talked about the kinds of things that we would like to do in our group. In our next meeting we are going to be talking with Physical Therapist Paulette Spoon. Talking with professionals is a way to increase our knowledge about ways to help our children. Since most of us have already dealt with physical therapists, it is a good chance to compare strategies and find out what others are doing.

So far, we have not been including children in the meetings. We have talked about the possiblity of having a picnic in the summer in order to give the children a chance to interact with each other. It is likely that their paths will cross at some time in the future and that they will have as much to share as do their parents. Hopefully, by sharing successes, learning new ways of dealing with common problems and by supporting each other, our group is building opportunities for our children which they might not otherwise have. We are fortunate in Vermont to have the number and quality of resources that we do. The Parents Support Group is a valued addition.

- Mike Chater

Question Corner

In one sentence, what does summer mean to you?

- Summer is sun and fun.
- Summer is beach and family.
- Sending kids out to play.
- Flowers - tulips and lilacs - and mowing lawns.
- Extended car pooling.
- The POOL!
- Changing jobs - from Taxi to Activities Coordinator.

Having a "Special" Sister

by Penny Peters

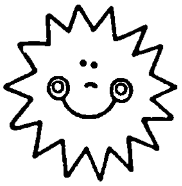
Having Cheryl for a sister has not always been easy, but we've managed. It's been worth it to see her smile and recognize us whenever we go to the ICF to visit her.

It used to be really hard when we had Cheryl living with us at home, because she would go to the same school as we did, except she went to a special room called the resource room where she was taught to feed herself with a spoon and to discover new shapes and textures. The hard thing about it was our friends knew or would find out because of her last name that she was our sister. We're not saying that we thought it was bad to have her as a sister, we're saying our friends did.

But we're both glad we can understand the special help she needs. We're both sad that it is so hard for people to understand that a handicapped person has a right to be free and is allowed, like any other human being, to attend public places. Some people even think they should be in jails! But that's not true; they're people and they have just as much right as any other person to do as they please!

One thing that really makes us mad is the way people stare. The way they sit there and gawk at Cheryl, you'd think they've got a bigger problem than she does! We wish people could just understand that she has a slight problem with the way her brain works and treat her like any other human being!

Having a special sister has taught us many good things and has made us feel superior over our friends because we feel comfortable around handicapped people. Instead of just standing there and gawking at them, we can do something helpful, lend them a hand!



THE PARENT CONNECTION

May, 1986
Vol. #4

Northeast Region

Joys in Surviving Shared by Families

Parent Support Persons:
Corrina Allen, 586-7775
Judy Spencer, 626-9638

Hello,

For the people in the upper portion of the Northeast Region, I would like to take this opportunity to introduce myself to you. I have spoken with a few of you and hope to make contact with the rest of you soon.

My name is Judy Spencer and I live in Lyndonville, along with my husband, Jim and our three daughters, Jessica, Melissa and Bethany. Our middle daughter, Melissa, was born with athetoid cerebral palsy. She is now nine years old and attends the regional program in St. Johnsbury in the multihandicapped classroom. Melissa is a mobile, nonverbal, loving, extremely happy and patient little girl. Though nonverbal, she manages to speak with her eyes, but watch that twinkle because she likes to get into everything and go wherever she can!

When I recently accepted this position, I was trying to figure out my goals. My primary goal is to speak with each one of you; to get to get to know you and your children; and to offer help by listening and sharing - sharing some of my own experiences and feelings which I'm sure are similar to some of your concerns, and also by sharing information or helping obtain needed information.

Through these past nine years since Missa was born, I have gone through many stages. At each stage, I had support by doctors, therapists, teachers and other parents. It hasn't been easy all the time but we have survived, and I hope that by working together as a team - as friends and as parents with mutual concerns- we can lend support to each other.

I will be making contact with each of you as soon as possible, but please don't hesitate to call or drop me a line any time. My address is Box 774, Lyndonville, VT 05851 and my telephone number is 626-9638 (call collect). SEE YOU ALL SOON!

Judy Spencer

RESPITE CARE

When Judy Spencer, our Parent Support person, asked if I would write an article for the newsletter, she suggested that I might tell how we went about applying for respite care services for our daughter and other children in our area.

About two months ago, Judy set up an informational meeting in St. Johnsbury on respite care and had Theresa Wood from the Vermont Department of Mental Health come. She explained the program and how we should go about getting it locally.

To be eligible for respite care a child must be mentally retarded. The child must live at home with his/her parents, guardians, etc. Income level of the family is not considered in this program, unless you need extra help.

Mrs. Wood told us to get in touch with Mr. Eric Grims, who is in charge of the respite care program in the Northeastern area. We called him and he came to our next month's group meeting in our school and explained more about the program to us. A qualified family is entitled up to 30 hours a month per year. Additional time is available on a sliding fee scale. The current rate of reimbursement is $3.35/hour. The agency also knows of families who will provide for multi-day respite for scheduled vacations and emergencies.

Since the meeting, Mr. Grims has met with most of us and filled out applications. The agency has to re-apply the first of July for the coming year.

Parents--if you need respite care, call Mr. Grims or Cheryle Robinson now at 748-3181 or your area community Mental Health agency. If they can't get enough funding to go around, they will keep your name on the list, and if money comes up, they will be in touch. Go for it parents -- you need free time for yourself.

Waneta Clifford
R.F.D. #2, Box 144
St. Johnsbury, Vermont 05819

TWO IMPORTANT LESSONS

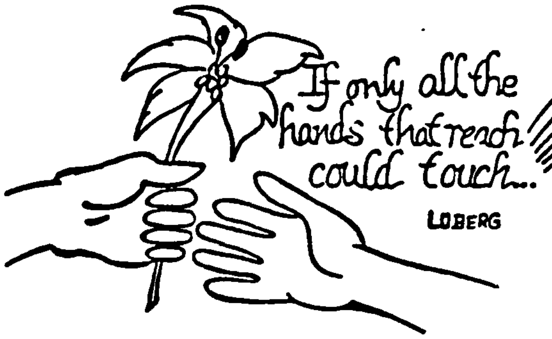
The first lesson I was taught and learned (to some extent) was not to be so overprotective, to let my daughter learn to help herself. It came from the wonderful physical therapist that Melissa had when she was a year old. At that time Melissa could not sit up. She would immediately fall on her face if placed in a sitting position, so I always propped her up with pillows in a corner of a chair or the couch to sit her up. Katie, the physical therapist, told me to place Melissa on her playpen pad in the middle of the floor to let her learn to sit - great in theory but hard to do. I said that I couldn't do that because I knew that she would fall flat on her face. Katie, being gentle and caring, suggested I leave the room and come back in a minute or so to see how she was doing. Again, my heart broke. I said I couldn't but I did. The first time Melissa fell flat on her face, as I knew she would. But, with each new try, she could maintain herself a little longer, until finally, by our next visit to Katie, she could sit for at least five minutes. What an accomplishment for us all!

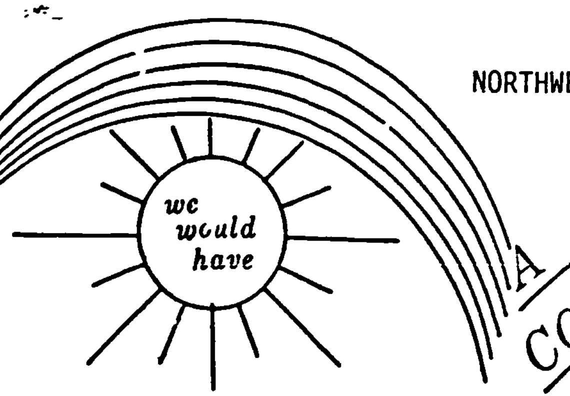
Melissa has struggled every inch of the way to get up and go. She does walk now without help. I'm glad Katie taught me to help her by doing her exercises and by letting her help herself. She taught me to give Melissa a little space and not to hold her back because of my fears, but to encourage growth even though sometimes it is a frightening process. I continue to struggle at times with allowing her to spread her wings, but I try to remember what Katie taught me about letting her try.

The second lesson I learned I like to call the China Doll Syndrome lesson. A strange title maybe, but think about it. Do we treat our handicapped children like extremely breakable China Dolls? I did, until my youngest daughter taught me that my daughter who is handicapped wasn't as breakable as I thought.

At the time this worthy lesson was taught, Bethany, my youngest child was approximately 12 months old. Melissa was between 2 1/2 - 3 years old, and my eldest, Jessica, was almost six. With three years between my first two children, we always expressed concern that the oldest would "accidently" hurt Melissa if she played too rough. Jessica was patient and kind to Missa, always trying to be fairly gentle. Melissa, a compliant, quiet, happy child always smiled and giggled, but never really laughed hard out loud. When Bethany could get around she would try to play with Melissa. How can you tell a one year old not to play too rough? One evening (I'll never forget it) we were all gathered in our living room. The babies were playing on the carpet while the rest of us sat on the couch. Bethany went over to Melissa who was sitting, knocked her down on her back and sat on her stomach. Melissa immediately laughed, not just a giggle-type laugh, but a loud, continuous, joyful laugh! This was something she never had done and it was thrilling for us all. We realized then, that we had sheltered her from this type of experience and that she could have some of this normal everyday "roughness" without breaking. After that, we encouraged more play between her sisters and herself. Today she frequently has a bruise or a bump from running or falling, but she got them by doing - doing things, experiencing things and by having fun. I'm still a cautious Mom, but not overwhelmingly protective as I once was. After all, bumps and bruises come with the territory of childhood.

Judy Spencer





NORTHWEST REGION

A PARENT CONNECTION

#4
May, 1986

Dawn Bombard 863-2974

WELCOME TO MY WORLD

by Barbara Garrison

While day dreaming I watched as Gina crawled about our apartment looking in each room until she decided where she'd have the most fun. "Great, the lamp is on in the living room. No one is in here. I can hook my little fingers on the top rim of the lamp shade and give a little pull toward me then let go, and the lamp will rock, making a fantastic pattern on the ceiling. While I'm here I may as well warm my fingers on the bulb since they are red and cold from putting them in my mouth. Oh, Oh, I hear mom in the kitchen yelling me to get away. Here comes Jimmy to pull me away from the lamp and leave me alone in the middle of the floor. Hey, thanks Jimmy.

I can have lots of fun with this Ames shopping bag. Nice feel to it and "noisy"! No one is watching so I guess I will get on the couch. It's softer to lay on than the floor. I can bounce my butt on the couch and it will squeek! Well, I'm tired of that, so I think I will sit up. I've got to pick up my bag off the floor anyway. Hey, I think I'll rock for awhile. I'm real good at that. I can rock so hard the couch will slam into the wall. And I can go so fast that my bag will fly out of my hands. It's so much fun I will squeal and laugh so loud that everyone can hear me and they will laugh too."

INTRODUCING BOAZ BRISSON

by Chloe S.H. & Josh P.

This article was printed in the EDMUNDS EXAMINER, which is a newsletter put out weekly as part of the Paradise Project. It is a practice of the students involved with this project to interview students in the school. This is Boe's first year at Edmunds as a member of the Special Ed classroom.

This interview has been one of the most interesting interviews we've ever done; the reason being that Boe does not communicate the way we do, by speaking. Boe communicates with sign language and a communication book.

Our first question was "What do you like to do most at school?" Boe immediately pointed to a small picture of a school bus. He also enjoys washing dishes and bringing the attendance down to the office. Boe also expressed interest in cooking. He cooks from communication cook books. His favorite food and drink are donuts and soda. Boe likes to work and help with Sean. He usually pushes his chair to lunch.

Boe collects teddy bears and match box cars. We are told he has quite large collections. His favorite sport is bowling. He also enjoys Home Ec. Daily Living is a class that teaches the students how to care for themselves and the environment. He has recently been learning how to grocery shop. Boe really enjoys meeting the people at Edmunds.

Life. Be in it.

TEAM WORK

I would like to take this time to thank the people who have stood by me and helped me through this busy year as parent support person.

First, to my Planning Team members who continuously encouraged my efforts:

RUTH CANNON - PARENT IN MILTON
MARY BARBER - PARENT IN BURLINGTON
CONNIE WHALEY - PARENT AND COORDINATOR OF PARENT-TO-PARENT
ANNE CARLING - TEACHER AT CHAMPLAIN ELEMENTARY SCHOOL
ELLIE POTASH - TEACHER AT BURLINGTON HIGH SCHOOL
RICHARD SCHATTMAN - COORDINATOR FOR FRANKLIN NORTHWEST
GINNY IVERSON - EDUCATIONAL SPECIALIST FOR N.W. REGION

Secondly, to Pat Lewis who is not only my supervisor, but a friend who is always there when I need help.

To Maureen Charron and Ann King whose office expertise saved me from countless mistakes.

To my husband, David, for making me to feel good about what I do and continually supporting me in all that I do.

And lastly, but most importantly, to all the parents (MY NEW FRIENDS) that I have had the opportunity to meet as I travel through Northwest Vermont. You've really made this position worthwhile.

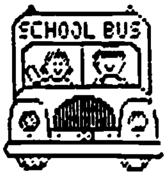
THANKS TO ALL!

LET'S CONNECT

To Carrie Bessette: NO FAREWELLS, NO GOODBYES. Your involvement with the parents in Chittenden County are ties that will last forever. We love you.
L, V, R, S, M, V, E, N, C, L, P, and D.

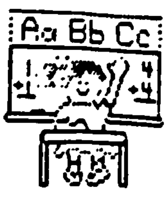
Congratulations, Mary Gervais, on the success of your new parent support group recently started in St. Albans. It is truly through your determination and efforts that this has become a reality. Thanks for including me. You're wonderful.
Dawn

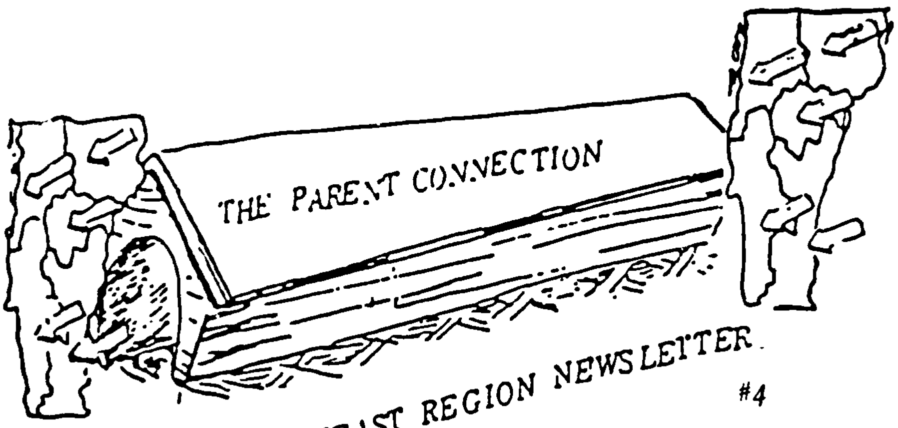
Special thanks to Donna Lefebvre, special education teacher at Folsom School, who has accepted the position of coordinator of our Jaycee Park Program. We know you will do a great job.
Jaycee Park Home



"I have come to a frightening conclusion that I am the decisive element in the classroom. It is my personal approach that creates the climate. It is my daily mood that makes the weather. As a teacher I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations it is my response that decides whether a crisis will be escalated or de-escalated, and a child humanized or de-humanized."

Dr. Haim Ginott
<u>Between Teacher and Child</u>





THE PARENT CONNECTION

SOUTHEAST REGION NEWSLETTER

#4

MAY, 1986

Parent Support Person:
Jean Tlaker, 885-4235

Sibling Information Network

The University of Connecticut
249 Glenbrook Road, U-64
Storrs,Ct. 06268

The Sibling Information Network is a organization which serves as a clearing house of information,ideas, projects,literature, and research regarding the needs of families with members who are disabled, with a special focus on issues related to brothers and sisters of children with special needs. The Network publishes a newsletter four times a year. Sample copies of the newsletter are free. To get a copy of the newsletter or to join the organization ($5.00) and receive the newsletter regularly,write to the above address.

During the past few months I have heard more concerns about siblings in families with a special needs child. Families do have to deal with many problems on a day to day basis and it is natural for brothers and sisters to feel that the handicapped member of the family receives most of the attention, or that family plans have to revolve around that person.

Upon looking back to our own family situation when our children were growing up, I have to confess that I did not,at any time, ask them how they felt about having a handicapped brother. It was assumed that because we, as parents, were dealing with the daily happenings of family living, that the other children were coping and "getting on" with life in general.

To illustrate how our youngest daughter Jane, felt about having a handicapped brother, I would like to share the following article entitled "He's not Heavy - He's my Brother" - she was twelve years old at the time she wrote the article.

Jean Tlaker

THERE I was helping Andrew get into the car, when I heard a young boy's voice.

"Oh, don't go near Andrew in that car or you'll get germs!"

I helped Andrew in, then headed for the little boy.

"Hey, look here, just because he's different you don't have to be like that," I told him.

"How would you like it? I think YOU have germs!"

As the boy ran away I hoped that I'd frightened him enough so that he'd think twice before he said anything similar to that again.

I was horrified. GERMS! What kind of children do parents raise these days? How rude.

Andrew was hurt, and so was I. I think I was more hurt because I understood. Andrew didn't.

That was just about a year ago. Andrew now goes to another school where I feel nothing has changed.

Oh yes, the education is better, but what about rejection? What about the ignorant?

Adults as well as students are "scared" of children like Andrew. Just because they don't understand, and won't try.

And now Andrew knows this. He knows that people look at him. He knows they notice that he's different.

I was often asked what it was like having a brother like Andrew. I sometimes just couldn't figure out why having a brother like Andrew seemed different than any other brother to them.

Yes Andrew is different, but I feel it's a blessing not a punishment.

Lovable smile

Andrew is a Down's Syndrome child, who has Pulmonary Stenosis and a heart problem.

Because of his poor blood circulation people often asked why he was so blue, and had purple lips.

I used to say that he was born that way. Then I got tired.

They weren't asking for any real reason. They were just asking because they thought he was a freak of some sort.

The next time someone asked that, I said with a smile, "He just wanted to be a different colour."

I remember the day he came home with Mom. "Be careful, don't get too close. You have just got over your colds and he may catch one.

"After a few days though, we were able to hold him hug him and kiss him.

Andrew was undoubtedly the cutest baby born into our family. We all agree to that to this day.

He had beautiful blue eyes and a lovable smile. It wasn't until later we were told that Andrew was a little different. It didn't matter to any of us. He was too cute to be different.

As Andrew grew older, I began to notice that he was different. He had to be treated carefully and he needed more attention. His speech was poor and not clear due to his large tongue. Andrew also looked different.

But I didn't care. He was my brother and I love him.

Sometimes it was hard, and it still is. Andrew has been pampered. We all know that. But Andrew is the one that has it hard, not us.

He constantly feels "pins and needles" in his feet and hands because of his poor circulation.

Andrew's feet are highly sensitive and usually he must wear socks at any time when most people can stay barefooted.

His eyes are blood-shot a lot, and he gets dizzy or tired many times throughout the day.

Not a day will go by without some sort of pain or getting tired.

Heart surgery

When Andrew was seven years old he had to have open heart surgery.

A shunt was put into an artery leading from the heart to help his blood circulation. It was a serious operation. He had a 50/50 chance, a heavy load to carry.

"Time seemed to go by slowly while he was gone, but we knew that he would make it.

Andrew had needles constantly put into him, blood taken out, sometimes more than four blood tests a day.

Now how many children seven years old do you know who have gone through that?

When he came home he was all pink and rosy as Mom had said. This was it, Andrew was fine.

As time has gone on, Andrew has not been as well as expected.

But somehow he still smiles every day, at least a couple of times even on a bad day.

Andrew is normally a very happy child—most Down's Syndrome children are.

Andrew loves people. Whenever a friend of mine comes to the house he will go running up for a hug. My friend will hug him back

That's the nice thing. All my friends love Andrew. He's just too lovable not to love.

Now who could be scared of a child like this? People shouldn't be scared of these children. They love people and should be loved by people in return.

Admiration

I have a lot of admiration for Andrew. I couldn't go through what he has gone through. Very few could.

I wish Andrew could do more things like being able to walk down the road without panting for breath after, or to be able to have a straight night's sleep without being sick, or go through a day without getting a massive headache, or just seeing him go through a day without a bad comment or without the harassment from other children.

Putting all the years together, some good, some bad, I've never regretted Andrew.

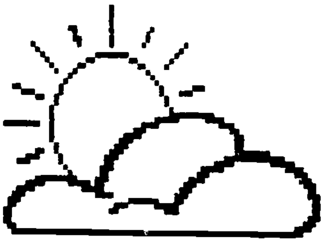
If he were to become normal now, I don't think that he'd be the same. He is a very special kid.

I think we are lucky to have Andrew. He's helped us to understand life better, to be thankful, and not as selfish as other families can be.

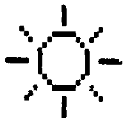
I think we got the good end of the deal. I wouldn't trade it for the world.

Andrew James Tlaker, I'll give you a piggy-back ride anywhere you want to go, because, you're not heavy... you're my brother. I love you.

SOUTHWEST REGION



THE PARENT CONNECTION



ELLIE MCGARRY
773-0714

NUMBER 4

MAY 1986

It has been a pleasure for me to get to know many of you in the last several months. I was hired in February by the I-Team as a Parent Support Person for the Southwest Region. I have appreciated the encouragement and support that I have received from all of the parents and school personnel in this region.

I have a husband, John and three sons, Joe age 7, Bill age 6 and Rob age 3. Rob is now attending VAC in Rutland. Rob was born with a genetic disorder, which we have since then traced back through my family history. He has some physical problems and speech problems. He has been learning sign language at much of his frustration and made it easier for him to communicate.

I would like to take this opportunity to wish everyone a very enjoyable and fulfilling summer. Thank you again.

Ellie McGarry

REGIONAL PLANNING TEAM

The Regional Planning Team is composed of parents and educators. Together, as a team, they help to assess the needs of the region and then plan programs to meet those needs. For example, if the need for parents would be to have more information about IEP's, then the regional planning team would plan to have an IEP Development Workshop in that particular area. They also give ideas to the Parent Support Person for the newsletters. The Team is a very important part of the Parent Support Network because they help to steer the activities that happen in each region. The Parent Support Person relies on the information gathered at the meetings to assist her in developing a useful plan for each area within the region.

For the Southwest Region our Regional Plannning Team is composed of the following people:

Bob Nurin - Special Education Coordinator of Rutland City

Peg Spaulding - Volunteers for Families

Kathryn Daniels - I-Team Educational Specialist for the Southwest Region

Kathy Wanner - Parent from Rutland

Hope Slade - Parent from Bennington

Melissa Smith - Special Education Teacher from Neshobe Elementary School in Brandon

Lauri Fielder - Parent from Goshen

Allison Grant - Special Education Teacher from Castleton Elementary School and also a Foster Parent

Betty Roberts - Parent from Fair Haven

Sue Weisler Smith - Special Education Teacher from the Molly Stark Elementary School in Bennington

Sandy Shonnard - Occupational Therapist from Addison County Home Health Care

Ellie McGarry - Parent Support Person for the I-Team

Dentists-Rutland Area

The two Dentists listed below have been recommended by parents of handicaped children.

Dr. Gary Brean - Specialist in Dentisty for Children.
No Accessibility Phone - 775-6771

Dr. Thomas Opsahl - General Dentistry
Accessibility Phone - 775-0819

"FROM THE MOUTHS OF BABES"

Lisa was 2 1/2 when her sister was born. She was excited about a new baby coming to live with her. Her Papa and I had spent time preparing her for the arrival of a brother or sister.

Then on August 15, 1977, nine weeks premature, Lisa's sister was born. She weighed 3 lbs. 9 oz. and was doing fine. She just needed to gain weight. We hadn't even picked out a name so while she stayed in the hospital to gain that weight, we worked on a name. It was Lisa who said "I like the name Susan," so that became her little sister's name.

All went well until Susan was 12 days old. We received a call from the hospital early that morning that Susan wasn't doing well. She had meningitis and we painfully had to face the possibility of losing her. What do you tell Lisa?

Well, we knew honesty was best so we let Lisa know just how seriously ill her sister was. In the midst of the pain, we asked a pediatrician if we should be aware of anything special when talking to Lisa. He advised us to be sure she knew it wasn't her fault that Susan was so ill and Mama and Papa were so sad. We did that and you know, I think my 2 1/2 year old was relieved.

Susan was critically ill, in a coma and on a respirator for 2 weeks. When she did wake up, we knew that it was likely that she would have some brain damage but hoped an prayed that it wouldn't be so.

Lisa was very anxious to get Susan home. She had seen her through the nursery window many times, but finally at six weeks of age, Susan was coming home. It was an exciting day for Lisa. She loved her sister so much.

Over the next few months, Susan had many problems. She developed hydrocephalus and had to have a shunt put in. She had a seizure disorder, and we were being told that maybe she wouldn't see. It seemed each month we were hit with another painful diagnosis. All the time, we were honest with Lisa. She was taking it all in.

I'll never forget a very special day when I was nursing Susan, then 6 months. Lisa, then 3 years, was sitting next to me in the rocker while I read to her. (I even remember what Lisa was wearing!) Lisa looked up at me and asked, "Mama, will Susan ever walk?" At that time I wasn't sure so I said, "Honey, I really don't know." and she then said so matter-of-factly, "Well, maybe she will. Maybe she won't. We'll just love her." !!!!

WOW!!! It was as though a tremendous load was lifted from my shoulders. She was right!!!!! From the mouth of a babe came such wisdom. NO MATTER WHAT, we'll just love her.

Susan is now 8 1/2 and Lisa is 11. Susan is multi-handicapped. She doesn't see, walk, talk, or even roll over, but we just love her. Lisa is a wonderful sister and our pride and joy. We just love her too!!!!!!

By Donna Chase, Rutland, Vt.

VT DEVELOPMENTAL DISABILITIES LAW PROJECT

The VT DDLaw Project provides legal representation, without charge, to developmentally disabled persons. The developmentally disabled include people with significant handicapping conditions, diagnosed before age 22. Project services are available, without regard to income, to any Vermont resident who is developmentally disabled, and whose legal problem arises from the disability.

The Law Project is currently providing legal assistance to developmentally disabled persons and their families in matters dealing with special education, guardianship, Supplemental Security Income (SSI) and Social Security Benefits, discrimination, and other issues that bear on the rights of persons with developmental disabilities.

The Law Project is jointly sponsored by Vermont Legal Aid and the Vermont Developmental Disabilities Council.

A developmentally disabled person has important legal rights!

For further information or if you have questions concerning you or your child's legal rights write or call the project staff at:

13 North St., Burlington, Vt. 05401
Phone 863-5620

57 North Main St., P.O. Box 697,
Rutland, Vt. 05701 Phone 775-1122

THE EXCEPTIONAL PARENT MAGAZINE

The Exceptional Parent Magazine is published 8 times a year (Feb., Apr., May, July, Sept., Oct., Nov., and Dec.,). The cost is $16.00 per year. The magazine is for parents of disabled individuals and very informative. It has articles written by parents, grandparents, siblings, and professionals. It contains information about schools, programs, equipment, and family life. If you do not receive the magazine now I would highly recommend it.

PARENTS, WANT TO TAKE PART IN A STUDY??

Parents, your parent support person may be calling you soon (or may have called!) to ask if you would like to be a part of a study of parent involvement. It shouldn't take a great deal of time, and you may find it very interesting. Although there's no "pay", participation will make you eligible for a chance to win one of four $25 gift certificates to the store of your choice. If your child is eligible for I-Team services and you haven't been called yet and would like to learn more, call Susan Holburn or Lu Christie at 656-4[illegible] for more information.

THANKS FOR THE HELP

Each year we draw a sample of students who have been referred to the I-Team and interview their parents, teachers, special education coordinators and building principals. We're interested in finding out how well we did our job this year, and especially how we can improve our services. Thanks to all of you who took the time to help us. We really listen to you!

WANT TO JOIN US IN MONTPELIER?

Another annual event is our June meeting of the I-Team Advisory Council. These folks help us review our past work and plan for new challenges.

This year our meeting will be held in Montpelier at the Culinary Institute, 250 Main Street on June 17 from 10:00 am to 2:00 pm. It will be a special celebration of the first two years of our parent support network and Dr. Ted Riggen, Director of the Division of Special and Compensatory Education will be our guest speaker, along with our 6 Parent Support People. There's room for you to come!! If you'd like to attend, please call Pat Lewis or Lu Christie at 656-4031. Lunch will cost approximately $8.00.

Parent would like to network with another parent of a child with hydranencephaly/porencephaly.

Please contact Pat Lewis, "I-Team Parent Support Network"
Center for Developmental Disabilities
499C Waterman Building, UVM
Burlington, VT 05405 (802-656-4031)

stress

Relax.

Enjoy.

There are at least three choices in almost any situation:

- accept and live with a situation
- change or modify a situation
- withdraw from a situation.

Deal with those things that need your efforts. Don't dwell in the past. Reward yourself. You deserve to be rewarded. Find someone to share your reward with; you will enjoy it more.

Confusion is a sign of stress. Tell someone else the problem. In the process of telling, the problem may become clearer or even be solved.

Peace begins within ourselves.

The secret of reducing stress is no secret. Let stress go. Choose to be at ease within yourself. Make the choice now.

You are worth

The University of Vermont
STATE OF VERMONT INTERDISCIPLINARY TEAM
FOR INTENSIVE SPECIAL EDUCATION
CENTER FOR DEVELOPMENTAL DISABILITIES
A UNIVERSITY AFFILIATED FACILITY SATELLITE
499C WATERMAN BUILDING
BURLINGTON, VERMONT 05405

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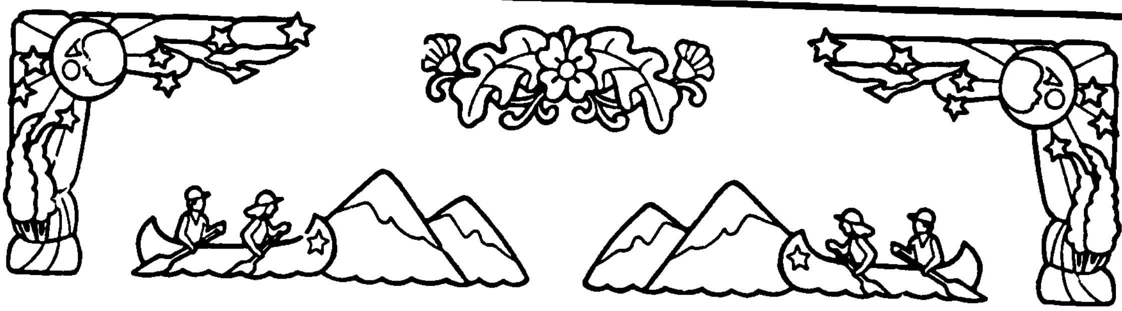
VERMONT I-TEAM NEWSLETTER

Lu Christie, I-Team Coordinator
& Newsletter Editor

Carole Godbout, I-Team Secretary

June, 1987
#33

499C Waterman Building
University of Vermont
Burlington, VT 05405
Telephone: 656-4031



Dear Friends,

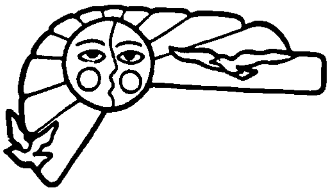
Another wonderful newsletter from around the state, thanks to our Parent Support Network. Thanks to all of you who wrote and called with your kind words about the last newsletter, which was devoted to letters from brothers and sisters. In nearly nine years of I-Team newsletters, this past issue took the prize for the most positive comments! Brothers and sisters: your contributions were appreciated.

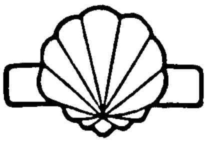
I'm including some notes on upcoming fall training opportunities, a brief summary of the results of our inservice training needs assessment, some minor "bragging" about an I-Team member...and best wishes to all of you for a wonderful (SUNNY!) summer.

Sincerely,

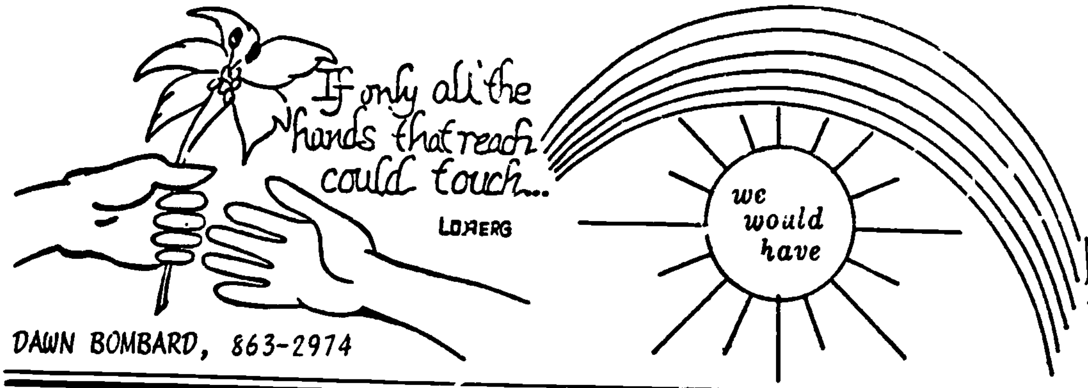
Lu

Lu Christie





NORTHWEST REGION



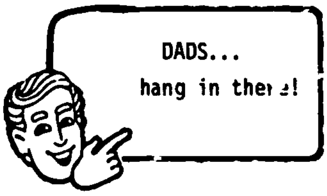
A PARENT CONNECTION

DAWN BOMBARD, 863-2974

JUNE, 1987

As many of you know, wherever I go throughout Northeast Vermont, I spend much time encouraging people to share their thoughts with others by writing a few sentences about being a part of a family who has a child with special needs. Well, here's another population heard from. These dads have some feelings they wanted to share. I think they're just great!!

****

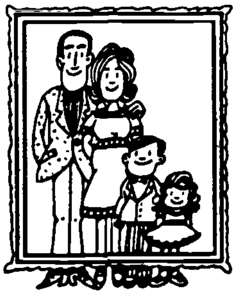


I am the father of a severely retarded teen-age daughter named Kathy. My wife, Ruth and I love Kathy to the bottom of our hearts. We would not trade Kathy for any child born to any man or woman. I must be honest enough to say that I would not wish on anyone the care and attention nor the physical or mental demands that such children require. Sometimes I wonder how any caring or loving God could allow such a situation as this to exist. My foremost concern now is that we can continue to care for Kathy for as long as we are physically and mentally able to. With the respite help of volunteers, such as Mary Jane Campbell; special education teacher, Ellie Potash; bus driver, Claire and the help of Howard Mental Health Staff members, Ruth and I will continue to care and love Kathy to the very best of our ability.

Bill Cannon

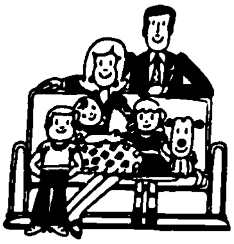
****

I have gone over and over in my mind the things that I would like to say about my daughter, Heidi, but 4 or 5 sentences would never be enough. She truly is very special. But, I am the one that is lucky because God gave her to me and I thank him for that. Heidi didn't ask to be the way she is, but I am glad she's my daughter. The joy and happiness she has put in my life far outweighs the hardships. My wife Jean and my other two children Jamie and Beth are special too because they love Heidi every bit as much as I do.



Dan Knutson

****



The father of a handicapped child has the exact same feelings as the mother. It may not always seem that way, but I assure you that he does. Our daughter Lisa is almost 18 years old now, and she has had C.P. from birth. My wife and I have asked the same questions, "Why our child?" - "How can it be?" I have the same heartaches and frustrations as Lisa's mother. It hurts us to watch her when other kids Lisa's age are playing and she's restricted to her chair. Lisa is very special to the whole family.

Ed Hathaway

****

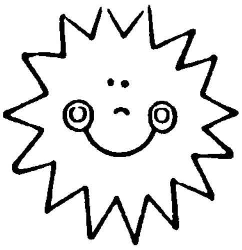
Dawn and I have been married for seventeen wonderful years. One of the things that has brought a lot of joy to us is our children Skip, Holly and Matt. I think they are all great. Skip has many handicaps, but one thing he doesn't lack is love. I'm not going to say everything goes easy, because it doesn't. Many nights we go to bed exhausted, but the love he gives back to us makes it all worthwhile.

Dave Bombard

I want to publicly thank my son, Joe Giroux, for writing his article in the February, 1987 I-Team Newsletter. I am sure it was a terribly difficult task to expose your feelings like that. I respect your honesty because I know how much you love Danielle and I'm not ever brave enough to let out all my feelings. Danielle and I are lucky to have such a guy around. Thanks again Joe.

We love you,

Danielle & Mom

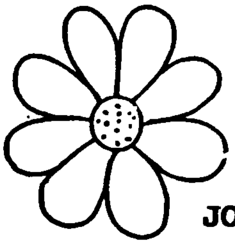


May 1987
Volume 7

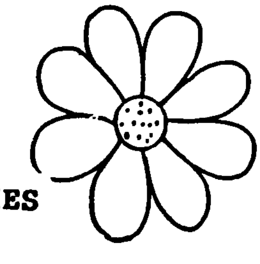
THE PARENT CONNECTION

Parent Support Person:

Judy Spencer
Tel. 626-9638



Northeast Region



JOYS IN SURVIVING SHARED BY FAMILIES

The following articles deal with decisions people have made regarding medical procedures for their children. These decisions did not come easily. They were frightening to make but both parents want to share their experiences. If you are facing a medical procedure for your child, hopefully you will gain from their experiences. I know that medically many of our children are fragile, and if you would like to share how you have and are handling your fragile child please, feel free to send me your story. Thanks********Judy

* * *

I want to tell you about one of the hardest decisions that I needed to make dealing with my son, Billie. Billie is now thirteen and weighs 74 lbs. He is happy, healthy and looks great now but that was not the case a few years ago. Billie had difficulty eating. He would choke and aspirate some of his food frequently leaving him with bouts of pneumonia. It was suggested ten years ago to have a G tube (gastrointestinal) inserted to feed through. I was very nervous and scared about this. It was new to me and I didn't want to put him through an operation.

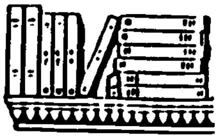
In November of 1985, Billie went to Children's Hospital in Boston to have a Harrington Rod inserted in his back to correct his severe scoliosis. During this time, he became sick and lost weight. I brought him home for Christmas but he developed pneumonia and was placed in the hospital the day after he got home. On New Year's day, he returned to Boston. This is when the decision was made to have a G tube. Billie was so sick and had lost so much weight that he needed the G tube to build him back up. The operation lasted about two hours and Billie was so sick I don't think he knew what was going on.

That was three years ago and Billie is now doing great. He did have one more operation after the G tube was put in, this time to tighten some muscles in his stomach to help prevent him from vomiting. Having the G tube inserted was the best thing I could have done for Billie, and now I wish I had it done ten years ago!

Feeding him is no problem. He eats five times a day from 6 a.m. to 10 p.m., rotating three formulas.

If you are considering this for your child, I hope that by my sharing this story your fears and anxieties will be lessened.

Rosalyn Becker



The Chronically Ill Child
By: Audrey T. McCollum

Meeting the Challenge of
Disability or Chronic Illness:
A Family Guide By: Lori Goldfarb

Home Care For the Chronically Ill
or Disabled Child
By: Monica Jones

We Are Not Alone - Learning to
Live with Chronic Illness
By: Sefra Kobrin Pitzele

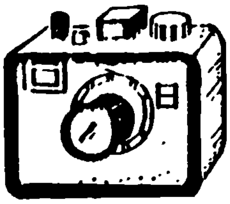
Helping Your Child Cope with Pain
Exceptional Parents Magazine
March 1987

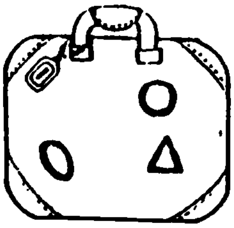
WANTED

Descriptions of places to go with our handicapped children for summer fun. We want to know where you went. Was it accessible, appropriate for what ages and most of all was it FUN? We would like to build up an inventory of child and parent tested summer areas including parks, zoos, amusement parks and........

Send in your places to:

Judy Spencer
Box 774
Lyndonville, VT 05851





I have been asked to share my experiences with you about my daughter Katy's spinal fusion operation which took place almost a year ago. Normally I'm not much on writing, but this time I think it is very important for you to know how I felt before and after.

Katy is six years old and severely handicapped. She doesn't walk or talk and was in a back brace for three years which helped her sit up.

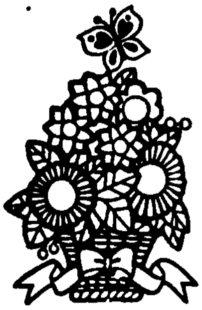
When the doctors in Burlington told me Katy needed to have her back operated on, I had mixed feelings. One part of me said, "Great, maybe then she'll at least be able to sit up by herself." The other part of me was petrified that something would go wrong and maybe make her worse off than she already was. I figured I'd go to Boston Children's Hospital like the doctors in Burlington suggested and find out what had to be done and the pros and cons of it all.

My parents, who are my main source of support, drove us down. We talked to the doctor there who was very nice but straight to the point. He said she would have to have a total spinal fusion and have a rod inserted to keep her back straight. Her back by then was at a 98 degree curve and back braces just would not work anymore. After the doctor showed me Kay's x-rays and told me what had to be done and how long it would take, I naturally felt very worried that something would go wrong. After asking the doctor all kinds of questions and hearing all kinds of answers - some I liked, some I didn't, I decided in her best interest to go ahead with the surgery.

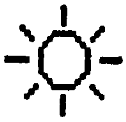
As it turns out, Katy can sit up by herself now and hasn't had to wear that awful back brace for support since before the operation. She is much more comfortable and a lot easier to take care of. Now I realize how much pain she must have been in and that one operation and seven days in the hospital relieved her. I'll admit that it was one of the toughest decisions I've ever had to make, but it also was the best decision I have ever made on her behalf.

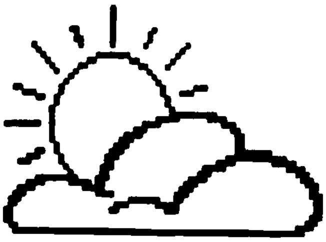
If your child needs to have this done, please at least talk to the doctor about it. It was worth it as far as I'm concerned.

Sue Bedor



SOUTHWEST REGION





THE PARENT CONNECTION

ELLIE MCGARRY

NUMBER 7 773-0714 MAY 1987

NEWSLETTER FOR FATHERS

Focus on Fathers - A newsletter about programs and services for fathers of children with special needs.

Subscription at $10.00 per year for 4 issues.
Checks made to: University of Washington

Mail to: Focus On Fathers
Experimental Educational Unit, WJ-10
University of Washington
Seattle, WA 98195

BOOK CORNER

Title: A Handbook for the Fathers Program: How to organize a program for fathers and their handicapped children.
(1985) Seattle: University of Washington Press.
D. Meyer, P. Vadasy, R. Fewell & G. Schell

Comments from fathers that was taped by the Young Adult Institute in New York City.

"When I found out that my son was handicapped I was angry and mad, I hated the doctors and God because the child that I had wanted and dreamed of was not there, I had another child"

"I felt shocked and devastated when I found out my child was handicapped."

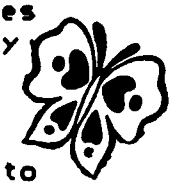
"My love for my son makes it easier to overcome the obstacles that stand in our way."

"I am very proud of my child, he is very important in my life. I look to the future with hope not despair."

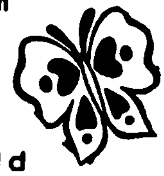
"As a father I found I needed support. I needed to talk to other men in the same situation. In our society we are taught that men are not suppose to suffer, cry or be in need of support. Everything is geared toward the female. I was in pain and had a need. I would see my wife go to a support group meeting and come home feeling stronger, I needed the same. I made the need known and I now belong to a fathers support group."

Robert, an active four year old boy, started life with the Doctor saying he had a muscle tone problem that later identified itself as a speech and gross motor deficiency. He sees himself however as an almost five year old boy who enjoys life and his family.

Robert has two brothers who love and protect him and they try hard to include him in their activities and play. Robert does things slow and some things very labored when he is learning, however he gets there and with determination. His brothers accept this and I try hard too to accept the learning process. All too after I am reminded that I must let him go at the rate of learning that is comfortable for him. I am sure his needs will be met as he gets older.



He has a hard time keeping up with his peers when playing sports and active games. My concerns and feelings go deeper when I think of him starting a new educational program next fall and the demands this new program will have on him. I wonder if he can meet the challenge as he has in the past. I feel like I would like to fight his battles for him, however I realize I would hurt him more than help him.



Robert's brothers accept him as do other neighborhood children. He is an accepted classmate at the "normal" preschool and has done all that is asked of him. No father could ask for anything more from his child. I am very proud of him as I am of the other two boys. I love all of them.

John McGarry

I would like to share a story with you that reminds me of our special needs children.

One morning there was a cocoon in the bark of a tree, a butterfly was making a hole in its case and preparing to come out. We could hear it struggling to get out by beating its wings on the inside of the cocoon. We waited awhile, but it was too long appearing and we were impatient. So we breathed on it and warmed it. A miracle began to happen before our eyes. The case opened, the butterfly slowly crawled out but its wings were folded back and crumpled; the butterfly tried with its whole trembling body to unfold them but it couldn't.

It needed to be hatched out patiently and the unfolding of the wings had to be a gradual process in the sun. For this butterfly it was too late. Our breath had forced the butterfly to appear before its time.

There are laws of nature that have to be obeyed for the development of butterflies as well as the development of children. We cannot hurry and be impatient, but we should confidently obey the eternal rhythm of nature. It is not too late for our children. They are developing everyday with our love and nurturing. Our children will reach their potential, whatever that may be.

Our children are very much like the butterfly. They are constantly struggling and "beating their wings" against the cocoon so they can learn more and become as free and independent as they are able of us (their parents or caregivers). It is not up to us to try to hurry our children's development, like the butterfly in this story, but to love and nurture our children and let them be themselves to develop at their own pace.

Ellie McGarry

THE PARENT CONNECTION

JOYS OF SURVIVING

- BY FAMILIES

central region

Parent Support Person - Joanne Carriveau (223-3818)

Lisa The Kindergartener!

I had thought last October when Lisa began attending the kindergarten class on Friday mornings at the East Montpelier Elementary School that maybe her time there could be increased to two or three days a week towards the end of the school year.

We had our "Transition" meeting last week. When we got to the part about--OK, it's the end of the school year now and we need to talk about Lisa spending more time maybe in the Kindergarten class--both the special ed. and kindergarten teachers said they felt that Lisa was ready to attend full-time and saw no reason she couldn't start in two days.

OH MY GOSH!!! I thought. I wanted to stand up and say, "Listen here, Lisa may be ready, but her mother isn't. Can't we talk about this?" Then I wanted to laugh, cry, jump up and hug the teachers and run out of that room--all at the same time. I wonder if anyone knows how much energy parent's expend to remain calm and business-like in some meetings?

Lisa has been at East Montpelier Elementary School for four days now I'm doing very well thank you.

-Joanne

-by Joyce Collette

When Joanne asked if I would like to attend a workshop with other parents to hear a presentation by Ray Coward on Parent Support, I agreed. After all, who as a parent of a handicapped child does not need parent support? I have attended many workshops and place this one at the top of the list.

Mr. Coward's gentle and kind manner made me feel comfortable and relaxed and I soon knew without a doubt I would gain much knowledge from this meeting.

The demands of parenting and of life in general pile up to what we know as stress. Our stress is oftentimes released when we succumb to a verbal explosion. Family members become involved unintentionally from our ventage of anger. Those of us who are fortunate to have emotional, financial and/or social support are more capable of keeping our stress to a minimum.

In my own home just the raising of a voice causes my handicapped daughter to become uncomfortable. Seeing her reaction shows me this is all wrong, that I must stop and reconsider. If only she could talk I know she would say, "Hey Mom, hold it. Let's have a chat."

THIS SPACE IS DEDICATED TO ALL THE PARENTS WHO FEEL THEY CAN'T WRITE. IT'S REALLY NOT AS IMPORTANT HOW YOU SAY THINGS, AS IT IS THAT YOU JUST SAY THEM.

The load is lighter when you share it.

My Sister Donna

-by Holly Budd (age 6)

I love Donna. She is a very good girl. I love her. At night when she screams, I shush her down. When I was a baby, I pushed Donna in her stroller.

I put Donna in her pajamas and help.

* * *

10 Steps to Keeping a Positive Attitude

1. Take one day at a time and take that day positively.

2. Never underestimate your child's potential.

3. Find and follow positive mentors.

4. Active involvement in every aspect of the learning environment is important.

5. Keep in mind the feelings and needs of your spouse and other children.

6. Answer only to your conscience.

7. Be honest with your feelings.

8. Remember to look at what you have accomplished.

9. Keep and use a sense of humor.

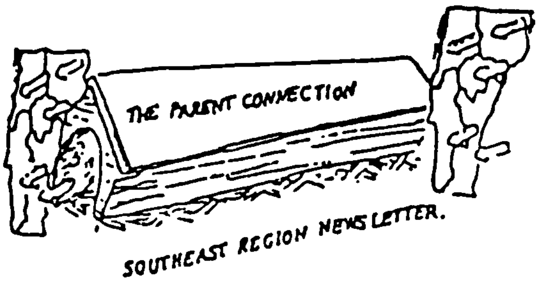
10. You have gained a special appreciation for little miracles.

For ways to accomplish those steps, look in the Exceptional Parent Magazine, May 1987 issue, pages 28-33.

Good Luck! and keep smiling.

Personally, I believe #9 is real important.

-Joanne-



May, 1987

During school Spring vacation, I took advantage of the warm sunny days to start cleaning up the garden. While raking and pulling up the odd clumps of weeds, the sudden pungent smell of earth filled my senses - a very satisfying, basic, honest smell - Spring is a wonderful time of year!

As I cleared away the dead leaves of winter, the new green shoots were already pushing through the ground. My thoughts turned to our children with special needs, and how we, as parents, need to renew our faith - in spite of the daily "ups and downs" - that the future will hold new growth and hope for our children.

Jean Tlaker

LEGAL ISSUES

Anyone interested in borrowing the video tape of the Parent Training meeting held April 30th with Shirley Markland, Attorney with the Developmental Disabilities Project in Rutland, please contact Jean Tlaker at 885-4235.

* * *

Fosters Chosen 'Foster Parents Of The Year'

SPRINGFIELD – Ted and Betsy Foster were honored as Vermont Foster Parents of the Year, April 11, at the Vermont Foster Parents' Annual Banquet held at the Hartness House. This is the first year the event has taken place in this district.

The Fosters have been licensed for eleven years and in that time have worked with female teens, several infants, toddlers, and since 1983, a severly multi-handicapped child who is now seven years old.

While they are both very active in providing a warm and loving environment, Betsey is also very active in the Springfield Foster Parent Association. She has been chairperson for the past two years. She is also Springfield's representative to the Vermont Foster Parents Association, and in that capacity has recently, almost single-handedly, written a proposal for respite care for foster parents which is being written into legislation this year.

Betsy also provides support to other foster parents when they are feeling like failures, or suffering from grief that the foster child has left. If they need help in coping or need suggestions on how to handle a specific problem, Betsy is always there. She is also currently providing a seven week training seminar to prospective foster parents in the Springfield District.

Also honored at the banquet was "Social Worker of the Year," Dick Terenzini, of the Rutland District office.

The Fosters and Terenzini will be submitted as candidates for national recognition. The winners of the national Foster Parents of the Year and Social Worker of the Year, will be announced on April 30, in Anaheim, California.

Being chosen foster parents of the year certainly was an honor, although there are four hundred foster families in Vermont all of whom deserve the award as much as we did.

Since we did get the award, we also received a trip to the National Foster Parent Conference which was held in Anaheim, California. We attended eight workshops each choosing from one hundred and twelve titles. We learned some new things and were reminded of some things we already knew. We brought back lots of information to share with other foster parents.

As always when people with a common denomination come together, we become energized by the sharing of experiences. Foster parenting is the same as parenting on the surface. Being a temporary parent for lots of children with many different problems takes a different kind of energy and commitment than parenting one's own children. We find both types of parenting to be challenging and rewarding.

Parenting a special needs child brings yet another set of challenges and rewards. A new kind of commitment and devotion.

One thing we learned at the conference was that in Vermont, we are fortunate to have available all the services in our local school district. This is not the case in other states.

We owe our success over eleven years of fostering to many others. Social Rehabilitation Services and their many caseworkers have worked with us to help meet the needs of Vermont's children. The local police have cooperated in run-away and juvenile matters. The local school district's counselors and teachers have come to understand the needs of foster children, foster parents and the agency itself. The many doctors, dentists and therapists have worked with our kids for what Medicaid will pay.

Foster parents are only part of the help foster children receive. Foster children belong to us all, and those people who truly understand the value of children work very hard within their own expertise to make a better world for them.

I would like to extend a special thanks and appreciation for our success with Danny (who is still with us) to Mary Ann Lauder, her aides, and the Special Education Department of Springfield for their dedication in seeing that Danny gets the best we have to offer.

Betsy Foster

Blonde hair
Big blue eyes
A beautiful smile;
A beautiful child.

Sitting quietly
Looking all around.
Unable to talk;
Unable to walk.

But smiling.
Making soft sounds
And demanding gestures;
Following our moves.

Attention returned
To that one
Special toy, a
Talking "pull toy".

And I...
Can only wonder.
Tears and laughter;
Hand-in hand.

Love endures.

Quick movements
Tongue out, hand
To your mouth.
A rolling of eyes.

Does it hurt?
What happens inside?
Do you know?
Can you think?

How I
Wish you could.
And so much
More, I dream...

Taking walks
With you in
our stroller; so
Simple. You laugh.

And I...
Can only wonder.
Tears and laughter;
Hand-in-hand.

Love endures.

Dazzling blue eyes, snowy blonde hair, and an incredible smile are what people see. "This is our beautiful little handicapped child, Bjorn," is what they are told. But beyond that are matters not so easily related or comprehended. One might wonder what it feels like or how it makes life different to share it with a retarded person. Even as Bjorn's sister, I find myself asking the same. Thus, to answer is difficult. There is so much to say: from how hard it is on our family, to now I hurt with his painful seizures; how each day is planned around his disabilities, and how I feel somewhat cheated of a "normal" existance. However, the two thoughts foremost in my mind are my acceptance of Bjorn's condition, and a resulting strong sense of appreciation for life.

Since the very beginning, I think I've handled Bjorn's situation well. I can remember the very day I found out; my reaction was surprisingly calm. When I was nine, I heard a phone conversation between my parents in which my father related the news to my mother. Bjorn had a neurologic disease called "infantile spasms with hypsarrythmia", a rare seizure disorder which causes severe retardation and in many cases results in death before age five. A friend with me at the time heard this too. Her immediate response was one of disbelief and horror. I didn't think that much of it; I went on with my 'carefree' childhood, knowing that he would not die. However, I did sense that things would be different from then on. And so they were.

Bjorn is ten now. He has been through many stages of growth, many cycles of medication, many ups and downs. His developmental milestones have passed as if in slow motion. My life has also gone through stages. I have experienced many different emotions, phases and out-lets; from being innocently indifferent, to hurt and angry. Throughout, however, I have been accepting of the situation. My parents and I have involved Bjorn in everything we do, taking him places, and making his life as "normal" as possible. This has often been difficult because he still wears diapers, needs to be fed each bite, given every drink, helped to walk, supervised in play, and entertained. He needs someone near who understands his language, gestures, wishes, likes and dislikes. This effort has made me a stronger and open minded person, accepting individual differences. I find it easy to see the good in people, even when others see only the bad.

Along a similar line, I feel that having Bjorn as my brother has had a significant influence on my view of life in general. Seeing him every day unable to do and enjoy many things, yet so loving, happy and full of character, amazes and inspires me. It makes my problems seem small. I think of how lucky I am to be able to do so much. My appreciation spreads to cover almost every aspect of life. When I see a field, it is not just barren space, but something in which to run and play. A blue sky filled with lazy clouds is something I can wonder about for hours, or use as a background for putting my mind to work and setting my thoughts free. I am grateful for all the opportunities I have been given and for such a good, stimulating life. Because Bjorn is far more limited than I and because I am made so aware of it, I have a much greater sense of how wonderful life really is.

Although living with Bjorn has often been difficult and frustrating, it has had positive effects. I feel that I have learned a great deal about myself through the process of growing up and dealing with his disabilities. Being strong, accepting, sensitive and appreciative are results attributable to this experience.

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APPENDIX H

OVERALL PARENT SATISFACTION INTERVIEW FORM

INFORMATION AND SUPPORT SERVICES EVALUATION

Interviewer: ____________________ Date of Interview: __________

Parent: ________________________ Region: _______________

Phone Number: _______________

****

INTERVIEWER:

Introduce yourself as an I-Team Parent Support Project staff member.

"We are trying to improve the services we provide to parents through the Parent Support Person in your region who is (Dawn Bombard, Judy Spencer, Jean Tlaker, Ellie McGarry, Joanne Carriveau). I'd like to ask you a few questions, if you have the time."

1. Did you request information or seek support from _______________?

   YES ____ NO ____

   If no, do you feel it's beneficial to have a Parent Support Person to contact?

   YES ____ NO ____

   ALSO ASK QUESTION #5 BELOW.

2. Did you feel comfortable in calling __________ to request information or seek support?

   YES ____ NO ____

3. Did __________ provide the information you requested or support you sought or was __________ able to assist you in locating someone who could provide those services?

   YES ____ NO ____

4. Has it been helpful to you to have a Parent Support Person to contact?

   YES ____ NO ____

5. Are there ways we can improve providing services to you? (Use back of paper if necessary.)

APPENDIX I

NEEDS ASSESSMENT SATISFACTION INTERVIEW FORM

NEEDS ASSESSMENT EVALUATION

Interviewer____________________ Date of Interview__________

Parent________________________ Region____________________

Phone Number____________________

Interviewer:

Introduce yourself as a member of the I-Team Parent Support Project staff.

"We are interested in improving our process for identifying your needs as a parent. Recently, the I-Team Parent Support Person in your region, (Dawn Bombard, Mary Lee Rush, Jean Tlaker, Corrina Raboin, Diane Lanoue, Joanne Carriveau), contacted you. If you have a few minutes, I'd like to ask you a few questions about your contact with______________."

1. Did____________________ contact you in person, over the phone, or were you contacted through the mail?

   If___________________ met with you, did she meet with you once or more than once?

2. Did you feel your time was well spent talking with ____________________?

3. Did you feel your needs were identified?

4. Did you feel comfortable with ____________________?

5. Are there additional topics or areas you would have like to discuss with______________________?

APPENDIX J

RESOURCE GUIDE SATISFACTION INTERVIEW FORM

REGIONAL RESOURCE GUIDE

EVALUATION

Interviewer____________________ Date of Interview__________

Parent/Teacher____________________________Region______________

Phone Number__________________

Introduce yourself as a member of the I-Team Parent Support Network.

"You recently received a resource guide listing resources and services available for persons with severe handicaps. We would like to find ways to improve the guide by asking you a few questions."

1. Have you had a chance to look at the guide?

2. Was the content informative/useful to you or do you feel it would be? Would you rate it as:

Extremely Useful	Very Useful	Somewhat Useful	Not Useful

3. Was the guide easy to use?

4. What information should be included that was not?

5. Do you have any other suggestions for how the guide could be improved?

6. What was most useful about the guide?

APPENDIX K

NEWSLETTER SATISFACTION INTERVIEW FORM

NEWSLETTER EVALUATION

Interviewer: ______________________ Date of Interview: _________

Subscriber: _______________________ Position: __________________

Region: ___________________________ Phone Number: ______________

****

INTERVIEWER:

Introduce yourself as an I-Team Parent Support Project staff member.

"The I-Team Parent Support Project recently published its first newsletter. We would like to find ways we can improve the newsletter by asking you a few questions, if you have the time."

1. Have you had a chance to read the newsletter?

   YES _____ NO _____

   Did you read the newsletter just for your region or did you read the entire newsletter?

   REGION ____ ENTIRE ____

2. Was the content of the newsletter informative / useful? Would you rate the newsletter as:

Extremely Informative	Very Useful	Useful	Somewhat Informative	Not Useful

3. How easy was the newsletter to read?

Extremely Easy	Very Easy	Easy	Somewhat Easy	Not Easy

4. What information or topics would you like covered in future newsletters?

5. Do you have any suggestions for how the newsletter could be improved? (Use back of paper if necessary.)

APPENDIX L

SAMPLE WORKSHOP EVALUATION FORM

WORKSHOP EVALUATION FORM

To help us evaluate and improve our workshops, we ask participants to describe themselves and tell us what they think about the workshop. Please help us by answering the following questions:

1. Please check/answer the appropriate statements.

Your relationship to the handicapped child is:

A. ____ parent or guardian
B. ____ surrogate or foster parent
C. ____ relative

1A - 1C: How old is your son/daughter/relative? ________

D. ____ I am an individual with a disability.

1A - 1D: What is your son's/daughter's/relative's/your primary handicapping condition?

____ hearing impairment
____ mental impairment
____ multi-handicap condition
____ physical disability
____ emotional disability
____ learning disability
____ visual impairment
____ other (specify) ___________

Your involvement with the handicapped child is as:

E. ____ an advocate for a disabled individual(s)
F. ____ a teacher of a regular class
G. ____ a teacher of a special class
H. ____ a service provider with (agency) ________________________

1E - 1H: Please check the ages of the disabled individuals with whom you have experience:

_____ 0 to 3
_____ 3 to 6
_____ 6 to 12
____ 12 to 18
____ 18 to 22
____ 22 and above

1E - 1H: Please check all handicapping conditions with which you have had experience:

_____ hearing impairment
_____ mental impairment
_____ multi-handicap condition
_____ physical disability
____ emotional disability
____ learning disability
____ visual impairment
____ other (specify) ___________

2. Overall, this workshop was 1 2 3 4 5
poor excellent

3. The objectives of this workshop were...1 2 3 4 5
vague clear

4. The content of this workshop was.......1 2 3 4 5
not meaningful meaningful

5. The activities of this workshop were...1 2 3 4 5
not helpful very helpful

6. The workshop leader(s) was (were)......1 2 3 4 5
ineffective very effective

7. The training materials were............1 2 3 4 5
not useful very useful

8. The best feature of this workshop was

9. How could we improve this workshop?

10. What other workshop topics would be of interest to you?

11. How did you find out about this workshop?

12. Please make any other comments or suggestions.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION FORM

APPENDIX M

YEAR ONE TRAINING MODULES AND OUTLINES

MODULE 1

OVERVIEW OF PARENT LEADERSHIP PROGRAM

OUTCOMES

1. Parent leaders will be able to describe the purpose, goals, and objectives of the Parent Leadership Program.
2. Parent leaders will be able to describe the purpose, goals, objectives and service delivery systems of the I-Team.
3. Parent leaders will be able to describe their roles and responsibilities.
4. Parent leaders will understand and explain the necessity for confidentiality.
5. Parent leaders will begin to identify potential parent needs.

ACTIVITIES

1. Review the project overview. (Handout #1)
2. Review the I-Team brochure, handbook, and fact sheet. (Handouts #2, #3, and #4)
3. Discuss the role and job responsibilities of the parent leader and identify practicum supervisors for each region. (Handout #5)
4. Review and discuss the training of parent leaders including review of the following components:
    a. Identified workshop and seminar topics (Overhead #1 and Handout #6)
    b. Practicum activities (Overhead #2 and Handout #7)
    c. Model program site visits
    d. Further training needs of participants (group discussion)

5. Review evaluation and recording procedures for the following:

   a. Training program evaluation (Handouts #8 and #9)

   b. Information and support services log (Handout #10)

6. Group discussion of confidentiality procedures. Complete confidentiality agreement. (Handout #11)

7. Parent leaders will cooperatively review and revise parent interview form. (Handouts #21 and #22)

8. "What would you do" activity. (Handout #12)

9. Explain and review assignments.

10. Evaluate Module 1. (Handout #13)

ASSIGNMENTS

1. Start to identify existing groups that may be interested in participating in the parent support program following the format in Handout #14. Review the list with your Practicum Supervisor (P.S.) so those names may be added to the I-Team mailing list.

2. Start to identify parents in your region that may be interested in participating in the parent support program following the format in Handout #15. Review the list with your P.S. so those names may be added to the I-Team mailing list.

3. Utilizing Handouts #16 and #17 begin to develop a map of your region, identifying programs that serve students with severe handicaps. Identify Special Education Coordinators, special class teachers and program locations utilizing Handouts #18, #19, and #20.

4. Work with the Educational Specialist (E.S.) to develop a list of potential members of the Regional Planning Team.

5. Talk with a minimum of two parents informally and begin to discuss information and support needs. (The first two parent meetings should be scheduled with your P.S. Your E.S. will identify I-Team parents to be contacted.)

6. Complete the Information and Support Services Log.

HANDOUTS

1. "Project Overview: Parent Leadership Program"
2. "State of Vermont Interdisciplinary Team for Intensive Special Education"
3. "Some Questions and Answers About I-Team Services"
4. "I-Team Fact Sheet"
5. "Parent Leader Job Description"
6. "Identified Workshop and Seminar Topics" (Overhead #1)
7. "Praticum Activities" (Overhead #2)
8. "Training Program Evaluation"
9. "Supervision Guidelines and Log"
10. "Information and Support Services Log"
11. "Confidentiality Agreement"
12. "What Would You Do?"
13. "Module 1 Evaluation"
14. "Group Network"
15. "Parent Network"
16. "Map of Vermont School Districts and I-Team Regions"
17. "County and Town Outline Map of Vermont"
18. "Special Education Coordinators List"
19. "Special Class Teachers List"
20. "Vermont Educational Directory 1984-1985"
21. "Parent Interview Form"
22. "General Interview Protocol"

MODULE 2

STRATEGIES FOR DEVELOPING REGIONAL SERVICES

OUTCOMES

1. Parent leaders will be able to describe the composition of the Regional Planning Team and its functions.
2. Parent leaders will be able to describe and explain the process for generating a Regional Action Plan.
3. Parent leaders will be able to cite correct protocol and procedures for interacting with school systems and parents.
4. Upon completion of Module 2, parent leaders will begin to develop a Regional Action Plan for each of their regions.

ACTIVITIES

1. Discuss the composition of the Regional Planning Team and its functions. (Handout #1)
2. Explain and discuss the process and steps necessary to develop a Regional Action Plan. (Handout #2)
3. Explain and discuss the format for the Regional Action Plans. (Handout #3)
4. Review and discuss protocol and procedures for working in school and/or home settings. (Handout #4)
5. "What Would You Do?" activity. (Handout #5)
6. Review assignments and training program evaluation. (Handouts #6)
7. Evaluate Module 1 assignments. (Handout #7)
8. Evaluate Module 2 training session. (Handout #8)

ASSIGNMENTS

1. Begin to develop a Regional Action Plan for your region including the suggested components outlined in Handout #2 and the format outlined in Handout #3.
2. Complete the Information and Support Services Log.

HANDOUTS

1. "Regional Planning Team"
2. "Regional Action Plan Components"
3. "Regional Action Plan Format"
4. "Protocol Within Schools and Homes"
5. "What Would You Do?"
6. "Training Program Evaluation: Module 2"
7. "Module 1 Assignments Evaluation"
8. "Module 2 Training Session Evaluation"

MODULE 3

IDENTIFYING PARENTAL/FAMILY RESOUCE NEEDS

OUTCOMES

1. Parent leaders will be able to describe the purpose of the parent interview.
2. Parent leaders will have developed two (2) letters, one from the teacher and one from themselves, to initiate contact with parents.
3. Parent leaders will be familiar with the format of the Parent Interview.
4. Upon completion of Module 3, parent leaders will begin conducting parent interviews in their region, completing two (2) with their Practicum Supervisor and eight (8) independently for a total of 10 within six (6) weeks from the date of the training session.

ACTIVITIES

1. Discuss the purpose of the parent interview.
2. Revise "Parent Letter" models from both teachers and parent leaders to a form that can be used in each region to initiate contact with parents. (Handouts #1 and #2)
3. Review, discuss, and revise the parent interview. (Handout #3)
4. Role-play parent interviews.
5. Review of assignments and training program evaluation. (Handout #4)
6. Evaluate Module 2 assignments. (Handout #5)
7. Evaluate Module 3 training session. (Handout #6)

ASSIGNMENTS

1. Consult with Educational Specialist to identify 10 parents to be interviewed.
2. Contact Special Education Coordinator of each program involved and describe the purpose of the interviews.

3. Meet with each teacher:
    a. Explain project activities, especially the interviews to determine inclusions in the resource guide.
    b. Set up procedure for contacting parents.
    c. Set up procedure for keeping teachers informed of project activities.
4. Complete a total of 10 parent interviews within six weeks from the date of the training session. (2 with the Practicum Supervisor and 8 independently)
5. Complete Information and Support Services Log and parent network file.

HANDOUTS

1. "Teacher to Parent Letter"
2. "Parent Leader to Parent Letter"
3. "Parent Interview Form"
4. "Training Program Evaluation: Module 3"
5. "Module 2 Assignments Evaluation"
6. "Module 3 Training Session Evaluation"

BEST PRACTICES: WORKSHOP 1

ATTITUDES ABOUT PEOPLE WHO ARE DIFFERENT; A BIT OF HISTORY

OUTCOMES

1. Parent leaders will be familiar with the six role perceptions of mental retardation that relate to "deviancy".
2. Parent leaders will be familiar with the perception of persons with mental retardation as "developing individuals."
3. Parent leaders will be familiar with the historical development of institutions for the "mentally retarded" in the United States.
4. Parent leaders will be able to recognize the effects of our history on current practices.

ACTIVITIES

1. Lecture/discussion of seven perceptions of the mentally retarded person's role as outlined by Wolfensberger, The Origin and Nature of our Institutional Models, 1975:

   The retarded person as: sick; a sub-human organism; a menace; an object of pity; a burden of charity; a Holy Innocent; a developing individual.

2. Lecture/discussion of the history of institutions for "the mentally retarded" in the United States. (Handout #1 from Wolfensberger, 1975)
3. View slides from Christmas in Purgatory, Blatt and Kaplan, 1975.
4. Group discussion: relate the situations described to the seven role perceptions. (Handout #2)

HANDOUTS

1. "Graphic Summarization of the Evolution of Institutional Rationales and Practices," Wolfensberger, 1975.
2. "What roles are they expected to play?"

BEST PRACTICES: WORKSHOP 2

INTRODUCTION TO CURRENT BEST PRACTICES IN EDUCATING STUDENTS WITH SEVERE HANDICAPS

OUTCOMES

1. Parent leaders will be familiar with current best practices in educating students with severe handicaps.

2. Parent leaders will demonstrate their understanding of best practices during a discussion of a variety of hypothetical situations.

ACTIVITIES

1. View a slide presentation on current best practices in educating students with severe handicaps.

2. Group discussion: Using Handout #2 from Workshop 1, how could these situations be changed to reflect current best practices and treat the students or residents as developing individuals?

3. Review training program evaluation. (Handout #3)

4. Evaluate Modules 2 and 3 Assignments.
   (Module 3 - Handout #5 and Handout #4)

5. Evaluate Workshops 1 and 2 (Handout #5)

HANDOUTS

3. "Training Program Evaluation:
   Best Practices - Introduction"

4. "Module 3 Assignments Evaluation"

5. "Workshops 1 and 2 Evaluation"

MODULE 4

DEVELOPING A REGIONAL RESOURCE GUIDE AND IDENTIFYING COMMUNITY SERVICES

OUTCOMES

1. Parent leaders will be able to describe the purpose of a regional resource guide.
2. Parent leaders will be able to describe the steps necessary to develop a regional resource guide.
3. Upon completion of Module 4, parent leaders will develop a regional resource/service guide following the recommended steps, including evaluation of the final product.

ACTIVITIES

1. Review and discuss the purpose(s) of a regional resource guide.
2. Review and discuss the steps necessary to develop a regional resource guide: (Handout #1)
    - a. recruiting a committee to produce the guide;
    - b. selecting categories of services to be included based on information gained from parent interviews; (Handout #2)
    - c. reviewing existing resource guides based upon pre-selected categories of services; (Handout package #3)
    - d. identifying information/service gaps in existing guides; (Handout #4)
    - e. collecting missing information; (Handout #5)
    - f. compiling the guide; and
    - g. disseminating the guide.
3. Brainstorm and develop an evaluation questionnnaire. (Handout #6)
4. "What Would You Do?" activity. (Handout #7)
5. Review assignments and training program evaluation. (Handout #8)
6. Evaluate Modules 2 and 3 assignments. (Handouts #9 and #10)
7. Evaluate Module 4 training session. (Handout #11)

ASSIGNMENTS

1. Form a Resource Guide Committee.
2. Develop a Regional Resource/Service Guide, following the steps outlined in Handout #1, with the addition of the following steps:
   - Submit the category list to the Regional Planning Team for review.
   - Submit the Guide to project staff, the Regional Planning Team, and five (5) knowledgeable community members for review prior to dissemination.
3. Complete evaluation questionnaires with at least 10 recipients to include parents, Special Education Coordinators, teachers and related services providers.
4. Complete the Information and Support Services Log.

HANDOUTS

1. "Steps Toward Developing a Regional Resource/Service Guide"
2. "Potential Categories of Services for the Resource Guide"
3. "Existing Resource Guides/Services"
4. "Additional Service Categories"
5. "Sample Resource Description"
6. "Regional Resource Guide Evaluation" (to be completed during Activity #3)
7. "What Would You Do?"
8. "Training Program Evaluation: Module 4"
9. "Module 2 Assignments Evaluation"
10. "Module 3 Assignments Evaluation"
11. "Module 4 Training Session Evaluation"

PARENTING WORKSHOP # 1

"Working with Parents Under Stress"

OUTCOMES

1. Parent leaders will become familiar with a definition of "stress."
2. Parent leaders will become familiar with the concept of the family as a "system" of interconnected parts and will begin to appreciate the effect of a stressful event on all family members.
3. Parent leaders will become familiar with some of the factors which influence how much stress is felt by a family following an event.
4. Parent leaders will be aware of several alternative ways of helping families under stress.

ACTIVITIES

1. Group discussion of "stress" -- emphasizing the difference between a stressor (something that happens to a family which causes the family to change), hardships (those demands on the family that are associated with the event), and distress (the problems which come from feeling that the demands of the situation are more than the family can handle). (HANDOUT # 1)
2. Group activity illustrating the concept of the family as a "system" of interconnected parts. The activity begins by forming a "family" of four -- each member of which is asked to hold onto a rope which has been tied into a circle. As pressure (or stress) is applied to a single family member (by pulling that person a step or two away from the circle), the group will be able to see how all the other members of the family are affected. Following the visual illustration, the group will discuss examples (from their own personal or professional experiences) of how the entire family is affected when any member of the family is under stress.
3. Lecture/discussion of a "model" that describes two major factors which determine how much of a crisis a family will feel when they are under stress. The factors are: (1) the resources (both people and money) that are available to a family; and (2) the "meaning" that a family attaches to the problem. (HANDOUT # 2)

4. Lecture/discussion of a family's ability to cope with stress. Special emphasis will be placed on: (1) the concept of "pile up" (that is, the total amount of stress with which the family is dealing); (2) the use of existing resources to cope with stress; (3) the creation of new resources to cope with stress; and (4) the feelings that the family has about the crisis, about the amount of stress with which they are already coping, and about their ability to cope with the situation and its demands. (HANDOUT # 3)

5. Group discussion of the alternative ways in which a person can "help" a family under stress.

6. Complete evaluation form for workshop.

HANDOUTS

1. Chart illustrating the distinctions between a stressor, family hardships, and family distress.

2. A model of the factors which influence the amount of stress that is felt by a family following a crisis.

3. A model of the factors which influence how a family will cope with stress.

4. Evaluation form for "Parenting Workshop # 1."

BEST PRACTICES:

INTRODUCTION TO THE INDIVIDUALIZED EDUCATIONAL PLAN

OUTCOMES

1. Parent leaders will be familiar with the legal and educational basis for the Individualized Educational Plan (IEP.)

2. Parent leaders will be familiar with the steps that parents can take to prepare for the IEP meeting.

3. Parent leaders will be able to describe the process of development and evaluation of an IEP.

4. Parent leaders will be able to list and describe the required components of the IEP.

ACTIVITIES

1. Review and discuss the legal and educational basis for the IEP. (Handouts 1 and 2)

2. Review and discuss the process of development and evaluation of an IEP. (Handouts 3, 4, and 5)

3. Review and discuss the required components of an IEP. (Handouts 6, 7, and 8)

4. Review and discuss the steps that parents can take to prepare for their child's IEP meeting. (Handouts 9, 10, 11, 12, and 13)

5. Role play an IEP meeting, developing an IEP from a sample case. (Handouts 14 and 15)

6. Review training program evaluation. (Handout 16)

8. Evaluate IEP training session. (Handout 17)

HANDOUTS

1. "Vermont State Regulations in Special Education"
2. "Glossary of Terms Used in PL 94-142"
3. "Steps Toward Developing an IEP"
4. "Parental Rights in Special Education"
5. "Due Process Procedure"
6. "Required IEP Components Defined"
7. "Glossary of IEP Terminology"
8. "Sample IEP"
9. "An Assessment Checklist for Parents"
10. "Preparing for an IEP Meeting"
11. "Profile Sheet for Parents"
12. "Suggestions For Participation at the IEP Meeting"
13. "Twenty Things Parents Should Look for in an IEP"
14. "Sample Case Study"
15. "Sample IEP Form"
16. "Training Program Evaluation: IEP Training"
17. "IEP Training Session Evaluation"

ASSIGNMENTS

1. Complete Information and Support Services Log

MODULE 5

STRATEGIES FOR DEVELOPING A PARENT TO PARENT NEWSLETTER

OUTCOMES

1. Parent leaders will be able to describe the purpose of the newsletter.
2. Parent leaders will be familiar with the organization of newsletter staff.
3. Parent leaders will be familiar with how to select and write effective articles.
4. Parent leaders will be familiar with the specific steps involved in putting together a newsletter.
5. Parent leaders will organize a newsletter staff and produce their first newsletter within two months from the date of training.

ACTIVITIES

1. Review and discuss the material covered in <u>Putting Together A Newsletter</u>. (Handouts #1 and #2)
2. Discuss the purpose for developing a parent to parent newsletter and write specific purpose statements for each region which include no more than five goals. (Handout #3).
3. Examine a variety of different newsletters and discuss what is appealing and not appealing about each one. Consider the resources available in your community and begin to think of how you would design your own newsletter.
4. Prepare a mock-up of a sample newsletter.
5. Layout two sample articles on the newsletter mock-up. (Handout [illegible]).
6. Prepare three sample mastheads using rub-on letters, typewriter type, and free handwriting. (Handout #5).

7. Review procedure and purpose for writing a disclaimer statement and discuss the use of permission forms. (Handout #6 & #7).

8. Brainstorm as a group to develop a checklist of tasks involved in putting together a newsletter and arrange each task in sequential order. (Handout #8)

9. Review calendar, sample agenda, assignment sheet, and advertising and notices worksheets. (Handouts #9, #10, #11, & #12).

10. "What would you do?" activities. (Handout #13)

11. Review assignments and training program evaluation. (Handout #15).

12. Evaluate Module 5 training session. (Handout #16).

ASSIGNMENTS

1. Identify and recruit at least two parents to work on the first issue of the newsletter.

2. Put together a parent to parent newsletter according to the goals which have been outlined. (Use checklist developed at the workshop as a guide).

3. Identify agencies/individuals in the community to be surveyed for the advertising and notices section. (Handout #14).

4. Identify additions to the I-Team mailing list.

5. Complete the Information and Support Services Log.

HANDOUTS

1. Putting Together A Newsletter
2. Reading Packet on Effective Writing
3. Sample Purpose Statement
4. Two Sample Articles
5. Sample Mastheads
6. Sample Disclaimer Statement
7. Permission Slip for the Use of Photographs
8. Checklist for Putting Together a Newsletter
9. Blank Calendar and Sample Calendar
10. Sample Agenda and Meeting Notes
11. Sample Assignment Sheet and Blank Assignment Sheet
12. Worksheet for Advertising and Notices (Blank and Sample)
13. "What Would You Do ? "
14. "Community Services Worksheet"
15. "Training Program Evaluation: Module 5"
16. "Module 5 Training Session Evaluation"

PARENTING WORKSHOP # 2

"Growing Up With Children"

OUTCOMES

1. Parent leaders will understand that just as the behavior of parents effect the growth and development of children, so does the behavior of children effect parents.

2. Parent leaders will become familiar with the concept of "family life cycle."

3. Parents leaders will become aware that the growth of the child is not the only development that is occuring within a family -- simultaneous with the transitions from stage to stage that the child experiences, the marital relationship is evolving, the individual adults are maturing and the family as a whole is developing.

4. Parent leaders will become aware of the commonalities and differences between parenting a handicapped child and a non-handicapped child.

5. Parent leaders will become familiar with the results of some recent research examining the influence on the marital relationship of having a handicapped child.

ACTIVITIES

1. Lecture/discussion of the give-and-take relationship between the behaviors of parents and their children. Although we typically acknowledge the influence that parents have on their children, we have given less emphasis to the effects children have on parents.

2. Lecture/discussion of the concept of "family life cycle." The workshop participants will examine one particular model of the family life cycle that was developed by Evelyn M. Duvall. The model consists of eight stages: (1) the couple without children; (2) the oldest child less than 30 months; (3) the oldest child from 30 months to 6 years of age; (4) the oldest child from 6 to 13 years of age; (5) the oldest child from 13 to 20 years of age; (6) when the first child leaves the home until the last child is gone; (7) empty nest to retirement; and (8) retirement to death of one or both spouses. (HANDOUT #1)

3. Group discussion of the "demands" and "resources" that are associated with different stages of the family life cycle.

4. Lecture/discussion regarding the simultaneous growth and development of children, couples and families. (HANDOUT #2)

5. Small group excercise to identify the commonalities and differences between parenting a handicapped child in constrast with a non-handicapped child. The group will be divided into small groups (no more than four persons in each group) for a 15-minute exercise. The task of each group will be to develop a list of commonalities and differences between the parenting of a handicappped child in constrast with a so-called "normal" child. (HANDOUT #3)

6. Discussion of the lists developed by the small groups.

7. Lecture summarizing some recent research that has focused on the impact of parenting a handicapped child on the marital relationship of the couple.

   > "... although we do find that the impact of a handicapped child adds to the stresses of child care and family life, the impact is not necessarily severely distressing or degenerating" (p. 307).
   >
   > Sam J. Korn, Stella Chess and Paulina Fernandez. "The Impact of Children's Physical Handicaps on Marital Quality and Family Interaction." In R. M. Lerner and G. B. Spanier (Eds.), *Child Influences on Marital and Family Interaction*. New York: Academic Press, 1978, pp. 299-326.

8. Complete evaluation form for workshop. (HANDOUT #4)

HANDOUTS

1. A model of the stages of the family life cycle.

2. A table listing the different transitions and stressors that can occur simultaneously within a family -- illustrating the demands of development within children, adults, the couple and the family.

3. Small group exercise form.

4. Evaluation form for "Parenting Workshop #2".

MODULE 6

STRATEGIES FOR DEVELOPING LOCAL ACTION PLANS

OUTCOMES

1. Parent leaders will be able to describe and explain the process for generating a Local Action Plan including its content and purposes.
2. Upon completion of Module 6, parent leaders will begin the process of developing a Local Action Plan for one school district identified by the Regional Planning Team.

ACTIVITIES

1. Explain and discuss the process and steps necessary to develop a Local Action Plan. (Handout #1)
2. Explain and discuss the format for the Local Action Plan. (Handout #2)
3. "What Would You Do?" activity. (Handout #3)
4. Review assignments and training program evaluation. (Handout #4)
5. Evaluate Module 6 training session. (Handout #6)

ASSIGNMENTS

1. Begin to develop a Local Action Plan for one selected district, including the suggested components outlined in Handout #1 and the format outlined in Handout #2.
2. Complete the Information and Support Services Log.

HANDOUTS

1. "Local Action Plan: Process and Components"
2. "Local Action Plan Format"
3. "What Would You Do?"
4. "Training Program Evaluation: Module 5"
5. "Module 6 Training Session Evaluation"

BEST PRACTICES: APPLIED BEHAVIOR ANALYSIS

OUTCOMES

1. Parent leaders will be familiar with the behavioral principles (and examples) of positive and negative reinforcement, shaping, and differential reinforcement.

2. Parent leaders will be familiar with the behavioral principle (and example) of extinction.

3. Parent leaders will be familiar with the behavioral principle (and example) of punishment.

4. Parent leaders will be familiar with the behavioral technique of time out.

5. Parent leaders will be familiar with the process through which individuals are said to be under stimulus control.

6. Parent leaders will be familiar with the basic decision rules used to select appropriate procedures for decelerating self-stimulatory and maladaptive behaviors.

7. Parent leaders will be familiar with the basic decision rules used to design a functional curriciculum for school aged learners.

ACTIVITIES

1. Develop a historical perspective for applied behavior analysis. What it is, when it started, how it has changed.

2. Explain the "Hidden Rabbit Test".

3. Explain how behaviors can be shaped or increased through the use of differential reinforcement. Discuss ways our own behaviors might have been differentially reinforced.

4. Explain how behaviors can be reduced through the use of extinction. Discuss ways our own behaviors might have been extinguished.

5. Explain how behaviors can be reduced through the use of punishment and time out. Discuss ways our own behaviors might have been 1) punished, and 2) "timed-out".

6. Explain how behaviors are brought under stimulus control. Discuss how stopping at a red light, answering the telephone, and using a vending machine came to control our behavior.

7. Group Activity: Take the "Hidden Rabbit Test". Discuss its implications for designing functional curricula.

8. Evaluate training session.

HANDOUTS

Section 1

1. General Comments
2. Acknowledgements
3. "The Hidden Rabbit Test"

Section 2

4. Reinforcement of Everyday Behaviors
5. Shaping Everyday Behaviors
6. Factors Influencing Effectiveness of Events

Section 3

7. Extinction of Everyday Behaviors

Section 4

8. Punishment by Contingent Stimulation
9. Punishment by Contingent Withdrawal (Time-Out)

Section 5

10. The Principle of Negative Reinforcement

Section 6

11. Differential Reinforcement of Everyday Behaviors

Section 7

12. Stimulus Discrimination and Everyday Behavior

Section 8

13. How to Reduce Autistic and Severely Maladaptive Behaviors

Section 9

14. How to Treat Self-Injurious Behavior

Section 10

15. How to Create a Curriculum for Autistic and Other Handicapped Children

Section 11

16. Blueprints for Building a Happier Home ... or ... How to Become a Skilled Behavior Builder!

17. Applied Behavior Analysis Training Session Evaluation

PARENTING WORKSHOP # 3

"Helping Parents Survive"

OUTCOMES

1. Parent leaders will become familiar with the range and variety of programs that can be developed within a community to help parents cope with the stress of parenting.
2. Parent leaders will be introduced to a basic program planning guide that can be used when creating programs to "help parents survive."

ACTIVITIES

1. Using the family crisis model introduced in earlier workshops (see handouts #1 and #2 from Parenting Workshop #1), the group will discuss briefly some of the common stressors that confront parents of developmentally disabled children.
2. Lecture/discussion of some of the common approaches to parent education that are used in the country (e.g., parent support groups, specific skill training programs, newsletters and other forms of information dissemination, study groups, family fairs, resource and referral centers, play groups, family co-ops, telephone support networks and "expert" lectures). Each type of program will be discussed within the framework of the family crisis model; that is, is the program intended to reduce pile-up, mobilize or create resources or alter perceptions?
3. Lecture/discussion of a step-by-step guide for creating a community-based program to support parents who are coping with the stressors of parenting a developmentally disabled child. (HANDOUT #1)
4. Small group exercise to provide parent leaders with an opportunity to work with the program planning guide. The group will be divided into small groups (no more than four persons in each group) for a 20-minute exercise. The task of each group will be to use the program planning guide to discuss the development of a program for parents.
5. Discussion of the exercise experience and the use of the program planning guide.
6. Complete evaluation form for workshop. (HANDOUT #2)

HANDOUTS

1. Program Planning Guide.
2. Evaluation form for "Parenting Workshop #3."

BEST PRACTICES: ADAPTIVE EQUIPMENT

OUTCOMES:

1. Parent leaders will be aware of how adaptive and assistive equipment can facilitate independence in a wide variety of daily living and school activities.
2. Parent leaders will be familiar with resources in Vermont for obtaining information about adaptive equipment and about funding options for such equipment.

ACTIVITIES:

1. Parent leaders will participate in a discussion around the activities of a school day for a student with handicaps in relation to utilization of an integrated therapy model and adaptive equipment.

HANDOUTS:

1. Funding flow chart.
2. Directory for Potential Funding Sources for Adaptive Equipment.

BEST PRACTICES: INTEGRATED THERAPY

OUTCOMES:

1. Parent leaders will be familiar with similarities and distinctions between physical and occupational therapy professional preparation/training and between physical and occupational therapy services for persons with developmental disabilities.
2. Parent leaders will be familiar with various purposes for involvement of therapists in school programs including screening, referral, evaluation, program planning, program implementation, re-evaluation, and consultation.
3. Parent leaders will be familiar with the continuum of therapy services which may be needed throughout the life of a person with a developmental disability including infant, preschool, school-based, and adult services.
4. Parent leaders will be familiar with the characteristics of the integrated therapy model.

ACTIVITIES:

1. Participants will review and discuss several hypothetical examples of therapy related IEP objectives in relation to the integrated therapy model.
2. Parent leaders will participate in a discussion around the activities of a school day for a student with handicaps in relation to integrated therapy model and adaptive equipment.

HANDOUTS:

1. Request for PT/OT Consultation form.
2. Sample IEP objectives for discussion.

THE "HOMECOMING" PROJECT

OUTCOMES:

1. Parent leaders will become familiar with the historical development of the regional program service delivery model.
2. Parent leaders will become familiar with the procedure for recruiting regular educators to instruct learners with handicapping conditions.
3. Parent leaders will become familiar with the indicators used in determining the success of a learner with a handicapping condition who is engaged in a "Homecoming" experience.
4. Parent leaders will become familiar with the process of planning for and implementing a "Homecoming" experience for a learner with a handicapping condition.

ACTIVITIES:

1. Participants will sit back and enjoy a slide presentation of "Homecoming" in action.
2. Parents will engage in discussion concerning the "Homecoming" service delivery model.

HANDOUTS:

1. "Homecoming"

BEST PRACTICES: INTEGRATION STRATEGIES

Outcomes

1. Parent leaders will be able to cite the rationale for integrating students with and without handicaps.

2. Parent leaders will be familiar with a variety of strategies for integrating students with handicaps in school activities with non-handicapped friends.

3. Parent leaders will be aware of resources available to school programs who wish to increase integration of students with and without handicaps.

Activities:

1. Review rationale for integration.

2. View variety of videotapes depicting model integration programs.

3. Discuss integration strategies and review handout.

Handout

1. List of integration strategies from December 1982 I-Team Newsletter

SEMINAR ON SEXUALITY AND DISABILITIES

Outcomes

1. Parent leaders will be familiar with current attitudes about the sexuality of persons with disabilities and will be able to relate them to the roles we expect people with disabilities to play.
2. Parent leaders will be familiar with a variety of handicapping conditions and their effects on sexuality.
3. Parent leaders will be familiar with the rationale for providing family life education for persons with disabilities.
4. Parent leaders will be familiar with a variety of curriculum materials related to family life education and disabilities.

Activities

1. Lecture/discussions about sexuality and disabilities.
2. Review of materials.

Handouts

1. Materials from: Family Life Education for Teachers and Parents of Students with Disabilities.
    - Statement of Philosophy on Sexual Rights of the Developmentally Disabled
    - Excerpts from <u>How to Approach Sexuality</u>, Baladerian
    - Myths and facts about:
        Homosexuality
        Bisexuality
        Illness, disability and sexuality
        Heterosexuality
        Masturbation
    - "Sex and the Aging Process", Reubens and Carrin
    - <u>Sexual Abuse of Children</u>, Baker
    - "Reactions to the sexuality of disabled people"

2. "Curriculum for Advanced Family Life for the Physically Disabled", Sapienza and Thornton.

3. "Sex Education and related home and community functioning skill programs for severely handicapped students". Hamrere-Nietupski, Ford, Williams, Gruenewald.

4. "Subject Areas to be covered in sex education" in Sexuality and the Mentally Retarded, Monat.

5. Sex Education for Disabled Persons, Dickman.

"ACTIVELY INVOLVING PARENTS IN THEIR CHILD'S EDUCATION"

OUTCOMES

1. Parent support personnel will be aware of alternative means for establishing ongoing communication with the classroom teacher.

2. Parent support personnel will be familiar with strategies for involving parents in educating their children at home and at school.

3. Parent support personnel will be familiar with strategies for parents to be more actively involved during the IEP meeting.

4. Parent support personnel will be able to implement procedures for assisting parents to describe common routines which occur at home, and in identifying the skill needs of their children during these routine activities.

ACTIVITIES

1. Group discussion of barriers and assumptions that prevent parents and educators from communicating with each other in a positive and cooperative manner. Good communication habits will be discussed, and a "menu" of alternative means for communicating between home and school will be constructed by the group (Handouts 1, 2, 3 and 4).

2. Lecture/discussion on conducting analyses of daily home routines for the purpose of actively involving parents in their child's education. By looking at the parent's daily routines, natural opportunities for assessing, selecting goals, and teaching their child arise. How this information can be used to facilitate the parent's involvement during the IEP meeting will also be discussed. There will be a group activity of examining a daily routine and demonstrating how parents can successfully take part in contributing to their child's education (Handouts 5 and 6).

3. Group discussion of other means parents can be involved in their child's education (e.g., observing or helping out in the classroom). The parent support personnel will be asked to identify and construct a "menu" of opportunities/ tasks for involvement. Problems parents have experienced of "getting in the front door," as well as possible solutions, will be solicited from the group (Handouts 7 and 8).

4. Review training program evaluation (Handout 9)

5. Evaluate training session (Handout 10)

HANDOUTS

1. Being a Good Listener
2. Listening: Tips on Improvement
3. Listening to Others
4. Parent Tips for School Conferences
5. Recording Your Child's Daily Routine
6. IEP Checklist for Parents
7. Parent Involvement Opinionaire
8. Parent Evaluation of Program and Prognosis for Educational Responsibility (PEPPER)
9. Training Program Evaluation
10. Training Session Evaluation

Agenda for June 5, 1985

ADVOCACY:

What is it?

How can we effectively advocate for necessary change and services?

1. What is YOUR concept of Advocacy?
2. What have been the results of your advocacy and what were some key ingredients that led to your results?
3. Know your system?!
4. Role playing and identifying some successful strategies it represents.
5. Why "lobby" in the Legislature? What are the results?
6. "Networking"...Linking up with other groups or organizations who COLLECTIVELY work together!
7. Where can we go from here?

"If it doesn't involve risk, inconvenience and sacrifice, it probably isn't ADVOCACY"........Wolf Wolfensberger

AN OVERVIEW OF ON THE JOB TRAINING USING A TRANSITIONAL MODEL

OUTCOMES

1. Understanding the parent/advocate role in employment.
2. Developing an overview of the placement and training model.
3. What programs are available today for young adults and adults.
4. Participants will be introduced to problem solving techniques used in job training.

ACTIVITIES

1. Discussion of parent/advocate role in employment (15 minutes, format, open discussion)
   a. discuss support networks strength and weaknesses
   b. difficulty of getting information
   c. difficulty of supplying information
2. Overview of placement and training model (40 minutes, format, video tape, lecture and open discussion; handout 1 and 2)
   a. sampling of training sessions using video
   b. the flow of three individuals from entry to exist thru a placement and training model
   c. open discussion

10 MINUTE BREAK

3. What programs are available in Vermont (15 minutes, format, lecture, handout 3)
   a. listing of programs and discussion of services
   b. problems with different services
4. Problem solving procedures used in job training (40 minutes, format, open discussion)
   a. 2 case studies; one in school and one out of school placements
   b. open discussion

HANDOUTS

1. Job training flow chart
2. Steps used in setting up a training plan
3. List of training services in Vermont

LEADING AND FACILITATING MEETINGS

OUTCOMES

1. Parent support persons will assess their own leadership style.
2. Parent support persons will identify four methods for developing agendas for meetings.
3. Parent support persons will task analyze the activities required to complete a task, i.e. publishing a newsletter.
4. Parent support persons will develop a meeting agenda addressing the completion of the activity previously task analyzed and the potential delegation of responsibilities.
5. Parent support persons will assess their own conflict resolution skills.
6. Parent support persons will be able to build consensus in the groups with which they work.

ACTIVITIES

1. Completion of LEAD Self Questionnaire
2. Discuss strategies for developing agendas.
3. Discuss task analysis and then task analyze a relevant activity.
4. Develop an agenda for the next meeting of their parent group.
5. Discussion of roles of group members.
6. Completion of Conflict Resolution Questionnaire.
7. Discussion of controversy and consensus building.
8. Role play of strategies for dealing with problem behaviors at a group meeting.

ASSIGNMENTS

None

HANDOUTS

1. Lead-Self Questionnaire
2. Strategies for Developing Agendas
3. Conflict Resolution Questionnaire
4. Constructive Controversy Checklist
5. Helpful Hints for Resolving Conflicts

TIME MANAGEMENT

OUTCOMES

1. Parent support persons will develop an action outline for either their regional or local action plan.
2. Parent support persons will be able to develop timelines which delineate outcomes, activities, target dates, and responsible parties.
3. Parent support persons will be exposed to organizational strategies for improving time-management skills.
4. Parent support persons will develop a checklist for monitoring completion of tasks.

ACTIVITIES

1. Task analysis of steps to be included in Regional Action Plan.
2. Develop timeline to accomplish some of the steps included in the Action Plan.
3. Discuss strategies for improving time management skills (calendars, checklist, weekly-monthly files, index cards, trays, etc.)
4. Begin to develop a checklist for monitoring completion of tasks in the Regional Action Plan.

ASSIGNMENTS

1. Complete Regional Action Plan
2. Complete Regional Action Plan Timeline
3. Complete Regional Action Plan Checklist

HANDOUTS

1. Planning Worksheet
2. Activity Checklist

APPENDIX N

YEAR TWO TRAINING MODULES AND OUTLINES

FACILITATING COMMUNICATION

Outcomes

1) Participants will be familiar with the technique of active listening.

2) Participants will be familiar with a process for problem solving.

3) Participants will be familiar with the technique of giving negative feedback.

4) Participants will be familiar with the technique of accepting negative feedback.

5) Participants will be familiar with the technique of giving positive feedback.

ACTIVITIES

1) Review, practice briefly, and discuss the technique of active listening (Handout 1).

2) Review and discuss Cues to Existence of a Problem (Handout 2) and Opening Statements (Handout 3).

3) Review and discuss Door Openers (Handout 4) vs. Roadblocks (Handout 5).

4) Review and discuss Six Steps of Problem Solving (Handout 6), Steps Toward Problem Solving (Handout 7) and the Problem Solving Worksheet (Handout 8).

5) Role-play at least two (2) problem-solving situations using Handouts 7 and 8.

6) Review, role-play, and discuss the technique for accepting negative feedback (Handout 9).

7) Review, role-play, and discuss the technique for giving negative feedback (Handout 10).

8) Review, role-play, and discuss the technique for giving positive feedback (Handout 11).

9) Evaluate training session.

HANDOUTS

1) Active Listening
2) Cues to Existence of a Problem
3) Opening Statements
4) Door Openers
5) Roadblocks
6) Six Steps of Problem Solving
7) Steps Toward Problem Solving
8) Problem Solving Worksheet
9) Accepting Negative Feedback
10) Giving Negative Feedback
11) Giving Positive Feedback
12) Session Evaluation

PARENT INVOLVEMENT STRATEGIES
(From 11/14/85 Training Session)

Phone calls

Notes saying HI!

Copy articles/newsletters that I send you, pass them on to your parents

Resource guide - good time to visit parents again

Send brochure with a note

Newsletters

Parent support group

OT/PT workshops by Ruth and Susan

IEP workshops by Pam or another CDD staff member

Workshops/presentations on: sex ed.
best practices
behavior management

Parents that can't attend sessions - tape record/video tape session

After a presentation/meeting, call parent to see why they couldn't attend - needed transportation? needed child care?

Pot luck luncheon/dinner/afternoon tea idea - specific purpose for the meeting e.g. meet new special ed. staff

Social hour - no specific reason to meet, just get together to chat over lunch, tea, etc.

Meet with parents and use communication component of parent inventory - how would they like t communicate with their teachers?

Pre-IEP activity - meet with parent prior to IEP meeting and help parent list child's routine (see Michael Conn-Powers' presentation from last Spring on increasing parent involvement).

SOCIAL SECURITY SERVICES

PRESENTATION OUTLINE

Activities will include:

1. Discussion of social security in the lives of families who have handicapped members
2. Outline of benefits through social security
3. Discussion of SSI
4. Review of basic disability requirements
5. Discussion of income and resource guidelines for SSI
6. Discussion of appeal rights

MENTAL HEALTH SERVICES

PRESENTATION OUTLINE

Activities will include:

1. Department of Mental Health (DMH) Overview
   - A. DMH position within the Agency of Human Services
   - B. Structure within the Department
2. Division of Mental Retardation Program Operation
   - A. Residential Care
   - B. Day Services
   - C. Respite Care/Adaptive Equipment
   - D. Monitoring Activities
3. Respite Care Program
   - A. Overview of DMH Guidelines (purpose, eligibility)
   - B. Operation through community mental health centers
   - C. Comparison to other states
4. Questions
5. Wrap-Up

THE EVOLUTION OF SPEECH AND LANGUAGE INTERVENTION

Presentation Outline

Activities will include:

1. We will trace the history and logic contained in most language intervention strategies beginning in the late 1960's and continuing to present.
2. We will define the difference between speech, language, and communication interventions.
3. Concerning assessment:
   - a. We will discuss the differences between the developmental and remedial viewpoints.
   - b. We will discuss the differences between the norm referenced and criterion referenced assessment strategies.
   - c. We will discuss the differences between syntax, semantics, and pragmatics.
4. We will present a 20 minute video tape showing how to use the most popular electronic alternative communication devices.
5. We will end with a group question and answer period.

CHILD DEVELOPMENT CLINIC

PRESENTATION OUTLINE

1) Health Department Overview
    - a) Medical Services Division
    - b) Where CDC fits in

2) Child Development Clinic
    - a) Staff
    - b) Services
    - c) Referral process
    - d) Cooperation with educational resources

3) Other Health Department Services
    - a) Handicapped Children's Services

4) Questions

VERMONT
DEVELOPMENTAL DISABILITIES
LAW PROJECT

SPECIAL EDUCATION PRESENTATION OUTLINE

1. Overview of Special Education Law
2. Comprehensive Evaluations
3. Determination of Eligibility for Special Education
4. Development of an Individualized Education Program (IEP)
5. Parental Rights
    a. Notice and Consent
    b. Independent Evaluations
    c. Parental Participation in IEP Development
    d. Due Process Hearings
6. Role of Advocates In Special Education

Trinity
College
OF VERMONT

TRANSITION II
Postsecondary Training and Employment Program

Transitiional Employment Services

Presentation Outline

1.) Transition Projects in Vermont
    - A.) Who is served
    - B.) Intake process
    - C.) Methods of training
    - D.) Follow-up and casemanagement

2.) Overview of competitive and employment services in Vermont
    - A.) Quality programs available (outside of the Transition projects)
    - B.) Current funding sources

3.) Questions

Colchester Avenue
Burlington. Vermont 05401
802-658-3996
AA/EOE

BEST PRACTICES IN ESSENTIAL EARLY EDUCATION

Presentation Outline

Activities will include:

1. Outline of components of a Comprehensive Service Delivery System.

2. Discussion of "best practice" service delivery models in EEE

   * home-based services
   * center based services
   * consultation with local early childhood programs

3. Discussion of <u>current</u> service delivery practices in EEE

INTEGRATED RECREATION PROJECT

PRESENTATION

1. INTRODUCTION / OVERVIEW OF THE PRESENTATION
2. A BRIEF LOOK AT THE INTEGRATED RECREATION PROJECT
3. BENEFITS OF RECREATION
4. BENEFITS OF INTEGRATED RECREATION PARTICIPATION
5. DEVELOPING OPTIONS IN COMMUNITY RECREATION
6. QUESTIONS AND ANSWERS

VERMONT COALITION OF THE HANDICAPPED

PRESENTATION OUTLINE

May 1, 1986

Activities will include discussion of the following topics:

1. What is Legislative Advocacy? Why is it important?
2. Legislative issues that affect children with multiple disabilities.
3. Overview of the legislative process.
4. How parents participate in the process.

APPENDIX O

YEAR THREE TRAINING MODULES AND OUTLINES

STRATEGIES FOR ENCOURAGING PARENT INPUT
INTO THE
EDUCATIONAL DECISION MAKING PROCESS

1. Parent Inventories - a strategy to encourage parent input into:
   - Assessment
   - Goal Prioritization
   - Future/Transition Planning

   Discussion of how parents can encourage teachers to use parent inventories and facilitate parent participation.

2. Transition Planning

   Discussion of how parents can encourage educators to engage in systematic transition planning and how educators can facilitate parent participation.

SUMMARY OF PARENT/TEACHER INVOLVEMENT
IN THE IEP PROCESS

Here's a summary of "involvement" strategies discussed during our training session:

Strategies to Encourage Parent/Teacher Involvement

STRESS THAT PARENTS HAVE INFORMATION THAT NO ONE ELSE HAS (UNIQUE KNOWLEDGE)

Encourage pre-IEP meetings either at home or school

Invite child's teacher for coffee and to meet child at home

Take another parent or PSP to IEP meeting for support

Use priority grid, daily routine sheet, parent inventory

Use 1-to-1 modeling with parents to show them how to become involved

Notify teacher that you are encouraging parents to use grid, routine sheet etc. Encourage teacher to use the same!

Socialize with parents, teachers, SECs, building staff in non-threatening atmosphere (afternoon tea)

Encourage development of communication system (phone calls, daily/weekly logs)

Encourage teachers and SECs to make home visits

Encourage teachers, SECs to avoid using jargon/difficult terminology

Encourage parent/teacher meetings in a neutral location

Remember...in our discussion we said not all parents will have the same amount of involvement in their child's educational decision-making process. Some of the strategies listed above will work with some parents/teachers, but not others. It's up to you to judge the situation and personalities involved and recommend strategies you think will be beneficial to <u>all</u> the parties involved - child, parents, and teachers.

Parents should be given the opportunity to be involved around these issues:

Assessment
Goal prioritization
Placement
Parent/teacher communication system
Future planning
Transitioning from one environment to another

ON LOST DREAMS AND GROWTH

PRESENTATION OUTLINE

1. Grieving
    - a) What is grieving?
    - b) How does grieving help us to grow?
2. States of Grieving - Feelings
    - a) Denial
    - b) Guilt
    - c) Depression
    - d) Anxiety
    - e) Anger
3. How do we help parents to go through the grieving process?
    - a) Practice ENUF
4. Questions

LEISURE/RECREATION IN THE COMMUNITY

PRESENTATION OUTLINE

Activities will include:

1. Defining leisure/recreation for ALL.

2. Identifying Recreation Resources in the Community.

3. Promoting Individualized Participation:

    A. Participant/Family Interview
    B. Leisure Interest Inventory
    C. Assessing selected skills
    D. Promoting social integration
    E. Adapting and developing activity participation

4. Promoting Community Education and Training.

5. Open discussion of issues.

UNITED CEREBRAL PALSY OF VERMONT, INC.
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(802) 223-5161

EXECUTIVE DIRECTOR
LEE VIETS

UNITED CEREBRAL PALSY OF VERMONT

Presentation Outline

Activities will include:

1- Slide presentation

    a- introduction to cerebral palsy and UCP
    b- questions about cerebral palsy

2- Programs and projects of UCP

    a- for parents
    b- for children and adults with cerebral palsy
    c- for service providers

3- How can UCP respond to your needs?

SOCIAL AND REHABILITATION SERVICES

PRESENTATION

Activities will Include:

1. Overview of the Department of SRS
2. Review of Mandated Reporting law
3. Discussion of Service Options Availale Through SRS

1/7/87

PARENT - PROFESSIONAL COMMUNICATION

Objectives:

- To increase participants awareness of the multiple factors which influence the communication between parents and professionals.
- To examine the "silent" components of the communication message.
- To identify methods for improving parent-professional communication.

Activities:

I. Brainstorm about the multiple factors which influence the communication between parents and professionals.

   A. Personal

   B. Situational

   C. Interactional

   D. Roles

II. The "silent" components of communication and their effects on the message.

   A. Sensing

   B. Interpreting

   C. Feeling

   D. Communicating

III. Methods for improving the parent-professional communication process.

   A. Understand your personal "baggage".

   B. Maximize the situational conditions.

   C. Verbalize, when appropriate, the "silent" components of the communication process.

   D. Probe (gently).

PROJECT TEEM PRESENTATION

1. Overview of Project TEEM

2. Major Components in Transition Planning

3. Family Involvement in Transition Planning

4. Future Directions - Advocacy/Dissemination

5. Questions/Discussion

OUTLINE OF DEPARTMENT OF SOCIAL WELFARE MEETING

1. Brief Description of Welfare Programs in Vermont

2. Medicaid and the Services it Covers

3. Questions and Answers on Welfare and its Programs

CHILD ABUSE/NEGLECT OUTLINE

MONDAY, APRIL 6, 1987

1. Child abuse/neglect and the system
    a. the A/N reporting law
    b. definitions
    c. SRS policy
    d. critical decision points
    e. statistics and trends
    f. psychological characteristics/dynamics

2. Victims: a documentary film on child abuse and neglect

3. The issues:
    - the need for systems change
    - the need for more research

Support of Brothers and Sisters of Children with Special Needs and their Families Through Workshop Activities

Friday
May 15, 1987

Judy S. Itzkowitz
Susan P. Gregory
University of Connecticut

Program

9:00 - 9:30	Registration
9:30 - 10:30	Introductions Overview of the field of sibling relationships Why are brothers and sisters important? Common concerns and experiences of brothers and sisters of children with special needs
10:30 - 10:45	Coffee break
10:45 - 12:00	Why should be develop programs for brothers and sisters of children with special needs and their families? What kinds of programs and resources are available? How do we begin the process of developing a program for families? Activities and suggestions for programs.
12:00 - 1:30	Lunch
1:30 - 3:15	What a family workshop looks like -- Guidelines for program implementation Simulations
3:15 - 3:30	Summary and Evaluation