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ABSTRACT

The Statewide Systems Change Project for the Severely Handicapped was a federally funded project established to develop activities to improve the quality of special education and related services for learners with severe handicaps and to encourage a change in service delivery from segregated to integrated environments. The project identified best educational practices and implemented them within a delivery system involving an agency for preschoolers with severe handicaps, a special education program for elementary-aged learners, and a regular integrated education program. Guidelines for systems change are presented in the areas of philosophy, assessment, instruction, related services, staff development, and administration. Appendices, which comprise the bulk of the guidelines, include: best educational practice statements, a sample philosophy statement, activities for promoting acceptance among participants in integrating learners with severe handicaps, age-appropriate opportunities for integration, an ecological inventory, functional curriculum concepts, community-based instruction, intervention strategies, instructional goals, a needs assessment instrument, a strategy for staff development, a policy and procedures review of special education programs, a transition procedure, a neighborhood preschool physical facilities checklist, community services survey, information on working with a steering committee, and an evaluation framework. Forty references, a list of films used in the project, and a glossary conclude the work. (JDD)

GUIDELINES FOR INTEGRATION OF LEARNERS WITH SEVERE HANDICAPS

DERIVED FROM EXPERIENCES OF

INDIANA'S FEDERAL STATEWIDE SYSTEMS CHANGE PROJECT

Blumberg Center for Interdisciplinary Studies in Special Education

Indiana State University
Terre Haute, Indiana

THESE GUIDELINES AS DISSEMINATED IN NOVEMBER, 1989 WERE PREPARED BY THE STAFF OF THE BLUMBERG CENTER FOR INTERDISCIPLINARY STUDIES IN SPECIAL EDUCATION, INDIANA STATE UNIVERSITY (TERRE HAUTE) WITH SUPPORT FROM BOTH THE U.S. DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION AND REHABILITATION SERVICES, OFFICE OF SPECIAL EDUCATION PROGRAMS, PROJECT NUMBER G00-86-C-3013. THE VIEWS EXPRESSED IN THESE GUIDELINES DO NOT NECESSARILY REFLECT THE OPINIONS OF EITHER THE U.S. DEPARTMENT OF EDUCATION OR INDIANA DEPARTMENT OF EDUCATION AND NO OFFICIAL ENDORSEMENT SHOULD BE INFERRED.

Learners with severe handicaps were defined for this project by the Request for Proposal issued by the Office of Special Education Programs as: children who were classified as seriously emotionally disturbed, autistic, profoundly and severely mentally retarded, and those who had two or more serious handicapping conditions, such as deafness-blindness, mental retardation blindness, or cerebral palsy and deafness. The intensity of their physical, mental, or emotional problems required highly specialized educational, social, psychological, and medical services in order to achieve their full potential for useful and meaningful participation in society and for self-fulfillment. They might have had severe speech, language, and/or perceptual-cognitive deprivations, and evidenced abnormal behaviors, such as,

a) failure to respond to pronounced social stimuli
b) self-mutilation,
c) self-stimulation,
d) manifestation of intense and prolonged temper tantrums, or
e) the absence of rudimentary forms of verbal control. They might also have had extremely fragile physiological conditions.

Preface

Webster gives three definitions to the word "guidelines."

—An indication, or outline (as by a government) of policy or conduct.

—A line by which one is guided

—A cord or rope to aid a passer over a difficult point or to permit retracing a course

The spirit of the third definition seems to explain the mission of this document. Changing the system for the delivery of educational services for learners with severe handicaps toward state-of-the-art is a process which requires a clear sense of direction. It is the intention of the authors to provide information and direction for educators and parents who are traversing this challenging course.

The document is intended for a range of people in the system, including parents, teachers, regular education administrators, special education administrators, and agency administrators for programs for learners of various age-levels. It would have been cumbersome to organize the document for each of the groups. So, for simplicity, the guidelines were written from a general perspective.

Many of the resources included in the appendices were applied in the pilot sites of the project and were developed for the particular age-level of the learners for that site. They are offered as examples. Other helpful resources are identified in the suggested readings, which are listed by category in the General References.

Change agents in the real world encounter many challenges: changes in staff, reckoning with differing personalities, efforts which do not produce the desired results, and other activities vying for attention and funds. These conditions were experienced both in the overall activity of the project and at the pilot sites. Rather than dismissing these phenomena, such events substantiate these guidelines for application to practitioners operating in real-life conditions.

Acknowledgements

We wish to thank the many people who have contributed to the development of these guidelines. Without the efforts of these individuals, the validity of this document would be diminished. Their efforts on behalf of this project are sincerely appreciated.

Our consultants' expertise in the application of state-of-the-art practices provided significant insights to the experiences at the pilot sites. Sally Roberts of the University of Kansas worked with the functional curriculum site. Kathy Swem of Noble Center in Indianapolis, Indiana, assisted with the integrated preschool site. William Malone and the staff of George Buck Elementary School 94, Indianapolis Public Schools, shared their experiences and provided encouragement to the public school integration site.

The experiences for gathering data and validating the guidelines were made possible by the hospitality and openness of the staff of Covered Bridge Special Education District, Hamilton Center, Vigo County School Corporation, and the Children's Learning Center Preschool Integration Steering Committee.

A number of persons provided expertise from various areas. We appreciate the time and effort they expended in reviewing our findings and providing feedback. The names and roles of the Advisory Committee are listed on page d. Other readers included: Eileen Lantz from Covered Bridge Special Education District; Anita Lascelles from Hamilton Center; Jane Schollaert and Jan McCarthy of the Elementary and Early Childhood department at Indiana State University; Becky Kirk, parent of a child with a severe handicap and a member of Indiana's State Advisory Council on Handicapped Children and Youth; and Sally Roberts, educational consultant from the University of Kansas.

Appreciation is certainly due Cinda Bolenbaugh for entering, editing and re-entering numerous drafts of the document.

While a number of the original staff are now pursuing other endeavors, the project has maintained continuity through their willing accessibility.

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Contents

OVERVIEW OF PROJECT

The *Statewide Systems Change Project for the Severely Handicapped* at Indiana State University was a federal grant awarded by the Office of Special Education Programs, United States Department of Education (October 1, 1986—September 30, 1989). The purpose of the grant was to develop activities to improve the quality of special education and related services for learners with severe handicaps. A change in the delivery of services from segregated to integrated environments was encouraged throughout the project.

THE SELECTION OF BEST PRACTICES

The staff reviewed state-of-the-art literature in the field of education for learners with severe handicaps. The dominant themes in the literature were the concepts of "normalization" (Wolfensberger, 1972; Brown, Branston, Hamre-Nietupski, Johnson, Wilcox & Grunewald, 1979; Certo, Haring & York, 1984; Guralnick, 1978; Horner, Meyer & Fredericks, 1986) and optimal practices (Sailor, Halvorsen, Anderson, Goetz, Gee, Doering & Hunt, 1986; Wehman, 1981; Fox, Thousand, Williams, Fox, Towne, Reid, Conn-Powers & Calcagni, 1986; Brown, et al., 1979).

A list developed at the University of Vermont, *Best Educational Practices '86: Educating Learners with Severe Handicaps*, (Fox et al., 1986) was selected as the frame of reference for the project. The Vermont project identified nine "best educational practices" and organized a number of quality indicators for each of the practices. The identified best educational practices were:

- age-appropriate placement in local public schools
- social integration
- transition planning
- systematic data-based instruction
- curricular expectations
- community-based training
- home-school partnership
- integrated delivery of related services
- systematic program evaluation

The best educational practices emphasize age-appropriate opportunities for learners with severe handicaps. This theme is noted in relation to placement (recommended to be in the learner's own local public school), socialization (recommended to be with nonhandicapped age-peers), and curriculum (recommended to be functional in nature). Refined instructional approaches, integrated services, and thorough program evaluation are emphasized as well.

These best practices provided the foundation for the project established at Indiana State University. A brief description explaining the importance of each of the practices is provided in Appendix A.

ACTIVITIES OF THE PROJECT

At the beginning of the project, representatives of various groups from across the state met at a planning session to discuss the needs of learners with severe handicaps and their families. The group identified a number of critical concerns in the delivery of services. These were preservice/inservice training, functional curriculum, transition planning, funding legislation, parent/professional partnerships, family support/parent training, least restrictive environment, interagency cooperation, early identification and direction services (streamlined access to the diverse services which may be needed by a person who has a disability). A summary of the results of the preliminary planning session is found in Appendix B.

The concerns from the planning session served to structure a needs assessment instrument which was distributed to administrators, teachers, parents, and agency personnel throughout the state. The intent of the needs assessment was to gain knowledge of current practices in the education of learners with severe handicaps. The results of the survey can be found in two reports, *Results of the Survey "Optimal Practices Inventory for the Severely Handicapped, Including Deaf/Blind,"* and *Results of the Survey "Survey of Agency Services to Persons Who Have Severe Disabilities."*

Since other projects in the state were focusing on older learners and adults with severe handicaps, the emphasis in this project was on the system providing services for young learners with severe handicaps. The target populations were: agencies providing services for preschoolers with severe handicaps, elementary-level special education programs for learners with severe handicaps, and regular education programs in which elementary-aged learners with severe handicaps might be integrated. Three sites were chosen representing these populations.

The selected sites were in a community which was typical of many in the state and reflected similar needs to those revealed in the state-wide needs assessment. It was anticipated that working with three sites within one community would increase the impact on the local system through three critical providers in the provision of service.

The three project sites were: a community agency preschool, the special education classes for learners with severe handicaps located in two different elementary schools, and the regular education classes in two different elementary schools in which classes for learners with severe handicaps were located. Findings from the needs assessment, the initial planning session, and identified needs at the project sites defined the field activities. Each program site is briefly described below.

Community agency: The activity at the community agency preschool was to develop an integrated preschool program. A steering committee was formed. Participants included the director of a nearby regular preschool, a parent desiring integrated opportunities, the director of the local Headstart Program, the coordinator of a childcare coordination agency, a consultant from the Crippled Children Division (Social Security Insurance/Dependent Children Program) of the Indiana Department of Public Welfare, the preschool coordinator of the local public school, the director of the agency preschool, and the director of the agency's unit for persons with developmental disabilities.

The steering committee served as a "think-tank" for the community agency as they considered various alternatives, ramifications, and logistical challenges. The checklist found in Appendix R was developed into a series of worksheets of issues and alternatives for the committee's review. To understand the process and the impact of the issues being considered, an actual case was selected and followed.

By the close of the project, preschool learners were attending neighborhood preschools with supports from the community agency. A neighborhood preschool coordinator had been hired. The community agency participated in a forum on services to infants and toddlers and their families, hosted by the steering committee members. The service providers became more aware of one another and continued collaborative problem solving activities through existing coalitions. An overview of the forum can be found in Appendix V. A spin-off project was developed to unify access to service providers.

Regular education: The activity at the elementary school site was to prepare the staff, administration, students, and parents for the inclusion of learners with severe handicaps in their schools the next school year. The principals met regularly with the special education administration to discuss anticipated ramifications and to make plans for a smooth adjustment. The list of potential activities and accompanying grid found in Appendix D were developed by the group to organize the process and assure involvement of all groups.

The activities conducted by the building teams were considered very effective and helpful to the target groups. Learners participated in several integrated situations, such as lunch, small-group interaction sessions in the library, and accompanying same-age classes to community events. A peer-tutor program was established. Teachers and parents were adjusting to the presence of the special education students and teachers were gaining skills in responding to the questions and behaviors of their students.

Special education: The activity at the special education classroom site was to apply state-of-the-art curricular concepts to learners in programs for severely and profoundly mentally handicapped students. The district was in the process of developing a curriculum guide through another grant simultaneous with the activities of this project.

A consultant provided on-site technical assistance periodically throughout the year. The consultant worked in the classrooms and in small and large group discussion sessions with the teachers, related service specialists, and parents. Products of this activity may be found in Appendices I, J, and M of this document. The consultant's efforts were directed to the process involved in implementing a comprehensive model of best practices that would be generic to any functional curriculum, whether a teacher were using a commercial, formal, or informal curriculum that would meet the criteria of addressing functioning in natural environments.

Table 1 provides a prioritized ranking of those best educational practices addressed in the various activities of the project according to site.

TABLE 1. Application and Priority of Best Practices by Project Sites

In the Site columns below, the numbers reflect the priority for the practice at that site. 1 = highest, 6 = lowest priority

PRACTICES	SITE		
	Community Agency	Regular Education	Special Education
Age-appropriate placement		1	3
Social integration	1	2	5
Transition planning	2		
Functional curriculum		5	1
Data-based instruction			6
Community-based instruction		4	4
Parent/professional partnership	3	3	
Integrated related services	4		2
Systematic program evaluation			

A STRUCTURE FOR WRITING THE GUIDELINES

The experiences from the activities of the project provide the basis of this manual.

A primary task in the third year of the grant was to formulate guidelines for implementing best educational practices in systems providing services for learners with severe handicaps. Up to this point, the project had consisted of the development and implementation of various activities that were philosophically and theoretically consistent with the best practices developed at the University of Vermont (Fox et al., 1986). These activities focused on specific aspects of service delivery systems for learners with severe handicaps. The guidelines for implementing the best practices were to evolve from the activities of the project.

While the Vermont best practices influenced the activities from a philosophical and theoretical perspective, a model describing service delivery systems seemed necessary so that an organization could be established when transposing the activities into guidelines. In the Vermont best practices, Fox et al. (1986) addressed program evaluation based on components of service delivery systems as listed by Johnson and Gadberry (1981). The components to consider in planning and evaluating special education service delivery systems, according to Johnson and Gadberry (1981), were: programmatic philosophy, program policies, program planning and coordination, student assessment, program content, method, staff, physical plant requirements, parent involvement, staff development, interagency and advocacy groups interaction, transportation, instructional resources, community relations and involvement, fiscal resources, component policies and procedures, and program evaluation. The activities of the project focused on a number of these components.

Maher and Bennett (1984) also conceptualized special education service delivery systems. They identified five major parts of service delivery systems from the perspective of service areas. The five major parts identified were: assessment, instruction, related services, personnel development, and administration. Each part was viewed as being composed of programs directed at addressing the needs of an individual, group, or organization. The activities of the project focused on all of these service areas.

By merging the Johnson and Gadberry (1981) components with the Maher and Bennett (1984) parts, a structure results in which the programmatic components were organized according to educational service areas. However, based on the impact of service providers' philosophy of learners with severe handicaps coupled with the dramatic change in attitude as advocated by best practices, it was decided to bring emphasis to this critical component by superimposing philosophy over all other parts. The culminating structure from which the guidelines were written is in Table 2.

TABLE 2. Critical Components of Service Areas for System Change as Identified by the Project.

PHILOSOPHY				
ASSESSMENT	**INSTRUCTION**	**RELATED SERVICES**	**STAFF DEVELOPMENT**	**ADMINISTRATION**
Identification Program Planning	Program Content Methods	Roles	Inservice	Program Policy Staff Parent Involvement Transition Physical Plant Transportation Agency Interagency Instructional Resources Community Relations Fiscal Resources Program Evaluation

SUMMARY

The purpose of the systems change grant at Indiana State University was to improve the quality of education for learners with severe handicaps. In order to accomplish this purpose, state-of-the-art literature in the field of education for learners with severe handicaps was reviewed. Best educational practices developed at the University of Vermont (1986) were chosen as the philosophical and theoretical core of the project.

The system providing services for young learners with severe handicaps was chosen as the focus of change for the project. This system was: an agency for preschoolers with severe handicaps, a special education program for elementary-aged learners with severe handicaps, and a regular education program in which learners with severe handicaps could be integrated

GUIDELINES FOR SYSTEMS CHANGE

This section is organized into six major parts dealing with philosophy and five service areas for special education (i.e., assessment, instruction, related services, staff development, and administration). Each section consists of statements or *standards* recognized by the project to be essential qualities and indicative of best educational practices. The standards parallel the components identified in Table 2, Critical Service Areas for Systems Change Identified by the Project.

The standards are followed by a paragraph which provides the *rationale* for the standard statement. The rationale is followed by a list of *guidelines* based on the activities of the Systems Change project at Indiana State University, literature in the field of education of learners with severe handicaps, and conclusions drawn by participants in the project. These guidelines provide suggestions for implementing change in the system.

A *resource* section follows each set of guidelines. The resource sections lead to more detailed information to utilize when following the guidelines. Frequently, the resource is included in an appendix. Additional information is suggested by topic in General References.

A ♢ symbol notes the inclusion of supportive information derived from project site experiences or from a needs assessment survey that was conducted in the first year of the project. This report, *Results of the Survey "Optimal Practices Inventory for the Severely Handicapped, including Deaf/Blind"*, includes a description of learners with severe handicaps and current delivery systems within the state of Indiana and an assessment of those services based on best educational practices. This report can be obtained from Blumberg Center for Interdisciplinary Studies in Special Education, School of Education, Indiana State University, Terre Haute, IN, 47809

The terms specific to best practice literature in bold type are defined in the glossary found at the end of the document.

critical component: **PHILOSOPHY**

standard:

THE INTEGRATION OF LEARNERS WITH SEVERE HANDICAPS IS ACCEPTED.

rationale:

A philosophy of education influences all aspects of of an educational program. Best practices are based on the belief that learners with severe handicaps will be more effectively taught if they are integrated with non-handicapped peers of their own age. The acceptance of the integration of learners with severe handicaps with age-appropriate, non-handicapped peers needs to be reflected in an agency's or district's philosophy of education.

guidelines:

- Review existing philosophy
- Involve staff in discussions about learners with severe handicaps and concept of **normalization**
- Write a philosophy statement and policies that state all learners will be involved
- Involve both parents of children with disabilities and parents of children without disabilities along with agency/school personnel in the development of philosophy
- View films depicting learners with severe handicaps in "normal" environments
- Read recent literature about learners with severe handicaps
- Visit schools/agencies that integrate learners with severe handicaps
- Arrange for practitioners who have been effective to share their experiences
- Involve parents in the development of philosophy
- Use appropriate language to describe learners (i.e., "Mrs. Smith's class", not "the MODs")

resources:

- Films Used in the Project (page 167)
- General References—Philosophy section (page 164)
- Appendix C: Sample Philosophy Statement (page 45)
- Appendix D: Activities for Promoting Acceptance among Participants in the Integration of Learners with Severe Handicaps (page 49)

critical component: PHILOSOPHY

standard:

LEARNERS WITH SEVERE HANDICAPS ARE PLACED IN LEAST RESTRICTIVE ENVIRONMENTS.

rationale:

A "normal" learning environment is preferred for all students. Best educational practices are based on the assumption that learners with severe handicaps are placed in chronologically, age-appropriate classrooms and schools. Options that enable learners with severe handicaps to participate with their non-handicapped peers need to be the standard.

guidelines:

- Consider situation needed by individual learner
- Develop alternatives that provide **Least Restrictive Environment (LRE)** for individual learner

WHAT YOU FIND IN THE REGULATIONS

- A CONCERN FOR INDIVIDUAL DECISION MAKING
  - Placement is determined after the IEP
  - Placement is based on the IEP

- ACKNOWLEDGEMENT OF THE IMPORTANCE OF INTEGRATION

  To the maximum extent appropriate handicapped children. . .are educated with children who are not handicapped

- A PRESUMPTION IN FAVOR OF THE REGULAR EDUCATION SETTING

  . . .removal from the regular educational environment occurs only when. . .education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

- AN EXPECTATION THAT "SPECIAL" ASSISTANCE MAY BE NEEDED IN THE "REGULAR" SETTING

- SPECIAL DOES NOT AUTOMATICALLY MEAN SEPARATE

- There must be a provision for supplementary services for regular class placement
- Supplementary aides and services may focus on teacher, curriculum, peers, and classroom arrangement, or the student with a disability

- A REQUIREMENT FOR A "CONTINUUM"

  - A continuum is to meet the needs of children for special education and related services
  - Alternatives may expand those listed
  - The continuum is not "categorical"-all options are available to students with all types/level of disability

- CONCERN FOR KEEPING STUDENTS CLOSE TO HOME

  - Placement is to be as close as possible to the child's home
  - Unless the IEP requires some other arrangement, the child is educated in the school she or he would attend if not handicapped

- RECOGNITION THAT INTEGRATION IS IMPORTANT IN NONACADEMIC AND EXTRACURRICULAR ACTIVITIES AS WELL AS CLASSROOM INSTRUCTION

- RECOGNITION OF THE NEED FOR TRAINING AND TECHNICAL ASSISTANCE TO IMPLEMENT THE LRE PROVISION

  - Teachers and administrators in all public agencies may need information, training, and technical assistance

Source: Handout prepared by Barbara Wilcox, Indiana University-Purdue University-Indianapolis. April 27, 1988

- Place learners with severe handicaps in age-appropriate settings
- Provide supplemental aids and services to facilitate placement with non-handicapped learners in academic, non-academic, and extra-curricular activities
- Include plans for increasing participation with non-handicapped peers in educational program for learners placed in restrictive environments

OPPORTUNITIES FOR INTEGRATION IN EDUCATIONAL SETTINGS

Homerooms	Hallways
Lunch	Arts & Crafts
Recreation Periods	Labs
Library	Office
Assemblies	Parties & Dances
Transportation	Community Outings
Peer-Buddies/Tutors	Extra-Curricular Activities:
Special units in regular curriculum	Clubs, Sports, Sports Events

- Form a steering committee composed of representatives of related agencies to consider integration options and ramifications of decisions

STEERING COMMITTEE PARTICIPANTS

preschool—community agencies, potential preschools
public school—principals, teachers, parents
adult services—community agencies, potential employers

- Formulate a plan projecting placement of all learners with severe handicaps in age-appropriate settings with non-handicapped peers
- Visit potential site for specific information (facilities, opportunities, needs, and general climate)
- Host meeting for potential community partners to share information about learners with severe handicaps, such as people from area preschools, community training sites, or job sites

resources:

- General References—Philosophy section (page 164)

critical component: PHILOSOPHY

standard:

LEARNERS WITH SEVERE HANDICAPS INTERACT WITH NON-HANDICAPPED PEERS.

rationale:

Education provides a wide range of experiences for vastly different individuals. Best practices emphasize the importance of learners with severe handicaps having access to the same environments as their non-handicapped peers. Thus, the social integration of learners with severe handicaps needs to be specifically addressed.

guidelines:

- Provide information and training that teachers of non-handicapped learners will need to include learners with severe handicaps

WHAT PARTICIPANTS NEED TO KNOW

- What supports are being offered
- How to access the supports
- How to use the supports
- What to do in an emergency
- How to answer learners' questions
- What is expected
- Etiquette with the learner who has a handicap

- Set goals for successful integration

EXAMPLES OF GOALS

- create opportunities for integration (See box page 11)
- locate classes with similar age group
- improve quality as well as quantity of interactions
- distribute learners in natural proportions
- specify age-appropriate peers
- encourage participation in after school activities
- include in school/job site media (yearbook, newspaper, school-home communiques)
- encourage parents of learners with severe handicaps to participate in school parent organizations

- Establish a starting point according to locally defined priorities, provide the necessary supports to promote success, such as teacher consultation, paraprofessionals, peer tutors, communication systems, behavior management plans, adaptive equipment, curricular adaptations, specific objectives
- Plan to integrate gradually, but consistently
- Write goals for social integration into individualized education program (IEP)
- Meet with administrators and involved teachers prior to placement to discuss teaching options and support for teachers

- Expect supportive and creative input from teachers of non-handicapped students, but be prepared for resistance as well
- Identify and provide support to staff of non-handicapped learners
- Consult with teachers of non-handicapped learners to review progress, resolve any difficulties, and plan opportunities
- Establish a peer buddy or peer tutor program
- Provide information for non-handicapped students and their parents about learners with severe handicaps that will enrich communication and other interaction
- Expect acceptance and interest on the part of most non-handicapped learners and their parents, but be prepared for negative reactions
- Model appropriate interactions
- Maintain standards for proper interaction
- Encourage staff for learners with handicaps to participate with other staff—lunch, faculty meetings, duty, committees, after-school activities

resources:

- Appendix E: Age-Appropriate Opportunities for Integration (page 53)
- Appendix F: Questions and Answers for Regular Education Teachers (page 57)

◈ Only 25% of learners with severe handicaps had regularly planned opportunities for integration with non-handicapped peers. (Source: survey data)

critical component: **ASSESSMENT**

standard:

ASSESSMENT IS FUNCTIONAL

rationale:

School personnel use assessment information to make important programming decisions about learners. Assessment information about learners with severe handicaps must provide information to assist trainers to develop instructional programs that will improve the learners' functioning in current and future environments. Alternatives to traditional assessment are needed for learners with severe handicaps.

guidelines:

- Review assessment section of federal regulations
- Provide inservice for staff on functional assessment and characteristics of learners with severe handicaps
- Establish a committee from various disciplines to formulate guidelines for the assessment process which address age-appropriateness, natural environment, use of familiar materials, participants and roles, and functionality of procedures
- Be aware of the limitations of traditional assessment instruments when assessing learners with severe handicaps
- Initiate **functional assessment** strategies (what the learner can do across school, home, and community environments and the skills required for the learner to achieve greater independence in those environments)
- Gather developmental, adaptive behavior, and other data to describe current functioning which will lead to intervention
- Continue assessment strategies throughout instruction

resources:

- Appendix G: Excerpts from Education of the Handicapped Act Regarding Assessment (page 65)
- Appendix H: Interdisciplinary Assessment Dimensions (page 69)
- Appendix I: An Ecological Inventory (page 73)
- General References—Assessment section (page 164)

critical component: INSTRUCTION

standard:

COMPETENCE TO PARTICIPATE IN PRESENT AND FUTURE ENVIRONMENTS IS DEVELOPED.

rationale:

School instruction should prepare learners for life. Learners with severe handicaps function presently and will function in the future in a variety of environments. Competence to function effectively in a variety of environments needs be taught directly.

guidelines:

- Have a clear understanding of "functional" in state-of-the-art terms

CRITERIA FOR FUNCTIONAL INSTRUCTION

Skill Selection:

Prepares learner to function (fully or partially) in less restrictive environment by:
- increasing independence,
- promoting interaction with non-handicapped peers,
- improving treatment from others, or
- preventing transfer to more restrictive environments

Utilizes the method that most quickly and efficiently allows access to less restrictive environment

Reflects the choice of ...vidual and/or family

Required for medical reasons

Skill Development:

Uses **natural** or **adapted materials**

Taught in **natural settings**

Performance measured and training program adjusted accordingly

- Make curricular decisions with a positive approach to the learners capabilities rather than deficits
- Involve parents in long-range planning
- Reflect family activities and individual choice
- Incorporate domestic, vocational, community, and recreation/leisure domains into curriculum
- Include home and teacher goals in program planning
- Select goals to increase opportunities for participation with non-handicapped persons (in regular classes, community access, etc.)
- Teach "basic skills" within the context of real activities
- Make the instructional goal, the maintenance and generalization of a limited number of critical abilities in integrated settings
- Utilize age-appropriate, functional materials
- Utilize age-appropriate decor
- Utilize age-appropriate activities when selecting community-based training, work/chores, recreation/leisure, etc
- Teach skills as they naturally occur in the daily routine, filling in with extra practice as the behaviors occur needed by the learner
- Provide a means for communication (develop skills, equipment, modifications ...)
- Provide opportunities for learners to make choices
- Consider learning modality for sensory-impaired learners; make adaptations for sensory losses, utilizing residual sight and hearing

resources:

- Appendix J: **Functional Curriculum** Concepts (page 77)

97% of teachers reported that they were teaching functional skills. (Source: survey data) However, project experience did not support this finding. The difference was in the perception of what teaching functional skills requires.

critical component: INSTRUCTION

standard:

EDUCATION IS PROVIDED IN THE NATURAL SETTING.

rationale:

Most learners with severe handicaps do not transfer learning from one setting to another. Therefore, skills to be used in the home and community should be taught in those settings.

guidelines:

- Acquaint staff with components of **community-based curriculum**
- Determine logistics of community-based instruction (i.e., funding, transportation, liability, allocation of staff, involvement of community)
- Anticipate and address legal questions related to personnel in transit and away from school during community-based instruction
- Distinguish community-based training from field trips

Essential Qualities of Systematic Community-Based Training

Functional value
Clearly defined objectives on the IEP
Repeated frequently to develop, maintain, or generalize skills
Individual or small group
Scheduled according to natural time of occurrence of the activity

- Plan age-appropriate experiences in the **natural setting** and personalize to the needs of the learner
- Establish instructional objectives for each community-based training occasion
- Conduct activities using prosthetics, cues, teacher presence, individual or small groups which minimally interfere with naturalness of the event
- Develop emergency procedures and train learners and teaching assistants
- Coordinate classroom instruction with community-based training to provide practice with difficult steps, use of adaptations, etc.

resources:

- Appendix K: Administrative and Logistical Issues for Community-Based Instruction (page 83)
- Appendix L: An Opinion on Liability Regarding Community-Based Instruction (page 87)

critical component: INSTRUCTION

standard:

INSTRUCTION IS SYSTEMATIC AND DATA-BASED.

rationale:

Research supports the notion that learning will not occur merely by exposing a learner with severe handicaps to a task or instructional setting. **Systematic, data-based instruction** has been proven to be effective and accountable. Such an approach is critical considering the limited time to instruct learners with severe handicaps, their learning styles, and the number of people involved in their training.

guidelines:

- Write instructional objectives that are measurable, observable and learner-centered
- Prioritize what is most important for individual to learn
- Analyze the task for skill acquisition
- Provide all learners with a means for communication
- Make simulations as close to actual as possible, include relevant stimuli, actual response postures, and natural consequences and reinforcements
- Manage behavior through **non-aversive behavior management** techniques (e.g., **errorless learning**, **fading**, reinforcement schedules, error-correction procedures, pacing, **environmental management**, review of **antecedent events**)
- Manage classroom utilizing **active programming** strategies, limit **downtime**
- Design methods for collecting and summarizing data
- Use tools such as a **master schedule**, a curriculum guide that includes a sequence of skills, individual schedules, **ecological inventories**, and **behavioral charts**
- Train team on instructional techniques and data collection
- Frequently collect data on learner performance and give regular feedback to the instructional team
- Keep materials for programming and data collection available to everyone working with the learner
- Base programming and instructional decisions on data
- Revise instructional objectives to reflect current status of learner

resources:

- Appendix M: Intervention Strategies (page 91)
- Appendix N: Worksheet for Writing Instructional Goals (page 105)
- General References—Instruction section (page 165)

critical component: RELATED SERVICES

standard:

RELATED SERVICES ARE EMBEDDED IN THE LEARNERS' EDUCATIONAL PROGRAM.

rationale:

Related services are crucial in the education of learners with severe handicaps. These services, like the rest of the program, need to be functional and provided in a systematic manner in the natural setting. Integrating those services provides a stabilizing influence as language, motor, health, posturing, and behavior management goals are applied throughout the day by all who work with the learner. A **transdisciplinary team** approach is necessary to ensure optimal effectiveness of services.

guidelines:

- Include related services personnel as members of a transdisciplinary team in assessment, instructional planning, and evaluation **(collaborative decision-making)**

TRANSDISCIPLINARY TEAM MANAGEMENT

- hold team assessment planning session to consider individual learner
- observe learner short period (one week)
- evaluate to include descriptions of performance and recommendations
- integrate related services goals in IEP instructional goals
- model techniques to classroom personnel and periodically check to assure continuity of implementation (specialist role)
- implement the procedures within the instructional program
- provide feedback to team members at regular, frequent intervals (program manager role)
- follow plan for trial period—continue or revise plan

- Establish an on-going communication system among specialists and special education teachers, paraprofessionals, and parents
- Embed related services objectives into instructional goals
- Provide related services in natural settings (i.e. integrated classroom, lunch room, restroom, gymnasium, community, home, neighborhood preschool) within context of naturally occurring activities
- Alternate specialists' schedules to allow opportunity to observe learner's performance in multiple environments and activities
- Notify specialists of schedule changes impacting appointments with specific learner
- Avoid specialist role developing into an extra hand in the classroom, disturbing classroom routines, or becoming a pull-out session in the classroom
- Resolve concerns which demand expertise of several disciplines with appropriate team members (e.g. the development of a communication system for a non-verbal learner with a physical disability may require the involvement of Speech and Language Pathologist, Occupational Therapist, and teacher)
- Restrict therapy in isolation to those instances where integrated therapy is inadequate
- Maintain a recording system to verify provision of service
- Establish responsibility and procedures for medical services as related to educational needs
- Inform parents, staff, and physicians of the adoption of the collaborative model for the provision of related services

resources:

- General References—Transdisciplinary Teams/ Collaborative Planning section (page 165)

critical component: STAFF DEVELOPMENT

standard:

ALL STAFF ARE INFORMED ABOUT BEST EDUCATIONAL PRACTICES.

rationale:

With the dramatic developments in the field of education for learners with severe handicaps, a comprehensive strategy to provide information and develop skills is needed. The staff development program needs to include the broadened range of persons interacting with learners with severe handicaps and the variety of topics that challenge the implementation of the best educational practices

guidelines:

- Conduct a needs assessment pertaining to best educational practices for learners with severe handicaps
- Include all target groups

TARGET GROUPS FOR INSERVICE

- special education teachers
- regular education teachers
- art, music, PE teachers
- administrators
- related services specialists, counselors
- auxiliary staff (i.e., bus driver, cafeteria staff, playground supervisors, custodians)
- paraprofessionals
- non-handicapped learners and their parents
- handicapped learners and their parents

- Utilize technical assistance with expertise in the area of education for learners with severe handicaps
- Pursue inservice activities aimed at practical application of best practice concepts
- Evaluate effectiveness of staff development activities

EVALUATION CONCERNS FOR INSERVICE

Was the content informative and useful?
Was the presenter effective?
Did the participants exhibit behavior change as defined by the objectives?
Did the participants behavior in their classroom change over a period of time?
Did the students or the participants change as a result of altered teachers' behavior?
Baden, D.J. (1980, June).

- Utilize non-traditional inservice opportunities (i.e., **turn-about teaching,** stipends, on-going classroom consultation, continuing education credit, teaming, mentoring)
- Provide release time for staff for staff development activities
- Recognize that staff development is gradual, on-going, and multifaceted
- Allow for personality differences, time to learn new roles, time for problem resolution (scheduling, etc.)

resources:

- Appendix O: Needs Assessment Instrument (page 109)
- Appendix P: A Strategy for Staff Development (page 119)
- Available technical assistance through the state department of education, universities, and professional organizations
- Appendix Q: A Tool for Evaluating Staff Development Activities (page 123)
- General References—Staff Development section (page 166)

▽ 75% of teachers for learners with severe handicaps who responded to the needs assessment taught six or more years. (Source: survey data)

critical component: ADMINISTRATION

standard:

PROGRAM POLICIES SUPPORT BEST EDUCATIONAL PRACTICES.

rationale:

Operation is directed by policy. Since programming for learners with severe handicaps has changed, new standards need to be established in policies

guidelines:

- Critically review present program policies and procedures in light of best educational practices
- Write statements describing the service delivery system which reflect best educational practices

TOPICS FOR POLICY AND PROCEDURE STATEMENTS

Student Assessment
Program Content
Social Integration
Functional Skill Development
Community-Based Training
Instructional Programming
Related Service
Transition Planning
Staffing
Staff Development
Physical Plant Requirements
Parent Involvement
Interagency & Advocacy Group Interaction
Transportation
Instructional Resources
Community Relations
Fiscal Resources
Total Program Evaluation
Total Program Evaluation

- Make decisions regarding transportation, discipline, medical interventions and other matters related to school program according to principles of normalization

resources:

- Appendix R Components of Special Education Programs, Policy and Procedure Review (page 127)
- General References Administration section (page 166)

critical component: ADMINISTRATION

standard:

PARENTS ARE ACTIVELY INVOLVED IN THEIR CHILD'S EDUCATIONAL PROGRAM.

rationale:

Inclusion of parents as active participants in their child's educational program strengthens the impact for the learner. A formal plan to ensure this involvement needs to be developed.

guidelines:

- Assume obligation to promote active parental involvement
- Communicate position on active parental involvement to staff
- Provide parents information about best practices
- Include home interviews in assessment activities
- Involve parents in selection of community training sites, recreation/leisure activities, integration opportunities, etc., for their child
- Establish on-going communication system between school and home
- Assist parents in continuing/maintaining the goals of the instructional program
- Encourage parents to visit the classroom frequently
- Provide parents with information about community support resources such as: respite care, monetary assistance, and family support groups
- Include parents of children with severe handicaps as representatives on advisory boards and committees
- Permit parents freedom to choose extent of involvement beyond required responsibilities
- Obtain parental agreement regarding reliable attendance of learner, notification of absence, provision of extra clothing, emergency phone numbers, and other program supports
- Maintain a commitment to encourage parental involvement regardless of parental response
- Be sensitive to parental concerns such as the safety and self-image of their child and the perceived loss of services

resources:

General References—Parent Involvement section (page 166)

- Parents reported satisfaction with indicators of partnership between parents and professionals. Yet, significant discrepancies with educators were evident on items such as, whether the teacher adapts activities to overcome barriers to participation; encourages non-handicapped learners to interact; and makes sure learners have generalized skills to home and community settings (Source: survey data)

critical component: **ADMINISTRATION**

standard:

CHANGES IN LEARNERS' ENVIRONMENTS ARE PLANNED.

rationale:

As learners move from setting to setting, or from level to level, planning makes the transition more effective and less stressful for the learner. It must be done soon enough to prepare the learner and the receiving environment for the change.

guidelines:

- Develop a cooperative information system including the determination of primary liaisons, coordination of timelines, utilization of common forms, transfer of information, and responsibilities of pertinent individuals
- Establish a written policy for transition to ensure continuity of programming across levels (i.e., birth, preschool to primary school to middle school to high school to post school)
- Invite future service providers to instructional planning meeting
- Incorporate transition goals into the learner's individualized education program (IHP, IPP, IFSP, or IEP)
- Use transition goals as basis for selecting instructional objectives
- Provide adequate staff, add staff and/or modify existing positions
- Inform parents of anticipated services and needs in next environment (e.g., paperwork, transportation, assessments)
- Develop parent group to keep them abreast of transition issues

resources:

- Appendix S: A Transition Procedure (page 131)

Respondents to the survey identified transition as the second least evident of the nine best practices. (Source: survey data)

critical component: ADMINISTRATION

standard:

BUILDINGS AND CLASS SETTINGS FACILITATE INTEGRATION.

rationale:

It is difficult, if not impossible, to promote interaction when learners are isolated within the regular environment or when classes are located in segregated settings. Proximity to non-handicapped age peers increases opportunities for interaction. Class locations that preclude accessibility to learners with severe handicaps deny opportunities for integration.

guidelines:

- Locate classrooms with same-age peer groups
- Maintain natural proportion of handicapped to non-handicapped within buildings and classrooms
- Provide same equipment as same-age peers (e.g. desks, lockers)
- Visit existing state-of-the-art programs
- Review individual cases of clients/students recognizing that many learners with severe handicaps have motor skills to negotiate architectural obstacles

POTENTIAL ARCHITECTURAL OBSTACLES

Building

Accessibility to:

gym	home-living
auditorium	music
office	art
bookstore	playground
library	classrooms of age-appropriate peers
other	

Restrooms:

sink	
toilet	stall openings
towels	large stall
rails	Area for diaper changing
doorways	Area for toilet training

Cafeteria:

large area for wheelchairs
tables
size of area

Exterior

Playground, partially paved
Wheelchair ramps inside, outside
Curb Cuts
Bus Points

Community

Accessibility to community facilities:
Accessibility to public transportation stops

Adapted from Johnson, V. L., and Green, C. (1987). *A transition plan for the placement of students with severe handicaps into least restrictive environments in the Indianapolis Public Schools.* Indianapolis, IN: Indianapolis Public Schools.

- Consult with appropriate agencies (i.e., Department of Mental Health, Board of Health, and Department of Education) regarding regulations impacting on physical plant
- Inventory physical plant to determine any modifications according to specified standards
- Use cooperative building projects (e.g., community offices, preschool, and child care agencies housed in same building site)

resources:

- Rehabilitation for the Handicapped Act, (P.L. 93-112 Section 504)
- American National Standards Specification for Making Buildings and Facilities Accessible to, and Usable by, The Physically Handicapped; Address: ANSI, 1430 Broadway, New York, New York 10018
- Indiana **Joint Standards** for Community Agencies Providing Habilitation/Rehabilitation Services
- Administrative Handbook, Indiana Department of Education
- Handicapped Requirements Handbook; Address: Federal Programs Advisory Service, 2120 L Street N.W., Suite 210, Washington, D.C. 20037
- Appendix T: Neighborhood Preschool Physical Facilities Checklist (page 139)

critical component: **ADMINISTRATION**

standard:

TRANSPORTATION ARRANGEMENTS FACILITATE INTEGRATION.

rationale:

Integration can be impeded by certain transportation arrangements, such as separate busses, late arrivals and early departures, different drop-off points, and providing transportation only for learners with handicaps. Transportation decisions need to consider the ramifications of such arrangements.

guidelines:

- Plan to transport using regular mode, unless specialized equipment or accommodations are needed
- Incorporate specialized equipment or accommodations into regular mode, if possible (e.g., an aide to accompany learner)
- Utilize separate transportation arrangements as last resort
- Provide training to personnel regarding best practice concepts
- Work toward serving all learners in neighborhood schools

resources:

- State education department, section for pupil transportation. (In Indiana: Division of School Traffic Safety and Emergency Planning, Room 229 State House, Indianapolis, IN, 46204 317/232-0890)
- State education department, section for special education (In Indiana : Indiana Department of Education, Division of Special Education, Room 229 State House, Indianapolis, IN, 46204 317/232-0570)

critical component: ADMINISTRATION

standard:

INTERACTION WITH AGENCY AND ADVOCACY GROUPS OCCURS.

rationale:

Poor communication and lack of interaction among agencies and advocacy groups limits the potential success for the learner and the effectiveness of the programs. Best practices emphasize the need for collaborative planning with all parties involved.

guidelines:

- Contact agencies and advocacy groups dealing with learners with severe handicaps

INFORMATION NEEDED ABOUT OTHER AGENCIES

- contact person(s)
- location and phone numbers(s)
- description of services
- samples of brochures and other written material
- procedures for initiating services
- costs
- calendar

- Develop a directory listing agencies and advocacy groups in immediate area
- Host an informational forum to exchange information, identify mutual issues, initiate problem-solving
- Send a follow-up summary of the proceedings to agencies, government officials, and parents in the area
- Form an interagency steering committee which functions as a communication and problem-solving body (topics could include transition issues, referral procedures, parental assistance, case management, and so forth) or work with any which are already organized
- Familiarize staff with procedures and other matters pertinent to accessing services of other agencies and groups

resources:

- Appendix U: A Sample Survey of Community Services (page 143)
- Appendix V: Holding a Regional Forum (page 149)
- Appendix W: Working with a Steering Committee (page 155)

critical component: **ADMINISTRATION**

standard:

INSTRUCTIONAL RESOURCES ARE AGE-APPROPRIATE AND FUNCTIONAL.

rationale:

Due to the contrast between traditional materials and equipment and state-of-the-art materials and equipment, an assessment of present resources and needs should be conducted and periodically reviewed.

guidelines:

- Limit instructional resources to age-appropriate and functional expectations (e.g., avoid: cardboard simulations, pegboard and bead stringing activities, middle school classrooms furnished with primary materials)
- Contact agencies, advocacy groups, libraries, and universities for information on existing instructional resources
- Develop a master listing of instructional resources that are immediately available
- Contact the State Department of Education, Division of Special Education for information regarding available listing of information
- Prepare a list of materials and prioritize according to needs in anticipation of availability of funds

resources:

- Institute for the Study of Developmental Disabilities; 2853 E. Tenth St.; Bloomington, IN 47405; 812/855-6508
- State education department, section for special education (In Indiana: Indiana Department of Education, Division of Special Education, Instructional Materials Resource Center, Room 229 State House; Indianapolis, IN 46204. 317/232-0570)

critical component: ADMINISTRATION

standard:

A COMMUNITY RELATIONS PLAN IS DEVELOPED.

rationale:

Learners with severe handicaps are likely to continue to reside in their local community upon the completion of their formal schooling. The best practice is to teach them in their home community. Conflict can be created between the community and the educational system as separate facilities are closed, as training takes place in the community, and as job sites are located in the community.

guidelines:

- Form a Community Relations steering committee composed of school personnel, government agency planners, non-profit organizations, parents, and business people
- Make the community aware of changes in services for individuals with severe handicaps by:

GETTING THE WORD OUT

- formal presentations to community service organizations,
- posting and disseminating flyers and brochures,
- interactions with related agencies,
- use of school and community newspaper, broadcast media, public awareness activities for children, etc.

resources

- State planning council for persons with developmental disabilities (In Indiana: Governor's Planning Council for People with Disabilities; 143 W. Market Suite 404; Indianapolis, IN 46204; 317/232-7770)

♡ 66% of the community preschools reported that they would consider enrolling a learner who has a disability. (Source: project survey of community preschools)

critical component: ADMINISTRATION

standard:

FISCAL RESOURCES ARE UTILIZED TO IMPLEMENT BEST PRACTICES.

rationale:

Staff development, new positions, and changing from traditional strategies cost money. The costs are moderate compared to the benefits to the learner and the program.

guidelines:

- Analyze state funding and reimbursement resources to determine the impact on funding to be received if best educational practices are implemented
- If it is determined that normal funding sources would produce less funds using best educational practices, reaffirm your commitment
- Explore innovative financing options such as grants, community philanthropic organizations, parent organization fundraisers, business sponsorships, etc.
- Provide rationale for expenditures to constituents and staff

resources:

- State education department, section for special education. (In Indiana: Division of Special Education, Room 229 State House, Indianapolis, IN, 46204 317/232-0570)
- State health and human services department. (In Indiana: Indiana Department of Mental Health; 117 E. Washington St.; Indianapolis, IN 46204; 317 232-7837)

◈ Project sites experienced reduced support of some state-of-the-art practices in the government funding formulae. This required flexibility and creative approaches to finance certain aspects of the programs. (Source: project experience)

critical component: **ADMINISTRATION**

standard:

PROGRAM EVALUATION EVIDENCES BEST PRACTICE.

rationale:

Program evaluation provides the opportunity to improve current practices and move in new directions. Nine major best practices have been identified by the University of Vermont project. In order to determine progress in implementing best practices, a systematic evaluation plan addressing all best practices needs to be developed and implemented.

guidelines:

- Incorporate components of best educational practices into the evaluation schema
- Involve staff, parents and constituents in the review process
- Enlist outside evaluators
- Revise program to incorporate evaluation conclusions and recommendations
- Review entire program on an annual basis
- Disseminate findings of the evaluation to staff and constituents

resources:

- Appendix X: An Evaluation Framework (page 159)

According to the needs assessment survey of the project, program evaluation was the least fully implemented best practice. (Source: survey data)

List of Standards

- THE INTEGRATION OF LEARNERS WITH SEVERE HANDICAPS IS ACCEPTED.
- LEARNERS WITH SEVERE HANDICAPS ARE PLACED IN LEAST RESTRICTIVE ENVIRONMENTS.
- LEARNERS WITH SEVERE HANDICAPS INTERACT WITH NON-HANDICAPPED PEERS.
- ASSESSMENT IS FUNCTIONAL.
- COMPETENCE TO PARTICIPATE IN PRESENT AND FUTURE ENVIRONMENTS IS DEVELOPED.
- EDUCATION IS PROVIDED IN THE NATURAL SETTING.
- INSTRUCTION IS SYSTEMATIC AND DATA-BASED.
- RELATED SERVICES ARE EMBEDDED IN THE LEARNERS' EDUCATIONAL ENVIRONMENT.
- ALL STAFF ARE INFORMED ABOUT BEST EDUCATIONAL PRACTICES.
- PROGRAM POLICIES SUPPORT BEST EDUCATIONAL PRACTICES.
- STAFF ROLES SUPPORT BEST EDUCATIONAL PRACTICES.
- PARENTS ARE ACTIVELY INVOLVED IN THEIR CHILD'S EDUCATIONAL PROGRAM.
- CHANGES IN LEARNERS' ENVIRONMENTS ARE PLANNED.
- BUILDINGS AND CLASS SETTINGS FACILITATE INTEGRATION.
- TRANSPORTATION ARRANGEMENTS FACILITATE INTEGRATION.
- INTERACTION WITH AGENCY AND ADVOCACY GROUPS OCCURS.
- INSTRUCTIONAL RESOURCES ARE AGE-APPROPRIATE AND FUNCTIONAL.
- A COMMUNITY RELATIONS PLAN IS DEVELOPED.
- FISCAL RESOURCES ARE UTILIZED TO IMPLEMENT BEST PRACTICES.
- PROGRAM EVALUATION EVIDENCES BEST PRACTICE.

Appendices

A. Best Educational Practice Statements for Learners With Severe Handicaps

B. Results of Preliminary Planning Session

C. Sample Philosophy Statement

D. Activities for Promoting Acceptance Among Participants in the Integration of Learners with Severe Handicaps

E. Age-Appropriate Opportunities for Integration

F. Questions and Answers for Regular Education Teachers

G. Excerpts from Education of the Handicapped Act Regarding Assessment

H. Interdisciplinary Assessment Dimensions

I. An Ecological Inventory

J. Functional Curriculum Concepts

K. Alternatives to Consider in Community-Based Instruction

L. An Opinion on Liability Regarding Community-Based Instruction

M. Intervention Strategies

N. Worksheet for Writing Instructional Goals

O. Needs Assessment Instrument

P. A Strategy for Staff Development

Q. A Tool for Evaluating Staff Development Activities

R. Components of Special Education Programs: Policy and Procedure Review

S. A Transition Procedure

T. Neighborhood Preschool Physical Facilities Checklist

U. A Sample Survey of Community Services

V. Holding a Regional Forum

W. Working with a Steering Committee

X. An Evaluation Framework

APPENDIX A
BEST EDUCATIONAL PRACTICE STATEMENTS FOR LEARNERS WITH SEVERE HANDICAPS

This appendix provides a brief explanation of the nine identified best educational practices of the project at the University of Vermont. It has been condensed as an aid to the reader to gain an understanding of the practices.

SYSTEMATIC DATA-BASED INSTRUCTION

A major goal of instructional programs for learners with severe handicaps is to teach them to respond to naturally occurring cues in natural environments. Educators must systematically plan for skill acquistion, as well as maintenance and generalization of newly acquired skills to the learner's home and community environments.

The required components of systematic data based instruction are:

1) Instructional objectives written with specified conditions, behaviors that are observable and measurable, and criteria for acquisition and mastery.

2) Written instructional sequences specified from the learner's entry level and continuing through the functional use of the skill in natural settings.

3) Instructional programs written to include description of the instructional setting, materials, response cues, expected behavior of the learner, reinforment, possible incorrect responses in measurable terms, correction procedures, appropriate data sheet for recording data, directions for recording responses on data sheet, and a summary sheet for determining student progress.

4) Instructional changes based upon learner's progress and made one at a time to evaluate effectiveness of the change.

5) Reliability checks taken periodically to assure proper implementation by instructional personnel and to assure that data accurately reflect the learner's behaviors.

6) Written schedule maintained and followed to assure that all instructional programs are implemented each day and that the teacher knows where and with whom the learner is at all times.

7) Written schedule maintained for providing feedback and training to direct instructional staff.

COMMUNITY-BASED TRAINING

Learners with handicaps should have the opportunity to acquire and demonstrate generalization of specific skills which are relevant to same-age peers within natural community settings. Generalization and maintenance must be demonstrated for every skill important enough to be included in the program plan. If skills are acquired in community settings other than the local setting, demonstration of generalization to the learner's home community is essential. The learner's family should be directly involved in selecting objectives and sites.

HOME-SCHOOL PARTNERSHIP

Parental involvement is one of the best ways for ensuring that selected program plan objectives will be practiced, acquired, and maintained within the families' home communities. The responsibility for establishing and maintaining communication rests with the school personnel.

Parental involvement in educational processes for learners with severe handicaps should include the following components:

1) Parents' current and future goals taken into account when designing instructional program.

2) Clearly delineated system for regularly communicating with the learner's parents.

3) System for providing parents with information regarding available community resources.

4) Parents given opportunity to observe and participate in instructional program in the classroom, home, and community.

INTEGRATED DELIVERY OF SERVICES

Educational and related services include such things as physical therapy, occupational therapy, speech and language therapy, recreation services and psychoeducational services. Educational and related service should be offered to students in natural environments in the context of regularly scheduled events of the learner's day in the school, home, and community. Related service providers should offer consultative services to special and regular educators, parents, and others with responsibility for each student. Direct therapy sessions should occur in the environment in which the skill will most often be used.

SYSTEMATIC PROGRAM EVALUATION

Educational services should be evaluated on a regular basis. Evaluations should actively involve the entire program staff and provide administrators and staff with information regarding the achievement of progress of learning, directions for future program change, and program impact upon learners, their families, and the community. Written plans, policies, or descriptions of processes should be in place for the following components:

1) programmatic philosophy
2) overall program policies
3) overall program planning and coordination
4) student assessment (referral, assessment, evaluation, determination of eligibility, translating into IEP objectives)
5) program content (curriculum selection and use)
6) methods for integration, age-appropriate functional skill development, community based training, data-based instructional programming, parent involvement, learners changing environments, written instructional program for each program plan objective of each learner
7) staff organizational charts, any needed certification requirements, job descriptions
8) physical plant requirements
9) parent involvement
10) staff development
11) interagency and advocacy group interaction
12) transportation
13) instructional resources (listing available resources, how assessed, process for identifying and acquiring additional resources)
14) community relations and involvement
15) fiscal resources
16) total program evaluation using quality indicators

APPENDIX B
RESULTS OF PRELIMINARY PLANNING SESSION
OCTOBER 30, 1986

This appendix contains a description of the initial activity of the Statewide Systems Change Project for the Severely Handicapped at Indiana State University. The purpose of the meeting was to define the needs of learners with severe handicaps and their families in Indiana. The planning session was held in a round-robin style. The results of the activity are included.

INTRODUCTION

On October 30, 1986, a task force was convened by the staff of the Blumberg Center for Interdisciplinary Studies in Special Education. The primary function of the task force was to provide input into the planning for two grants administered through the Blumberg Center—a statewide grant to assist in the provision of services to individuals who are deaf/blind and a systems change grant focused on the delivery of services to individuals with severe handicaps. The participants included parents of a child with severe handicaps, a director of special education, and representatives from the School for the Deaf, the School for the Blind, the State Board of Health, the Department of Education, Department of Mental Health, Rehabilitation Services, Riley Children's Hospital, University projects, and the Council of Volunteers for the Handicapped.

THE PROCESS

The Nominal Group Technique process was used to facilitate participant input in the identification of needs, issues, and concerns relative to the populations previously identified.

THE QUESTION

The participants were divided into two working groups and asked to respond to the following question:

"What are the most critical needs/issues/concerns in the delivery of services to the severely handicapped and deaf/blind population in the state of Indiana?"

The groups generated responses to this question by first individually listing items on a sheet of paper and then sharing those items with the group in a round-robin fashion.

THE RESULTS

Following the round-robin identification, each of the items listed was discussed and clarified as necessary. Participants were then asked to rank items according to the system designated by the Nominal Group Process. The scores for each group were tabulated and provided the following results in terms of rank order:

GROUP A

Item	Weighted Score
1) Preservice/Inservice Training	72
2) Functional Curriculum	55
3) Transition Planning	27
4) Funding/Legislation	27
5) Parent/Professional Partnerships	21
6) Family Support/Parent Training	20
7) Least Restrictive Environment	24
8) Direction Services	20

The remaining items received a weighted score of 19 or below.

GROUP B

Item	Weighted Score
1) Parent Training	132
2) Interagency Cooperation	85
3) Inservice/Technical Assistance	85
4) Least Restrictive Environment	44
5) Curriculum	35
6) Early Identification	27
7) Preservice Training	24

The remaining items were rated 20 or below.

Common needs/issues/concerns identified by the two groups are listed below:

- preservice/inservice/technical assistance
- curriculum
- parent/professional partnerships/parent training/family support
- least restrictive environment

LIKELIHOOD-IMPACT MATRIX

The final task performed by the group was to determine the *likelihood* of occurrence of each of the high priority items and the *impact* of that item on persons severe handicaps and/or deaf/blind if that item were to occur. Items were to be ranked one to five on both scales (5 being high.) Participants worked in four groups and generated the following:

Item	Group 1		Group 2		Group 3	
	Likelihd	Impact	Likelihd	Impact	Likelihd	Impact
1. preservice/inservice technical assistance	5	5	5	5	4	5
2. curriculum	3	5	3	3	4	5
3. transition planning	2	4	3	3	5	5
4. funding/legislation	1	4	1	5	2	5
5. least restrictive environment	4	5	3	3	3	5
6. direction service	2	4	4	3	4	5
7. parent-professional partnership	-	-	-	-	3	5
8. parent training/support—	-	4	4	3	-	5
9. interagency cooperation	3	5	2	3	3	5
10. early identification	-	-	2	4	5	5

USE(S) OF THE INFORMATION

The information provided by the task force establishes the basis for further planning by the project staff. Additional staff planning will include an examination of the interrelations among the priority items (cross-impact matrix) and the identification of appropriate activities to address the identified needs/concerns/issues.

APPENDIX C
SAMPLE PHILOSOPHY STATEMENT

This appendix contains the sample philosophy statement that served as a model for the philosophy statement used by the preschool site with the Statewide Systems Change Project for the Severely Handicapped at Indiana State University. Item 1 emphasizes the inclusion of learners with severe handicaps. The source was the Early Childhood Program at Noble Centers, Inc., 2400 Tibbs Avenue, Indianapolis, IN 46222

EARLY CHILDHOOD PROGRAM
NOBLE CENTERS, INC.
2400 North Tibbs Avenue
Indianapolis, IN 46222

The Neighborhood Preschool Program

The Noble Centers Neighborhood Preschool Program provides services to children with special needs in community preschools with typical children. A major purpose of the program insures that future generations of children will know children who have special needs. Before this program, children who were tested as mentally handicapped, had cerebral palsy, Down Syndrome, or other significant differences from most children were placed in a special school away from other young children. The Neighborhood Preschool Program sets an early precedent for accepting and appreciating differences.

A regular preschool environment enhances the image of a child with handicaps as a capable human being with many more similarities than differences. It is important for persons with special needs to be a part of society not a part from society. The including of children with apparent special needs in the neighborhood preschool sets an early precedent of equal worth and dignity for all children in the Indianapolis community.

Significant positive differences exist in the Noble Centers Neighborhood Preschool Program when compared to other integration/mainstreaming efforts that have been tried or are operating in other communities.

They are: 1) All children with handicaps are included. Relatively high intellectual functioning is not a criteria for being included with typical children. Some children with severe handicaps are in the program.

2) Children with special needs go to their good neighborhood preschool. The regular neighborhood preschool that provides a positive environment for all children, and would like a child with apparent special needs, becomes a member of the program.

3) The neighborhood preschools are supported. Noble staff are being systematically located in the neighborhood preschools. This program provides both preservice and inservice training for parents and staff of both the neighborhood preschool and the Noble centerbased program. Providing direct on site longitudinal assistance, insures success. Simply stated, we are there when they need us.

4) This program is available to children without regarding their family's ability to pay the neighborhood preschool's fee. The program is financially supported so that any child with special needs may attend preschool with his or her typical peers.

Work being done now on behalf of children with special needs through this program will provide a promising life of opportunities as these children become adults. Their inclusion in the Indianapolis community's school, work, and recreation environments with others their age will help make Indianapolis a rich environment of opportunity for every member.

APPENDIX D
ACTIVITIES FOR PROMOTING ACCEPTANCE AMONG PARTICIPANTS IN THE INTEGRATION OF LEARNERS WITH SEVERE HANDICAPS

This appendix lists the proposed activities considered by the public school integration site of the Statewide Systems Change Project for the Severely Handicapped at Indiana State University.

The accompanying grid was developed to assist in planning activities, assuring that all groups were addressed. The activities were written into the grid to demonstrate its use.

Integration Awareness Activities

Kids on the Block Puppets
Kids on the Block, Inc.
1712 Eye St. N.W.
Washington, D.C 20006
800/368-5437

A puppet program designed to allay prejudice and fears about persons with handicaps and encourage interaction.

A group of special education majors at Indiana State University perform with Kids on the Block. Contact Dr. Doris Williams, Room 510 School of Education, Indiana State University, Terre Haute, IN 47809. 812/237-2820.

Everybody Counts Program
Special Education Regional Center
415 Herman St.
Cincinnati, OH 45219
513/241-8641

An annual program to encourage acceptance of all people, especially those with disabilities. Each grade level learns about one disability in 90 minute sessions taught by parent volunteers. The children experience what it would be like to have a disability, examine aids and appliances associated with the disability, and see and hear movies, books, and tapes to deepen their understanding.

Indiana Governor's Planning Council for People with Disabilities
143 W. Market Suite 404
Indianapolis, IN 46204
317/232-7770

Brochures, pamphlets and information to assist in activities such as a radio breakfast, awareness day, speakers, balloon launch, art contest, library display, recognition awards, mayoral proclamation, bag campaign, and public service announcements.

Other Suggested Activities:

Open House to visit classes, schools—All learners and their families, given opportunity to gain first hand view of future classmates, facilities

Speaker/visit by adults with disabilities

Tour model site

Teacher presentations to faculty, regular education classrooms share teaching of units in class such as health, psychology, home economics

Bulletin boards such as: Meet the Kids, The Facts on Handicaps
Photos of Activities Recording
Integration Opportunities

Newsletter Articles such as:
- Why Provide Community-Based Education
- What to Tell the Kids (Answers to Their Specific Questions)
- Why Integrate
- How You Can Be Involved
- How to Handle Emergencies such as Seizures, Choking, Fire Drills
- Signing and Alternative Communication Systems
- Etiquette with Persons Who Have Disabilities

Bibliography and display in library of books on integration:
A listing is available through the library at the Institute for the Study of Developmental Disabilities, 2853 E. Tenth St., Bloomington, IN 47405, 812/855-9396.

PROPOSED ACTIVITIES FOR THE TRANSITION TO THE NEW FACILITIES

SCHOOL _____

MONTHS

TARGET GROUP	January	February	March	April	May
Principal	Tour Model Program		Disability Awareness Month	Everybody Counts	
Regular Ed. Teachers	Tour Model Program Newsletter: Why Integrate	Bulletin Board Newsletter: What to Tell the Kids	Disability Awareness Month	Everybody Counts	
Regular Ed. Students	Kids on the Block	Bulletin Board Library Feature	Disability Awareness Month	Everybody Counts Accessibility Activities	
Special Ed. Teachers	Tour Model Program	Bulletin Board	Disability Awareness Month	Everybody Counts	
Special Ed. Students		Bulletin Board Visit Classes at new school	Disability Awareness Month	Everybody Counts	
Parents	Tour Model Program	Bulletin Board Open House to Visit Classes	Disability Awareness Month	Everybody Counts	
Building Support Staff		Bulletin Board	Disability Awareness Month	Everybody Counts	

APPENDIX E
AGE-APPROPRIATE OPPORTUNITIES FOR INTEGRATION

This appendix lists a variety of situations which provide opportunities for integration of learners with severe handicaps.

Successful integration activities implemented in special and regular education classrooms

Elementary	High School	Adult
Cooking		
Opening	Homeroom	
Nutrition Snack lunch		
School and community libraries		
Computers		
Peer tutoring		
Student council student recognition		
Safety Patrol		
Field trips		
Physical education aerobics		
Arts and crafts		
Playground games	School sports	
Recesses breaks		
Special festivals parties		
Work sites (i.e., cafeteria, grounds, office maintenance)		
Assemblies, special programs		
Music dances		
Boy Scouts, Eagle Scouts, Girl Scouts, etc.		
Making student movies, tapes, and so forth		
	Classes at community colleges	
	Wood shop, metal shop, auto mechanics, vocational classes, home econonics, driver training, and so forth	
	Yearbook, pep rallies	
	Gym assistants	
Church groups		
Youth clubs		
Participating in Little League		
	Coaching and or assisting in Little League	
After School programming at YMCA, YWCA, and so forth		
		Day and night programming at YWCA, YMCA, and so forth
	Work at Head Start	
Competitive training and employment		
Home recreational activitiess: TV, radio, reading, drawing, and so forth		
Community recreation activities: bowling, movies, shopping, browsing, video arcades, gym, parks, pools, beach, and so forth		
Community activities: laundromats, grocery stores, restaurants, banks, and so forth		
	Assist with mailings for political campaigns, and so forth	
	Volunteer work (i.e., Red Cross, child care, hospitals, and so forth)	

Source: Falvey, M.A. (1986) *Community-based curriculum.* Baltimore: Paul H. Brookes Publishing Co., pp. 228-229. Reprinted with permission of Paul H. Brookes. ©1986.

APPENDIX F
QUESTIONS AND ANSWERS FOR REGULAR EDUCATION TEACHERS

This appendix contains a list of questions and answers pertaining to least restrictive environment and learners with severe handicaps, comprised by experts in the field of education for learners with severe handicaps.

SOURCE: Snell, M.E., Sailor, W. Janssen, C.M., Farlow, L., Fisher, M. (1986) *What is the least restrictive environment?* Unpublished manuscript, prepared for United States Department of Education. Reprinted with permission of M.E. Snell.

6. **Q: But what about students with severe handicaps—I don't know how to deal with them. Why should they be moved into classrooms with teachers not trained to help them? What could I teach these students?**

   A: It is unlikely that a student with severe handicaps will be in your class for instruction. The method of integration in most school systems is that students with severe handicaps receive most of their instruction in self-contained classes with a special education teacher. These students might join your class for such non-academic activities as lunch, homeroom, or assemblies. The primary purpose for this type of integration is for the students with severe handicaps to develop and practice appropriate social skills. The special education teacher should work with you in preparation for specific students joining your class.

   You can prepare your class for integration by teaching them what to expect from the new student. Your students may need to learn special ways to communicate with the new student. You can aid the process by creating time for and encouraging interaction between the students with severe handicaps and the students in the regular program.

7. **Q: How should I interact with students with severe handicaps? What if they don't know how to respond?**

   A. There are no rules to apply to all students with severe handicaps. Generally, social interactions should be similar to the ways you would interact with students of the same age, though interactions may need to simpler and address topics you know will be familiar to the student. Make sure you are within visual and hearing range of the student and speak clearly in a tone that matches the student's chronological age. Try to be natural. As you come to know a student's personality, this will be easier.

   Students with severe handicaps have a wide range of individual characteristics. Some may use alternative communication such as picture boards or sign language. You may have to be patient for students who require a lot of time to respond. Expect a variety of responses. The special education teacher should be a resource to answer questions and make suggestions for each specific student.

8. **Q: What will be expected of me as a "regular" teacher in an integrated school?**

   A: Individual cases will vary, but typically students with severe handicaps receive instruction in a self-contained class much of the day. Students are then integrated for non-academic parts of the school day, such as lunch, music, homeroom, assemblies, art or club activities. If students with severe handicaps join your class for these activities, expect their special education teacher to prepare you for the specific situation. Also, you may be asked to let some of your students join the special class for activities or to act as tutors. You may also want to teach your students about persons with severe handicaps. You may feel a need yourself for some information; look to the special education teacher for help.

   A primary goal of integration is to teach students with severe handicaps appropriate social behavior. Therefore, you may be expected to participate in social exchanges with these students. You may also be asked to help arrange opportunities for interaction between students and encourage your students in such interactions.

9. **Q: Education for persons with severe handicaps requires costly equipment, special service personnel and lower teacher/pupil ratios. Won't these added expenses make less money available to provide quality programs for regular education?**

   A: School systems have been responsible for funding the education of students with severe handicaps since PL 94-142 was enacted in 1975. Therefore, even if students with severe handicaps have not been in local schools, the school system has been paying for staff, equipment, and special services. Instead of spending more money proportionately, integration should only require reallocation of money already earmarked for students in special education.

   Some school systems already integrated have shown that inclusion of students with severe handicaps is economical. Some have even shown a savings with integrated programs. Providing classes in the existing school system generally is less expensive than paying tuition for students to attend private schools or other school systems. Other school systems have saved money by not having to duplicate administrative staff, cafeteria or transportation equipment, and other similar expenditures in a dual program.

   Finally, school systems are required by law to provide an appropriate public education for all handicapped students in the least restrictive environment possible. Federal courts have ruled that funding difficulties cannot be used as an excuse for not complying with the law.

10. Q: How will *my* students benefit from integration?

A; One benefit of integration is that students in the regular program become more accepting of individual differences. They have the opportunity to learn how to interact with a wider range of people. Your student may one day be a parent, service provider, employer, supervisor, neighbor and/or co-worker of a person with severe handicaps. Additionally, students in the regular program will one day be taxpayers and may influence public policy towards persons with severe handicaps. Experience with this population will help prepare non handicapped students for these roles.

Also, some schools have used experience in classes for the severely handicapped to supplement academic programs. Non-handicapped students may study more about specific disabilities or learn teaching techniques and work in the classroom as peer tutors. Depending on the focus of study, the student may earn credit in sociology, psychology or humanities.

11. Q: Won't constant comparison with more able students be frustrating for these students?

A: There is no research to support the assumption that students with severe handicaps are troubled by contact with the non-handicapped. In contrast, when given a choice of companions most students with handicaps choose to spend time with non-handicapped peers.

Also, not integrating students into school will not "protect" them from comparisons with non-handicapped. They are in contact with non-handicapped persons after school and on weekends in the community. Research does indicate that students with severe handicaps are most likely to learn the skills for interaction with others when they are in integrated settings.

12. Q: If these students are going to live in institutions and work in sheltered workshops anyway, why is integrated schooling important?

A: During the period between 1979 and 1984, the institutional census declined 27%. Each year more children and young adults with severe handicaps remain with their natural family or are placed in the community. Adults with severe handicaps are living in group homes or apartments with supervision.

Some persons with severe handicaps are also employed in their communities. Some adults have been employed in food service, maintenance, gardening, and assembly line jobs. Some work in enclaves within a regular work environment or are employed on mobile job crews working for competitive wages or a salary close to it. Therefore, there is no longer a reason to assume students with severe handicaps are limited to institutions for the residence or segregated sheltered settings for their employment.

Because we can expect many students with severe handicaps to participate in their communities after their school years, integration during their school year becomes essential. Educational research shows that students with severe handicaps have difficulty generalizing skills learned in one setting to use in other settings. These students have the potential to master social behavior appropriate for public settings, but only if they can be taught under realistic conditions—as they are having planned and spontaneous contact with their non-handicapped peers.

13. Q: Major capital investments have been made in special centers and residential schools for persons with severe handicaps. These buildings may contain expensive equipment that cannot be relocated or duplicated in each local school. How can this waste of investment be justified?

A: Solutions to the problem of not wasting existing equipment and structures will require creative problem-solving which may include public agencies in addition to the school system. School systems which have already made the transition from segregated to integrated programs suggest some possible alternatives for use of buildings. Some schools have reorganized districts, thus using schools previously limited to special education as regular schools. Others have converted schools into office space. Another system used residential schools as training centers for state employees.

Although it is difficult to justify not using expensive buildings, the existence of such buildings and equipment cannot justify segregation of students with severe handicaps. The priority for the school system should be to meet the educational need of its students. As evidence supports the superiority of integrated programs in amount of learning, functionality of skills, and development of social skills, school systems must work to make the transition away from segregated schools. Expensive and specialized equipment is not as valuable for students with severe handicaps as is the opportunity for students to learn functional skills in settings where these skills will be implemented.

14. Q: Don't students with severe handicaps need specially trained staff?

A: Yes, teachers of students with severe handicaps do require some special skills and knowledge. The integration of students with severe handicaps does not mean these students will no longer have qualified teachers. Most integrated school systems place these students in self-contained classrooms. Most instructional activities will take place there and in the community locations.

However, difficulty in developing social skills in segregated settings has been demonstrated. Students with severe handicaps need to be educated in integrated settings so that they can learn to greet, respond to greetings, and carry on simple social interactions with a variety of people in a variety of settings. Integration is essential for most students with severe handicaps to master these skills.

15. Q: Why do we support two systems to educate students with severe handicaps, one segregated and one integrated? Isn't this twice as expensive?

A: Dual systems *are* expensive. This is one argument for abolishing segregated schools for the severely handicapped. It is more economical to educate students with severe handicaps in the regular schools. Money is saved by not duplicating administrative, maintenance, cafeteria staff and other related services.

16. Q: What is a class for students with severe handicaps like? What do the students learn? What do they do all day?

A: The recommended curriculum for classes for the severely handicapped include skills in self-care, domestic, social, vocational, and leisure/recreational domains. The ultimate goal is to teach the student functional skills which will allow him or her to participate in a variety of activities as independently as possible. The range of skills can vary widely from student to student. Skills trained may be as simple as maintaining eye contact or as complex as micro-computer assembly. Each class will be different according to the needs of the students.

Research clearly indicates that students with severe handicaps do learn when training is systematic and students receive reinforcement for practicing skills. Most often students are taught by practicing skills repeatedly, at first with assistance and then with gradually reducing assistance.

Students with severe handicaps do learn most effectively in the natural environment. Therefore, much of their school day will take place out of the classroom. As the student gets older, increasing amounts of instruction will occur in community and vocational settings. Emphasis is on training students to perform useful skills and behavior in the manner of non-handicapped age-peers.

17. Q: Aren't some children with severe handicaps dangerous?

A: Persons with severe handicaps are less likely to be harmful than members of the general community. Sometimes students with severe handicaps behave in ways which may be frightening such as rocking back and forth while sitting or standing, staring at their hands while flicking their fingers or making unusual noises repeatedly. These bizarre behaviors, however, are not dangerous and there are a variety of techniques which have been demonstrated to be effective in controlling these behaviors in integrated settings.

If a particular individual is violent and also handicapped, the dangerous behavior is not because the student is handicapped, but because the student has not learned adequate skills. Only very rarely will a student be so assaultive toward others that removal from a regular school setting is justified. In such cases, placement is reviewed annually, while the student is taught alternative ways of behaving so that he or she may interact appropriately with others.

18. Q: Why do students with severe handicaps get special support, extra money and smaller classes when our students would benefit from the same things? It doesn't seem fair.

A: In 1975 the Education for All Handicapped Children Act became law. It requires school systems to provide all handicapped students in their district with a free appropriate education—same right that students without disabilities have. The extra services are viewed as necessary for an appropriate education. Special services are provided for students who cannot benefit from an education without them. While extra services may enhance the education of non-handicapped students, they are not essential for learning to occur.

While the education of persons with severe handicaps is expensive, there are long term benefits which justify the cost. The more functional skills students with severe handicaps master, the less costly care will be after training. Currently, much research is being devoted to finding the most cost effective methods to train students with severe handicaps.

19. Q: I know all the extras these students get are expensive. How will the added cost to the school affect my classroom allottment?

A: The inclusion of students with severe handicaps into local schools should not affect regular classroom budgets. The local school district has been responsible for the cost of educating students with severe handicaps since 1975. Therefore, the school district has been funding extras such as more staff and special services in the segregated settings. Current funding for students with severe handicaps can be rechanneled without affecting regular education funds. Some school districts that have already made the transition even found a savings in no longer duplicating coast to manage a dual system.

APPENDIX G
EXCERPTS FROM EDUCATION OF THE HANDICAPPED ACT REGARDING ASSESSMENT

This appendix is a copy of the assessment regulations in P.L. 94-142. The italicized items have been identified by Greg Robinson, Consultant for School Psychological Services, Iowa Department of Education, as particularly important for the assessment of learners with severe handicaps. These items include:

non-discriminatory procedures,
a full and individual evaluation,
acceptance of other evaluation materials, besides tests,
test (and other measures) which are validated for the purpose of assessing learners with severe handicaps,
evaluation materials tailored to assess specific areas of need,
evaluation materials that reflect the purported factors rather than impaired skills,
more than one procedure used to determine educational program, and
multidisciplinary evaluation, including teacher(s).

P.L. 94-142
PROTECTION IN EVALUATION PROCEDURES

SS300.530 GENERAL

(a) Each State educational agency shall insure that each public agency establishes and implements procedures which meet the requirements of SS 300.530-300.534.

(b) Testing and evaluation materials *and procedures* used for the purposes of evaluation and placement of handicapped children must be selected and administered so as *not to be* racially or culturally *discriminatory*. (20 U.S.C. 1412(5)(C).)

SS 300.531
PREPLACEMENT EVALUATION

Before any action is taken with respect to the initial placement of a handicapped child in a special education program, *a full and individual evaluation of the child's educational needs* must be conducted in accordance with the requirements of SS 300.532. (U.S.C. 1412(5)(C).)

SS 300.532
EVALUATION PROCEDURES

State and local educational agencies shall insure, at a minimum, that:

(a) Tests and *other evaluation materials:*

(1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) *Have been validated for the specific purpose for which they are used;* and

(3) Are administered by trained personnel in conformance with the instructions provided by their producer

(b) Tests and *other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;*

(c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than *reflecting the child's impaired sensory, manual, or speaking skills* (except where those skills are the factors which the test purports to measure);

(d) *No single procedure is used as the sole criterion for determining an appropriate educational program for a child;* and

(e) The *evaluation is made by* a multidisciplinary *team or group of persons, including at least one teacher* or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. (20 U.S.C. 1412 (5)(C).)

APPENDIX H
INTERDISCIPLINARY ASSESSMENT DIMENSIONS

This appendix lists a range of factors considered by Bricker and Campbell (1980) to be useful to the assessment team. Several of the dimensions suggest the personnel who may have the skills for conducting the assessments.

1. *Surviving and Thriving.* This initial dimension is rated by the physician and attempts to summarize the health of the individual in terms of disease processes, medication status, growth, and nutrition.

2. *Tonicity.* This measures the degree of tension in the body musculature providing the basis for all movement. Deviations in tone, ranging from hypotonicity to hypertonicity, are on this dimension and are derived from physical and/or occupational therapy evaluations.

3. *Visual Acuity.* Scale values on this dimension are derived from opthalmologic examination and relate to abnormalities in the visual structures as well as overall measures of visual acuity.

4. *Auditory Ability.* Abnormalities in the aural structures and disease processes are rated on this dimension by the ear-nose-throat specialist. Auditory acuity and the presence of conductive, sensorineural, and mixed hearing losses identified through audiologic examinations also are represented on this dimension.

5. *Motor Quantity.* The amount of movement that is possible in relation to both automatic and goal-directed (voluntary) movements is rated on this dimension by the physical and/or occupational therapist. Deviations in the amount of movement, ranging from excessive movement to absence of movement, are represented.

6. *Motor Quality.* Movement occurs in patterns made up of various components that are sequenced to produce functional automatic and goal-directed movement. Physical and/or occupational therapy evaluations provide the basis for rating the quality of the patterns produced both automatically and voluntarily.

7. *Oral-motor/feeding.* Tone and movement quantity and quality are rated by the occupational or speech-language therapist as these dimensions relate to the muscles of the head, neck, and mouth. Problems with food or liquid intake are represented as deviations.

8. *Oral-motor/vocalization.* The range of non-speech and speech vocalization may be limited by problems with tone, movement quantity, and quality in the oral structures. The speech-language therapist rates deviations ranging from absence of vocalization to excessive (stereotypic) vocalizations.

9. *Mobility.* The extent to which an individual moves from location to location in the environment is related not only to the neuromotor dimensions but also to motivation conditions. This dimension rates the degree of mobility present regardless of the specific form the mobility takes.

10. *Manipulation.* The competence of the hand in interacting with objects can range from basic contact with an object to very complex assemblies. Both motor skill and motivational conditions influence the manipulative function. Deviations ranging from lack of grasp through the very complex manipulation schemes present in stereotypic behavior are rated by the occupational therapist or special educator.

11. *Consequence Preference.* The extent to which a hierarchy of potentially reinforcing events can be defined empirically for an individual is rated by the psychologist or special educator. The range of reaction reflected is from limited (or lack of) preference for any objects, foods, or activities through fixation

12. *Primary Circular Reactions.* A reinforcer can be operationally defined as a consequence that increases the rate of behavior for which that consequence is provided. Piaget has described this condition as a temporary increase in behavior that produces interesting consequences. The extent to which the interesting consequences derived from the preceding dimension can be used to increase behavior is rated by the psychologist or special educator.

13. *Secondary Circular Reactions.* When a particular set of events operates repeatedly as the basis for a particular response, the child is said to be a secondary circular reactive (Piagetian), or under the control of the antecedent conditions.

14. *Social Responsiveness.* The degree of interest the person shows toward parents, caregivers, and other individuals is rated by the special educator on a range from limited or absence of social responsiveness to high interest in a variety of people.

15. *Compliance.* The willingness of an individual to respond to instruction, such as following directions, making appropriate responses to environmental cues, or allowing physical guidance, is rated by the special educator.

16. *Memory.* There is no reference to this process in the majority of writings about education and training for persons with severe handicaps. However, many students who have learned a task need to be retaught after several days without practice. The maintenance of behavior over time is rated by the special educator or the psychologist.

17. *Production of Intentional Chains.* When single components of behavior are linked in order to produce a desired outcome, an inference can be made that the behavior is intentional. The degree of intentionalilty demonstrated through participation in classroom or programming activities is rated by the special educator or the psychologist.

18. *Motor Imitation.* The degree of imitation a student demonstrates is critical both to the selection of intervention strategies and to rapid learning of new skills. Competence in imitation of motor actions allows skills to be taught through demonstration without extensive shaping through physical guidance. The student's competence in imitation of motor actions on the basis of demonstration only is rated.

19. *Verbal Imitation.* This dimension is an extension of the motor imitative dimension in that the student's skill at responding to verbalizations from a model is rated by the educator or speech-language therapist.

SOURCE: Bricker, W.A., and Campbell, P.H., (1980) Interdisciplinary assessment and programming for multihandicapped students. In Sailor, W., Wilcox, B., and Brown, L. (eds) *Methods of Instruction for Severely Handicapped Learners*, Baltimore: Paul H. Brookes. Reprinted with permission of Paul H. Brookes, C 1980.

APPENDIX I
AN ECOLOGICAL INVENTORY

An ecological inventory is a tool to analyze what a learner needs in order to move into the next environment or help him become more independent or satisfied in the current environment. The procedure and an example follow. This appendix contains an example of a form for completing an inventory of a learner's performance of an activity in the natural environment. Directions for conducting the activity and completing the form are included.

Ecological Inventory Procedure

An ecological inventory is a tool to analyze what a learner needs in order to move into the next environment or help him become more independent or satisfied in the current environment. An example is provided.

1. List current/future environments where the learner will or could function, including home or group home, school, work, community, etc. This is a team decision based on the student's needs, abilities, and preferences.

2. Visit the environment and list the potential sub-environments, such as the parking lot, entrance, shopping area, restroom, game rooms. The form provides space for analyzing six subenvironments. Also note objects encountered and actions of participants.

3. Observe and interview the persons in the environment to determine activities that occur in the environment, such as exchanging money for tokens, taking turns, procedure for ordering, following a schedule, hazards, formal and informal rules, etc. Analyze the activities, listing the steps followed by a non-handicapped person. Indicate number of times an action is necessary. (Those actions used most often are generally given higher priority).

4. Take the learner to the site and compare his/her performance on each of the skills.

5. Consider any adaptations which may facilitate the learners performance.

6. Select the most critical activities to teach the student based on which provide the quickest access to the environment and promote integration with non-handicapped peers.

7. Prepare a training plan for the learner in that environment. Analyze the necessary skills for that learner to be working on, include opportunities for choice, communication system, natural consequences.

8. Conduct the training plan, preferably in the environment where it occurs.

STUDENT: John Doe
(1) DOMAIN: Community
ENVIRONMENT: Restaurant

Nondisabled Person Inventory	Inventory for Student With Severe Disability +/−	Adaptation Hypotheses; Instructional Solution Strategies; and Comments
(2) Subenvironment: Parking Lot Activity: Park car - leave		
Skills.	(4)	(5)
(3) 1. Undo seat belt	1. +	1.
2. Grasp purse	2. −	2. needs reminder
3. Open door	3. +	3.
4. Swing Feet - Get out car	4. −	4. physical assistance w/wheelchair
5. close door	5. −	5. needs reminder to lock and close
Subenvironment:		
Activity:		
Skills:		
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

APPENDIX J
FUNCTIONAL CURRICULUM CONCEPTS

This appendix provides an overview of several concepts regarding curricular expectations for programs for the severely handicapped. The material was presented by the consultant, Sally Roberts, to the personnel at the special education curriculum site of the project.

FUNCTIONAL CURRICULUM

I. Why a functional curriculum:

a. Students lack of generalization (apparent inability to perform a skill in environments that differ in some way from the environment where the skill was learned). Child is taught to remove his sock while sitting at a desk in a classroom with no real (functional) reason to remove it (i.e., he doesn't need it off to do something).

b. Skills are not learned quickly (repeated practice of any skill is necessary)—Massed vs. distributed practice of a skill—trials from a program are massed if two repeated trials occur so closely together that no other behavior can be expected to be emitted between the two. For example, the child is asked to remove his sock over and over for several trials. Trials are considered to be distributed if trials from another program occur between two repeated trials from the same program. From the same example, the child would be required to remove his sock, then several other skills would be trained before requiring the child to remove his sock again.

c Students inability to know where and when use skills
—in the past we taught one child at a time.
—The needed materials "appeared" in front of the students.
—There were blocks of time alloted to do each program (communication time, motor time, etc.)

II. Eight (8) components of a functional curriculum:

1. Select functional materials and activities

2. Teach in functional settings using natural cues whenever possible

3. Use varied materials and allow students to *choose* materials whenever possible

4. Incorporate communication programs into natural, functional routines

5. Incorporate motor programs into natural, functional routines

6. Sequence skills in a logical and normal manner

7. Incorporate behavior programs into skill sequences

8. Teach in groups as well as one-to-one

III. **First Step—Select functional skills** (select instructional goals and objectives that will be useful for a particular student and these skills form the backbone of the IEP)

a. This functional model is a contrast with the developmental model of skill selection—in a developmental model, you choose skills that are next in developmental order. For example, if the child scores at a three month level developmentally then you would target skills at the 4 month level. The problem with this is that you could be teaching ten year old students infant skills and you probably would never "catch him up" to a level where he was ready to begin to learn things that will help him get along better in life. I'm not asking you to throw out your developmental information, just make sure that you are utilizing the child's maturational level in conjunction with activities and materials that are more on his chronological age level and that will make his life more independent.

b. These skills that you choose to teach should meet the following criteria:
1) Chronologically age-appropriate—they should be skills that their normal peers would be apt to perform

2) Materials and activities needed to perform the skills should be present in the environment where the student lives or participates.

3) Skill should make the student more independent

4) Skill should prepare the student to live/function in community environments

c. *Critical Skills* criteria—Ask yourself, "If this student can't do this task will it have to be performed for them and if so does it matter in the "big scheme of things" (use the Functional Skills Analysis)

e. Skills that require real or simulated environments:
—cooking
—making a bed
—dressing
—eating family style
—doing laundry
—setting table

f. Skills that require community-based training:
—shopping
—using public transportation
—bowling
—eating in restaurants

VI. My preferred sequence for teachers:

a. Assess child's environment(s) using an ecological inventory

b. Assess the child for baseline skills using all of the above mentioned methods

c. Determine goals and objectives (what you are going to teach the child)

d. Write instructional programs:
—goals, objectives, and programs should be written to include all domains—gross and fine motor, mobility, sensory/perceptual, communication/language, rec/leisure, vocational, self-help/domestic, pre-academic and behavioral if applicable

—Write instructional programs that include the following:
cues and corrections (what you will do to get the student to respond and then what you will do if he doesn't), data collection procedures (how will you keep track of what and how well he can do a skill), data analysis procedures (how will you use this data or information you gather to a) determine if progress is being made, b) make changes if it is not)

VII. **Additional items for consideration**

A. Incorporate *communication* programs into your daily routine (see information on communication)
—make sure the student is learning words, signs, and symbols that are useful in all activities (home and school)
—make sure all staff know what communication programs are being taught and child is receiving consistent input
—make communication an integral part of *every instructional program and activity* (remember, he needs lots of practice to learn a skill)

B. Incorporate *motor* programs into the daily routine
—this should include *tone normalization* (inhibiting abnormal reflexes, relaxation activities, primitive balance skills for righting and equilibrium, proper positioning for all)

—*gross motor* including head control, rolling, reaching, sitting, weight bearing, kneeling, standing, walking

—*fine motor* including pincer grasp, pointing, tongue lateralization, swallowing, chewing

—perceptual/motor including eye movement, eye-hand coordination, tactile auditory, gustatory, olfactory, vestibular-orientation in space (see enclosed paper on assessing sensory input)

—Your OT and PT should provide you with goals, objectives, and programs for each child's motor functioning and train you to carry out "practicing" in these goals. Also, they should provide you with suggestions for optimal positioning for learning to occur. **Remember, your physically involved students should be re-positioned often throughout the day both in and out of their wheel chairs.**

C. Functional and age-appropriate materials and activities are critical. Try to use materials and activities that normal age peers would be using. If your student is thirteen years old, don't have him stringing beads—normal thirteen year olds do *not* string beads!

D. Schedules for the classroom—developing a schedule for each child's day is a beginning point for organizing your classroom and making it functional for the student. It also eliminates down-time for students and lets your aides and volunteers know what ' will be doing from minute to minute. (see material on utilizing your volunteers and para professionals)

E. Classroom make-up (i.e., environment, areas, materials)—Your classroom environment is also critical for functioning training. I like classrooms that are set up in areas (e.g., voc area, rec/leisure area, snack area, etc.) Then the natural progression to the various areas provides the student with a natural cue as to what is going to be happening. It also helps eliminate materials appearing out of thin air (i.e., student gets own materials for training even if it is a hand-over-hand operation).

F. Movement of kids (in and out of wheelchairs, utilizing positioning for training)—see above rationale in motor information.

G. Use of para professionals and the importance of rotating caregiver—It is critical that students with severe handicaps get used to being trained by a number of people. It also makes it easier if a child is particularly difficult to handle if the responsibility is rotated.

H. Group training and one-to-one training—you should train all students using both one to one and group training activities. This allows for less down-time (students waiting and doing nothing), provides modeling from one student to another, and also allows for intensive one-on-one when needed.

Source: Presentation by Sally Roberts, University of Kansas, Project Consultant. The information contained in this presentation was adapted from Gaylord-Ross, R.J.T. Holowel, J. F. (1983). *Strategies for educating students with severe handicaps*. Boston, MA: Little, Brown, & Company.

APPENDIX K
ALTERNATIVES TO CONSIDER IN COMMUNITY-BASED INSTRUCTION

This appendix contains a checklist which was provided to the special education curriculum site of the project.

Alternatives to Consider in Community-Based Instruction

1. Liability/insurance

   A. Parent permission
      - use IEP as a vehicle
      - use blanket permission forms to document parent consent (not a defense for negligence)

   B. Student issues
      - all students carry ID, medical information at all times
      - select sites with proximity to medical facilities
      - train students who have a communication system on what to do if separated/lost
      - staff know cardiopulmonary resuscitation (CPR) and first aid
      - staff have access to first aid kit in community
      - establish written procedures for emergencies (calling ambulance, leaving student to seek assistance, notifying school, contacting parents)
      - document training of learner and trainers
      - have adequate ratio, manageable group size
      - avoid dangerous route
      - conduct routine checks of equipment (fastened in chair, in working order)

   C. Staff issues
      - reimburse staff for extra car insurance (if transporting students in private cars)
      - cover staff vehicles with district insurance
      - get district legal counsel involved
      - write into job description specifying within scope of employment
      - obtain professional liability insurance
      - sign out of building

2. Staffing

   A. Role release model
      - speech and language therapist, physical therapist, occupational therapist work in blocks of 1-2 hours/week in class, then separate 1-2 hours/week with each student

   B. Paraprofessionals
      - meet with unions to change paraprofessional job descriptions—re: supervised instruction not just assistance
      - district-wide policy statement—re: use of unaccompanied paraprofessionals in community if programs are teacher-designed and monitored
      - district-wide policy statement—re: same for peer tutors

   C. Other personnel resources
      - parent volunteers
      - foster grandparents
      - peer tutors
      - University volunteers/students
      - team teaching
      - heterogenous groupings of students

3. Cost
      - beg, borrow, etc., items: empty grocery boxes, cans; ice cream bins for storage; restaurant menus; etc.
      - move per-pupil allotment for books to petty cash
      - use instructional supplies budget
      - use career education money
      - arrange to order from office/home supplies catalogues not special education materials catalogues
      - use nonschool domestic sites/teachers lounge
      - use per class student government allotment
      - PTA
      - purchase orders with local merchants
      - grants
      - students provide service for staff (laundry, groceries)
      - school restaurant
      - purchase items for family or other teachers
      - parents contribute to class bank account (e.g., for meals)
      - move a portion of school lunch money to petty cash

4. Transportation
   - go to sites
   - near school
   - use public transportation
   - parent volunteers
   - full day off-campus
   - school buses transport from home—community—home
   - bus passes earned through vocational training
   - utilize drivers education, career education buses
   - incorporate bicycling or walking objectives
   - free community bus service for handicapped
   - reimburse use of teacher vehicles
   - school bus
   - obtain mini-van

5. Parents
   - involve during planning stages
   - operate a parent group
   - offer volunteer parent trainings
   - include parents in inservice training program
   - utilize teacher/parent meetings

6. Teachers
   - inservices (consider recency of training)
   - formulate detailed plan to administration re: goals, plan of action, measurement/evaluation strategies, etc.

7. In the Community
   - social validation
   - culturally normative
   - take out "best," first
   - NOT more than 3-4 students and teacher in any single environment or major subenvironment at the same time
   - use malls, parks, department stores
   - rehearse a "trouble line"—be an advocate
   - follow a slow but steady plan

APPENDIX L
AN OPINION ON LIABILITY REGARDING COMMUNITY-BASED INSTRUCTION

This appendix contains a memorandum from the legal counsel for the Indiana Department of Education, Division of Special Education. The memorandum clarifies the legal rights and defenses available to school corporations in potential actions against them in the course of providing community based instruction. These rights and defenses include the power to purchase additional insurance, the power to defend employees, limitations to employee liability, the requirement to provide counsel for employees, and allowance for the recovery of attorney fees.

The memorandum further discusses the limitations of general releases.

Indiana Department of Education

H. Dean Evans, Superintendent
Room 229, State House • Indianapolis, IN 46204-2798 • 317/232-6610

MEMORANDUM

To: Paul M. Ash, Acting Director
Division of Special Education

From: Kevin C. McDowell, Legal Counsel
Division of Special Education

RE: Liability and Community-Based Instruction

Date: February 17, 1987

Recently, a parent in Lake County advised me that her school corporation, through its cooperative, was requiring parents to sign General Releases before placing students in Community-based instructional programs. The General Releases purported to hold the school harmless should the child be injured. The school corporation was advised these Releases are contrary to Indiana law and public policy, and serve no practical effect, as the child would have an independent action against the school for negligence regardless of a signed and duly executed release by the child's parent.

The school has requested clarification of its legal rights and defenses to any potential action, particularly as to employees.

An Indiana school corporation has sufficient statutory guidance.

I.C. 20-5-2-2(14), which is attached hereto, grants a school corporation the specific power "to purchase additional insurance...protecting the school corporation and...employees...or agents of the school corporation from any liability, risk, accident, or loss related to any school property, school contract, school or school related activity...protecting such persons for acts...committed in the course of their employment...

Furthermore, I.C. 20-5-2-2 (16) grants the school corporation the specific power "[t]o defend...any employee of the school corporation in any suit arising for, or employment with, the school corporation...; and to save any such...employee harmless from any liability, cost, or damage in connection therewith, including but not limited to the payment of any legal fees, except where such liability, cost, or damage is predicated on, or arises out of the bad faith of such...employee, or is a claim or judgment based on his malfeasance in office or employment."

This empowering section must be read in concert with I.C. 34-4-16.5-1 *et seq.*, the Indiana Tort Claims Act.

A school corporation is a governmental entity as defined by I.C. 34-4-16.5-2(2) and (5)(ix).

A governmental entity or an employee [defined at I.C. 34-4-16.5-2(1)] acting within the scope of his employment is not liable if a "loss" [injury to or death of a person, or damage to property-I.C. 34-4-16.5-2(4)] results from the performance of a discretionary function [I.C. 34-4-16.5-3(6)].

I.C. 34-4-16.5-5(C) requires the governmental entity to "provide counsel for and pay all costs and fees incurred by or on behalf of an employee in defense of claim or suit for a loss occurring because of acts or omissions within the scope of his employment, regardless of whether the employee can or cannot be held personally liable for the loss."

The Tort Claims Act requires omissions "amounting to gross negligence or willful or wanton misconduct" before liability for civil damages attaches (I.C. 34-4-16.5-3.5).

Also, the Tort Claims Act has a shorter statute of limitations (180 days from date of loss) and fairly stringent requirements for notice (I.C. 34-4-16.5-6). More plaintiffs fail in one or more of these respects and have their suits dismissed.

Of particular interest to some embattled school corporations is I.C. 34-4-16.5-19, which allows the school corporation to recover attorney fees under certain conditions.

In essence, a teacher or other employee of a school corporation does not face personal liability so long as, at the time of the loss, the teacher/employee was acting within the scope of his/her employment.

There is no way a school corporation can prevent a suit, but there are sufficient defenses available to it.

General Releases are contracts. For a contract to be legal, there must be consideration (something of value) exchanged. Usually, Releases are used in settlement of disputes, where one party accepts cash in exchange for releasing any and all present claims against a defendant. In the Lake County situations, the school corporation and the parent had no dispute. In essence, the school was refusing to educate the child unless the parent signed a release. The parent received no consideration, and public policy militates against one entering into contracts to avoid responsibility for future negligent acts.

Community-based instruction is to be encouraged. However, as far as the statutory provisions are concerned, there is no distinction between community-based instruction and more traditional classroom instruction.

ADDENDUM

The following are pertinent case citations relative to the discussion above. I have also attached a sample release that is used by most attorneys.

When a party can show that a contract which is sought to be enforced is in face an unconscionable one due to a prodigious amount of bargaining power on behalf of the stronger party, the contract provision, or the contract as a whole, if the provision is not separable, should not be enforced on the ground that the provision is contrary to public policy. *Weaver v American Oil Co.* (Ind 1971) 257 Ind 458; 276 N.E. 2d 144.

One involved in transactions affecting the public interest may not contract for indemnity against its own tort liability when it is performing either a public or quasi-public duty. *Center Twnshp of Porter County -v- City of Valparaiso* (Ind App. 1981) 420 N.E. 2d 1272.

A contract will not be declared void as against public policy unless it requires an act which adversely affects the public, is forbidden by law, or involves consideration which is illegal or immoral. *hiatt v Yergin* (Ind App, 1972) 152 Ind. App. 497; 284 N.E. 2d 834.

A party may not contract against his own negligence. *Freigy v Gargaro Co.* (Ind 1945) 223 Ind. 342; 60 N.E. 2d 288. (This is a general statement of law. There are exceptions, but those exceptions deal with commercial transactions between/among parties of substantially equal bargaining power. These exculpatory clauses are not enforced where the parties have unequal bargaining power, the contract is unconscionable or affects public interest, there is fraud or duress, or the contract was not entered into knowingly or willingly. *General Bargain Center v American* Alarm (Ind App, 1982] 430 N.E. 2d 407).

The State of Indiana, as well as the federal government, regulates and enforces the responsibilities placed on school corporations to provide a free, appropriate public education to a handicapped child, at *no cost* to the parent.

Such releases, the matters discussed above aside, are void as a means of limiting a school's responsibility in providing a FAPE. Should a handicapped child be injured through tortious conduct (or omissions) of a LEA's employee, and the release was interposed as a defense, and added expense of caring for the child as a result of the injury would certainly be a "cost" to the parent.

Clearly, such releases are against stated public policy in these regards.

ba

APPENDIX M
INTERVENTION STRATEGIES

This appendix contains a breakdown of the intervention strategies which was provided by Sally Roberts, the consultant to the teachers at the special education curriculum site of the project.

Consultant's source: Snell, M.E. & Zirpoli, T.J. (1987). In M.E. Snell (Ed.), *Systematic Instruction of Persons With Severe Handicaps* (3rd ed.). Columbus, OH: Charles E. Merrill Publishing Co.

INTERVENTION STRATEGIES

This is an overview of critical intervention strategies for use with persons with severe handicaps.

1. **Systematic Instruction**—When teaching is systematic, it is a defined, replicable process which reflects currently accepted "best" practices, uses performance data to make instructional modifications, and includes acquisition, proficiency, maintenance, and generalization training. For these students the ultimate goals of learning must be skills that will function despite the passage of time, variations in materials, settings, or the presence of other people.

2. **Planning and Writing Programs**—Although paper work takes time, it is very important if you are to know what you are doing with your individual students. At the very minimum, a state-of-the-art program should include:

1) Emergency and medical information for each student
2) A complete IEP
3) Descriptions of probe and teaching procedures for each objective being taught with notes on changes made in teaching procedures and why
4) Dated graphs of baseline and probe performance data and training data for each objective being taught with changes in instructional procedures denoted in each graph
5) Daily instructional schedule

Teaching procedures (lesson plans) also need certain ingredients to be complete guides for implementing a program. These *must* specify the following:

1) Instructional objective
2) Student or students being taught
3) Training time and setting
4) Instructor
5) Date initiated
6) Instructional materials to be used
7) Baseline and probe procedure and schedule (how will you measure if the student makes progress)
8) Student characteristics
9) Teaching procedures:
   a. discriminative stimulus
   b. Prompt/fade methods
   c. Error correction procedures
   d. Reinforcers
   e. Reinforcement schedule
10) Skill maintenance plan (i.e., how will you make sure that the student can still do the skill in 2 months)
11) Skill generalization plan (i.e., how will you make sure that the student can do the skill in a variety of settings with a variety of materials)
12) Data collection sheets (if a task analysis is used to teach a skill these data sheets will detail the task analysis)

If programs are described in this detail, they are more likely to be implemented consistently, regardless of who teaches.

3. **Stages of Learning**—There are at least four stages of learning: acquisition, fluency, maintenance, and generalization.

a) *Acquisition*—during acquisition, the student cannot perform the skill accurately. Initially, your data will show the student's percentages at zero, indicating a need to "acquire" the skill.

b) *Fluency*—once the student can perform the task correctly, the fluency stage begins. At this point, speed of performance (proficiency) is the objective.

c) *Maintenance*—in addition to accuracy and speed of performance, the student must be able to perform the skills after formal training is completed. Maintenance training teaches the student to maintain accuracy and speed in the absence of instructional prompts and reinforcement.

d) *Generalization*—in this training, the objective is accurate and fluent skill performance with different materials, settings, and/or trainers.

Clearly, there are two important reasons for attending to all four stages of learning. First, students with severe handicaps will not succeed in community environment unless they can perform their new skills fluently and in fluctuating conditions. Second, tactics selected for instruction must facilitate all stages of learning.

4. **Natural vs. Simulated Training**—Students who have severe handicaps do not easily retain known skills or transfer them to new situations. The more severe the handicap, the more critical are the problems of maintenance and generalization. If students are taught functional skills, their natural daily use helps maintain them. If they are taught to perform the skills using real materials (wall clocks, groceries in store) rather than simulated or teacher-made materials (paper plate clocks, emplty food cartons, pictured groceries), they are more likely to be able to perform the skill outside the classroom. When the training setting itself is natural, skill generalization is even further enhanced.

If a teacher adopts the principle of teaching in the natural setting whenever possible, then less time will be spent in the classroom. This is especially true as students grow older, and vocational and community skills become priorities. Realistic training settings available to most schools include cafeterias (eating, social, language, and janitorial skills), a variety of bathrooms (self-care and janitorial skills), sidewalks (pedestrian skills and social behaviors), school buses (loading and unloading), and hallways (social interaction and mobility). Thus, it is not essential to leave the school to teach generalization of all skills.

5. **Group versus One-to-One Instruction**—Group instruction promotes opportunities not available in one-to-one instruction. These include:

a) increased control of motivation;
b) opportunities to facilitate observational learning, peer interaction, and peer communication; and
c) generalization of skills.

In motivation, timeout from reinforcement for a nonresponsibe student in a group allows the teacher to work with a responsive student rather than creating a non productive time. Learning by observation is more likely to occur when students are intentionally arranged and reinforced in groups. Students, rather than teachers, may present cues and consequences to other students in the group. Students are actively involved in the learning process even during the "turns" of other students. Finally, groups create more natural reinforcement conditions. These "natural" conditions include: learning to take turns, to attend to others, to wait for the teacher and peer attention, to obtain a turn contingent on responsiveness, to tolerate intermittent attention, and to receive reinforcers from peer rather than only adults. All of these conditions approximate the real world and prepare students to perform new skills and behaviors under those conditions. Group work isn't real successful in teaching self-help skills, so it may be well to continue to use one-to-one instruction for teaching these skills with this population.

6. **Massed, Distributed, or Spaced Trial Learning**—Most teachers use a 15 to 30 minute daily teaching slot to teach each program. During that time, the student has many trials on the same skill. If the skill can be performed in a single discrete trial (requesting or labeling objects, identifying prices, using signs) the repetitions are often *massed*, one right after another. Group instruction, in which students take rotating turns, may break up these trials (creating *spaced* trials), but because students take turns, no teaching time is lost. When the skills taught are chained (multiple-step sequences) as are most functional skills such as folding clothes, then performance of the skill is actually *distributed* performance of a series of responses rather than massed practice on a single response. Other possibilities for distributed trials include teaching one student a *cluster* of related discrete behaviors (select a game, sign to request, play game) or teaching in a group but involving students in cue and reinforcer presentation during the turns of other students, thus eliminating the "wait" time.

Remember the following hints:

1) Use distributed trials rather than spaced to minimize "down time."
2) Use massed trials initially to obtain speedier acquisition or to correct errors, and change to distributed trials to maintain and generalize skills.

Massed trails should be used mainly when learning time is critical whereas most instructioon should distribute trials across tasks to yield fewer actual trials required for learning each separate skill. Not all tasks lend themselves to distributed trials, however. Buttoning a row of buttons on a shirt or eating one bite after another is appropriate to be trained as a massed trial format.

7. **Serial or Concurrent Training**—Skills can be taught in *serial training order* (one at a time) to a set criterion, adding a second, then mixing the two, adding, a third, then mixing the three, and so on. It is also a good idea, however, to use *concurrent task sequencing* in which two or more skills are taught at the same time. Using this approach, signs would be taught in groups of two to four, with multiple trials on each sign, rotating across the group in mixed fashion. After the student learns the first group of signs to a set criteria, a second group is introduced along with review trials on the first group. Advantages to concurrent task training over serial task training is that it may be more interesting to both student and teacher and may more readily be integrated into the daily routine.

8. **Types of Reinforcement**—Although reinforcers have unlimited range and vary from tangible items and activities to abstract things like self-approval, all reinforcers are either *primary* (unlearned or unconditional) or *secondary* (learned or conditioned). The first category includes the "universal" or automatic reinforcers everyone responds to without instruction like food, drink, warmth, etc.

a) Secondary reinforcers—have developed reinforcement value through conditioning. They begin as neutral pairings with already existing reinforcers (primary or secondary). Eventually these events take on reinforcing value of themselves. For example students learn to enjoy playing with toys, listening to music, receiving pay for work, receiving praise, accomplishing a goal.

b) Generalized reinforcers—acquire their reinforcing power by association with other reinforcers. Generalized reinforcers commonly used in educational settings include attention, approval, money, and tokens.

c) Token economy—A token system is analogous to a currency-payment system except that the value of a token is limited to the immediate setting and is controlled by the person who implements the system. Tokens come in many forms—pennies, slips of specially marked paper, or simply check marks on a checksheet). As with other reinforcers, tokens are given, contingent upon behaviors, and in turn, are exchanged for the "purchase" of back-up primary and secondary reinforcers. Tokens have advantages over other reinforcers because they may be distributed conveniently to students and because their exchange power makes them have good reinforcing properties. A student needs to have the ability to comprehend that the token stands for something to have work, however. Although counting may be taught with a token system, for most of our students, this is not appropriate. In this case, the usual token economy may be modified—the student places the earned pennies on a card with circles or squares or into a board with coin-sized holes. When the student has filled each space/hole, then he can "buy" something. Implement a token economy using the following steps:

1) Identify a behavior easily performed by the individual (e.g., that he can do but refuses to do, that you want him to do faster, etc.)

2) Prepare a choice of back-up reinforcers arranged on a tray or cupcake pan, a token container, and a set of at least 30 tokens.

3) Ask the student to perform the behavior and

a. reinforce immediately following the behavior with a single token placed in the student's hand and with enthusiastic praise; or

b. prompt if the behavior is not forthcoming, and then reinforce with a token and praise immediately following the behavior.

4) Immediately hold out a hand to collect the token (with prompting if necessary) and present the reinforcer tray. Prompt the student to select one reinforcer.

5) Repeat this cycle (request for behavior, praise and token reinforcement, and immediate exchange) until the individual, without any prompts, begins to associate tokens and token exchange. If the student reaches for the token after a response, in order to speed up the exchange process, increase the exchange schedule gradually from one token to four or five tokens before the exchange.

6) While remaining at four or five tokens, introduce the token container to facilitate the collection and exchange process. Next, drop tokens into the can and show the student how to lift and empty the contents at exchange time.

7) Increase the exchange ratio gradually over the remainder of the token-training session, which should not last beyond 15-20 minutes.

8) At this point, tokens can be used as reinforcement during actual teaching sessions. Initially, a brief review (a few immediate or low-ratio exchanges) may be necessary to remind the student of the token's value.

9. **Selection of Positive Reinforcers**—reinforcers are defined by the affect upon an individual's behavior. If the object or event, when made contingent doing on a behavior, does not cause an increase in that behavior, it is *not* a positive reinforcer. What is reinforcing to one individual is not always reinforcing to another. (Not all students like M&Ms and they may not all like social praise!). Potential reinforcers should not be determined by guessing. Use the Silverman Reinforcer Survey to determine what is reinforcing or just observe the student over period of days in the natural setting and list observed reinforcing events. If carried out systematically for long enough, direct observation of his preference for foods, toys, songs, people, activities, etc. will probably give you a good list. You also can ask others who are familiar with the student's likes and dislikes. Be creative with what you "test." Don't ignore things like listening to a tape recorder, looking at magazines, being pushed in a wagon).

SILVERMAN REINFORCER SURVEY

1. All edible items to be used should be very near the same size.

2. Any liquid items should be very near the same amount.

3. Any activity items to be used should be presented for a uniform time.

4. All the above dimensions should be decided on before the assessment sessions begin and should remain constant throughout all the assessment sessions. Small amounts of items should be used, e.g., ½ of an M&M, ¼of a cookie, two teaspoons of liquid, possibly no more than 30 seconds of presenting an activity.

5. The student should be sitting at the location where teaching sessions will take place The student should be in the same exact location for every assessment trial.

6. Where the item will be placed when it is presented will be decided before the session begins. A mark should be placed on the table so that the item will be placed in the same location for every trial.

7. The teacher should require that the student have his hands in his lap before the assessment trial is started. If the student exhibits any behavior that might be considered inappropriate, the teacher should wait for the student to stop exhibiting the behavior for at least 5 seconds before he/she begins the trial. Individualized procedures may be needed for some students on this step.

8. When everything is set up for the sessions, the teacher will present the item from the same location that she would present teaching trial materials.

9. When item touches the designated mark on the table, the teacher will say "Good _____ (name)," and start a stop watch.

10. When the student first touches the item with their hand, the watch will be stopped and the latency of the response will be recorded. The student is allowed to eat, drink, or interact with the activity which was presented.

11. The intertrial interval in the assessment sessions should be equal to the intertrial interval of the teaching sessions.

12. The same number of trials should be done in assessment session as will be done in the teaching sessions.

13. The mean latencies will be calculated and graphed.

14. The item that has the lowest stable latency (i.e , the item/activity that the child reached for in the least amount of time) should be used as the consequence in teaching sessions.

The following *reinforcer hiearchy* is arranged from primary to secondary and generalized:

1) Food
2) Toys and leisure activities
3) Tokens or payment with back-up reinforcers from categories 1 and 2
4) Parental, peer, and teacher approval
5) Self-praise for accomplishment of a goal

Within the level of reinforcement preferred, you should select actual reinforcers that are appropriate to the student's chronological age. For example, if observation indicates that an adolescent boy likes food and preschool toys best, you would probably want to:

1) Reinforce with food less often and eventually not at all when other reinforcers are established
2) Select suitable "toys" or leisure activities that are like and easily used (tape-recorded music) and avoid the use of preschool toy reinforcers if you can substitute others that are not age bound
3) Reinforce with praise before every instance of tangible reinforcement while gradually reducing the tangible reinforcer
4) Teach the use of new, potentially reinforcing age-appropriate activities (Simon® electronic game by Milton Bradley, velcro dart boards, pinball, and video games) which would expand the group of activity reinforcers and replace food.
5) Reduce the frequency of activity reinforcers though intermittent reinforcement or by teaching the use of tokens.

13. **Negative reinforcement**—negative reinforcement is often confused with punishment, however the intent of negative reinforcement, like positive reinforcement, is to *increase* behavior. The intent of punishment is to *decrease* behavior. Positive reinforcement involves providing something contingent on doing a desired behavior. Negative reinforcement involves removing an "aversive" stimulus contingent upon a desired behavior. If a student's behavior is inappropriate, the teacher makes him stand in the corner to decrease the behavior. This is punishment if the behavior decreases. But what happens if the student continues to exhibit inappropriate behavior while in the corner? If the teacher makes getting out of the corner contingent on good behavior, this is using *negative reinforcement* to increase appropriate behavior. If that same student comes back to the group and has five minutes of good behavior and then is reinforced for this good behavior, this is *positive reinforcement*.

Positive reinforcement is the *preferred* method for increasing appropriate behavior and, as an indirect result, decreasing inappropriate behavior. Negative reinforcement is not common as a planned program but often occurs without the teacher being aware of doing it. The teacher who yells at students until they are quiet removes the aversive stimuli (her yelling) contingent upon appropriate student behavior. A plan to reinforce appropriate behavior systematically and ignore inappropriate behavior is the desirable plan.

The following information is some kind of basic behavioral background for training.

The following are called **antecedent techniques**:

14. **Discriminative Stimulus**—learning is a process of understanding how to respond to specific and changing signals or cues. For example, students who have learned to ask for things they want at meals find that sitting in the presence of food, at the table, and when they are hungry, all serve as discriminative stimuli for the behavior of saying "want milk." The behavior in the presence of these stimuli has been reinforced long enough to have been learned. Discriminative stimuli may include the 1) natural cues of the setting, 2) materials, 3) time of day, 4) weather, 5) or the person's physical state (empty stomach, full bladder). They can also include your request and various prompts provided to get them to respond. We call descriminative stimuli S^Ds. In other words, some stimuli are "known S^Ds" and some have not yet been learned. For example, when first learning to clean a mirror, the *instructional cue* or S^D of "clean the mirror" may not be meaningful and may not reswult in a response. The stimulus "clean the mirror" has not become associated with the behavior of mirror cleaning, so it has to be learned. However, if the teacher provides some meaningful S^Ds such as a model of the first step plus direction ("get the glass cleaner" and then reaches into the cupboard and removes the spray bottle), students can perform the first step in the task. If similar S^Ds are provided over time for all the remaining steps in the task, subsequently, students may respond independently to the S^D provided by the request "clean the mirror" and the situation. Eventually, students must be able to respond in the presence of natural cues rather than teacher-applied stimulit. They should respond by cleaning mirrors that are dirty rather than responding only after the teacher tells them what to do. To have a natural S^D control the behavior, a teacher must incorporate them into the instructional plan. Teaching in natural settings and at natural times lets the teacher use the environment as a cue. Initially, however, for most tasks, the instructional cues constitute one or more of the following to-be-learned S^Ds:

1) Should be stated in terms easily understood by the student
2) Should be phrased as commands, not questions
3) Should be provided only when the student is attending
4) Should be given only once at the beginning of the task rather than being repeated over and over (this is where you use prompts which I will describe next)
5) Should reflect the conditions stated in the instructional objective (e.g., when given the request "clean the mirror," a dirty mirror, and a cabinet with cleaning materials inside, the student will get the window cleaner and clean the mirror...)
6) May include the presentation of materials or require the student to locate them (I prefer locate even if it is done hand over hand)
7) Should include the natural cues provided by natural settings (real bathroom mirrors) and materials (actual glass cleaner).

15. **Stimulus and Response Prompting**—behavior must occur before it can be shaped. To ensure that a new behavior will occur, various types of assistance can be given prior to the response to increase the likelihood that the learner will perform the desired behavior or a better approximation. This assistance (directions, models, cues, or physical prompts) "primes" the desired behavior.

The term *prompting* is used interchangeably with priming. There are two general types of prompts, *stimulus prompts* and *response prompts*. A stimulus prompt is one that is attached to the stimulus. For example if you color code something so the student can match the correct colors and thus pick the right item, this is a stimulus prompt. Response prompts, on the other hand, are verbal instructions, gestures, pointing, models, and physical assists.

Prompts help students make responses they do not know which can then be reinforced and eventually learned. Thus they should be introduced only to "get the behavior going" and *must* be removed so that the student learns to respond independently. This is what is meant when you read "shift stimulus control." You want to move the S^D from a prompt to something that acts as a natural cue. We all do this only we learn from our errors. We are stimulated to perform some behavior and if we are right we are naturally reinforced. If we are wrong, we try again another way. The problem, however, with students with severe handicaps is that they first of all will not initiate an unlearned behavior independently normally and then will not "learn" from a trial and error method. You as the teacher are guiding them through this process. Unfortunately, most instructional prompts are artificial and they are more likely to foster excessive dependence on a trainer. Directing the learner's attention toward the cues in the natural setting ultimately promotes self-prompting and self-correction. An example, might be in teaching hand washing. If a hand washing program is never conducted in a bathroom and the child never has the opportunity to wash his hands in a real sink, he may not learn to respond to natural prompts presented by water faucets indicated that he needs to turn on the water. However, when he is first learning the task, you may have to provide prompts to "teach" him the process.

Some things that you can do while you are teaching to move toward more natural prompts are:

1) Carefully validate each task analysis including all of the necessary steps and select the appropriate methods for completing a task
2) Match verbal prompts with the actual terminology used in the setting where the skill ultimately will be performed
3) Emphasize the type of prompt most prevalent in the natural setting (e.g., models, verbal directions, pictorial instruction, watching others).
4) Use natural prompts and correct procedures whenever possible, especially during the fluency, maintenance, and generalization phases when performance is more complete.
5) Teaching students in the later phases of learning to ask for assistance when no prompts are forthcoming.

16) **Types of Instructional Prompts**—verbal directions offered before and during the performance of a behavior often serve as guides for responding. Let me give you an example of teaching a task:

When a teacher asks a student to select seven forks and knives from a tray of silverware by saing "count out the forks and knives" many different behaviors are being requested. The S^Ds that you are requiring are object identification and discrimination, number selection, and a motor response to do this behavior. So...if the student begins to count out spoons you might repeat the word "forks." If he miscounts, you might count with him as he selects. And, the student must understand the directions if he is to complete the task. The first thing that the teacher provides prompts with, then, is *instructions.*

a) *Instructions*—that are provided for persons with severe handicaps may take a variety of modes: verbal, verbal with gestures, verbal with models or demonstrations, a single picture, or a sequence of pictures, verbal with partial or complete physical assistance. Pictures promote independence from the teacher and create independence. With a child with visual impairment, you can use sequenced tactile representations of the sequence. For example, a spoon, bowl, milk carton, and a box of cereal to teach preparing breakfast. Obviously, a student must make an association between the picture/tactile representation and the object or task for this to be effective.

There are three ways that verbal instruction can be more effective:
1) State or re-state the response (e.g., remind the student to set the table)
2) Ask questions if they hesitate (e.g., "what next?")
3) Procedural description (e.g., for the first step in table wiping, "go get the sponge")

Initially, verbal instructions should simply state the response as the to-be-learned S^D for the entire task, however, once the task has been mastered, students should be taught to respond to the natural S^Ds and this is where questions can serve as a good prompt (the table is dirty but the student hesitates even though he knows how to clean it so you say "what do you need to do?")

Remember, your instructions must match certain aspects of the student's language abilities. These include the number of instructions given simultaneously, their length, complexity, and whether there are accompanying gestures and demonstrations.

b) *modeling*—consists of demonstrating part or all of the desired behavior to the student who then imitates or repeats the action immediately. The modeled response can be performed by the teacher or peers (a good way to promote integration and use your normal peers), or through printed/pictured models (using a coin equivalency card to choose the correct change, following a series of pictures to make juice). Since the student must see the demonstration in order to imitate, visual attending skills are important and imitative skills are essential. Use the following to help with modeling:

1) Gain the student's attention prior to presenting the model. If he attends part of the time, verbal or physical prompts may be used along with shaping to improve attending behavior.

2) The student readily imitates the model (movements or sounds) and this imitative behavior is under stimulus control if:

a. he imitates part of the time. Physical prompts may be used after the model is presented in conjunction with shaping to get better imitations.

b. he does not imitate or imitates only infrequently. imitation skills may be taught before using modeling as a method to prompt behavior.

3) If direction of the response is important, the orientation of the viewed model should be the same as it will be when the student performs the skill (i.e., if left to right movement is important, don't model face on and expect the child to reverse the mirrored effect, get behind him and do it from his angle).

4) The length or complexity of the modeled response should be short and simple. When errors occur in the student's imitation, the task analysis of the skill may need revision as the steps may be too large:

c) *cueing*—a behavior is different from manual guidance in that cueing directs the learner's attention to the teaching materials without physical contact. You can do this by pointing to, touching, or tapping beside the correct choice. You also can place the correct choice closest to the student; pair one or more dimensions of color, shape, size, or position (e.g., a piece of red paper is always under the right choice or the correct choice is always larger). Another type of cueing involves a "match to sample." For example, you would give a verbal cue "What do you need to buy pop?" and then provide a sample card with the correct coins pictured that he then must match with actual coins. Obviously this type of cueing requires that the student be able to discriminate dimensions such as color, size, shape. To make it easier, use redundant cues (big and red).

d) *physical assistance*—in this type of prompting the student is physically assisted to make a response. This can be done from most intrusive to least intrusive. A nudge at the elbow to prompt the student to begin the response is least intrusive. Taking his hand and guiding him through the entire sequence is most intrusive.

17. **Prompt systems and hierarchies**—Prompts can be used singularly, in combination, or in a hierarchy. If they are arranged in order of complexity, manual guidance is the easiest because it relies on cooperation and minimal attention by the student. The learner, however, performs very little of the response alone. Manual guidance, then, would be followed by decreasing intrusiveness and increasing reliance on cueing, modeling, verbal direction, and finally naturally occurring prompts and cues.

Prompt hierarchies consist of a sequence of two or more "levels" of prompts arranged and used in a *least to more* intrusive order or *more to least* intrusive order. You use a prompt hierarchy based on the student's ability to respond in a task. You can go either direction (least to more or more to least). There are pluses for each. For example, with least to more you start out with the least intrusive prompt of verbal instruction. Then if the student doesn't respond, you move to modeling or cueing. If the student still doesn't respond you move through the physical assistance hierarchy. (The plus for this is that you are providing the child with the opportunity to do it himself and not running the great risk that he will become completely dependent on your prompts.) If you go the other way, you automatically physically assist the student through the task. Then you gradually withdraw through the physical assistance hierarchy until you are just nudging the elbow. Then you move to modeling, etc. The plus for this is that the responding is relatively error free (i.e., you keep the child from making a mistake and possibly learning an incorrect response.) Usually we use a three level hierarchy which involves:

a) verbal instructions
b) verbal instruction plus a model
c) verbal instruction plus physical assistance

The system of least intrusive prompts is applied one level at a time until the student is able to complete the response successfully. A short period (from 3-5 seconds) is usually allowed for the response after the instructional cue is presented, as well as after each successive prompt. If no response occurs during this time, the more intrusive prompt is provided. If an error is made, it is interrupted immediately, and the next level of prompt is given. A correct response is usually followed by reinforcement regardless of the prompt level.

Students who do not imitate will probably be unable to use the first two prompt levels. For these students, use a variation that allows for simpler prompts such as 1) model plus verbal or gestural plus verbal, 2) partial physical plus verbal (less than half the behavior prompted), 3) full physical plus verbal (the entire behavior prompted).

Graduated guidance—is another response-prompt system. Unlike the system of least intrusive prompts, graduated guidance uses most intrusive prompts first. The most frequently applied version of graduated guidance uses "constant contact" physical assistance which is applied by the teacher first at the hand, then the wrist, the forearm, the elbow, and finally the shoulder. This order gradually reduces the physical prompt. Initially, the student is guided through the steps of the task—hand over hand—with only as much physical guidance as necessary for the student to do the task. Over successive trials you reduce the physical assistance by shifting your hand to the student's wrist. Return your hand to the student's hand when more control is necessary if errors or long hesitations occur.

Graduated assistance moves the student forward through all of the steps in the task, or you can do the same thing with a backward chained program (i.e., hand over hand through all steps of a task analysis until you get to the one you are training.) These two systems (least to most and most to least) differ in the fading procedure. In least prompts, because the student is given an opportunity to respond on every step with increasing assistance, he is generally given only as much prompting as needed. In graduated guidance (most to least), you must gauge the reduction in physical assistance mainly on the moment-to-moment subtle pressure cues between your hands and the students.

Another type of graduated assistance uses the following progression of physical prompts:

1) *full graduated guidance*—you hold your hand over the student's hand using as much physical guidance as needed to guide him through the steps of the task.

2) *partial graduated guidance*—you maintain only your thumb and forefinger in contact with the student's hand, requiring for example, that he grasp a spoon alone.

3) *shadowing*—you keep a hand within one inch of the student's hand but do not actually touch it.

Verbal reinforcement should be given continuously for steps completed. In some applications, an edible or an activity reinforcer is provided at the end of the chain. Whenever the student resists or tries to pull away, you should hold his resistive hand until he relaxes. No movement is prompted until the student stops "fighting" the physical assistance. You really need to be sensitive to the student's pressure cues (i.e., when he begins to take the initiative to do it on his own).

18. **Fading of Prompts**—Fading is the gradual changing of prompts and reinforcers controlling the student's performance to less intrusive and more natural prompts and reinforcers, without reducing student performance. Fading may also include reducing the *number* of prompts provided (e.g., demonstration and instruction moves to just instruction).

19. **Moving through a Prompt Hierarchy**—In a system of least prompts and more structured forms of graduated guidance, prompts are faded naturally. On every teaching trial the student has the opportunity to perform without assistance and then with increasing amounts of help. The sooner he responds correctly the sooner he receives reinforcement, which contributes to fadin.

At times you may want to provide more intrusive reinforcement for responses made independently than for prompted responses. This strategy, which can apply to any prompting procedure, is called *differential reinforcement*. It may be used most effectively when students seem to rely on verbal prompts or less intrusive prompts. This tends to motivate students who have already made progress to perform without prompts. However, those who appear to rely on physical prompts more than a week or two may need more reinforcement, a simplification of steps, or more training each day. In addition, the student may be engaging in a behavior that is incompatible with learning such as poor visual attention and excessive self-stim that may need to be modified as part of the skill instruction procedure.

20. **Reducing the Saliency of Stimulus Prompts**—stimulus prompts such as color or pictures are more commonly faded by gradually reducing their visibility. For example, make the square of color under the right choice smaller and smaller until it can no longer be seen. It is critical that the student attend to the actual S^D. Otherwise it will be meaningless when the paper is finally faded. These types of prompts are used more effectively with your higher level student.

21. **Time Delay**—Progressive time delay procedures are another means of gradually fading prompts. In time dealy, the prompt is delayed by gradually increasing the increments of time, allowing the student to anticipate the correct response without assistance.

In sign training, you must first decide whether physical or model prompts are best since a single prompt is used more easily with time delay, however a hierarchy of prompts may be used. If the student is a good imitator, a model is best, with physical assistance used only to correct errors, but if he cannot accurately reporduce a modeled sign, a physical prompt is appropriate.

Always use a 0-second delay initially, with the prompt given immediately after the S^D is given (e.g., after the object is shown and you say "what is this" in the case of sign learning). Next gradually increase the increments of time, delaying the prompt and giving the student more time to respond independently. Delay levels may consist of 0, 2, 4, 6, and 8 seconds, or other combinations. It is important to end with a delay period long enough for the student to respond. Some motorically involved students will take longer to respond. Once you choose your delay levels you can specify the number of trials to be presented at each level.

22. **Shaping**—Shaping and chaining are two major strategies used to build new behaviors and to extend and expand present behaviors. Both involve providing reinforcement for improvements in behavior or for specific amounts of behavior. Shaping consists of reinforcing successive approximations or improved "attempts" at the target response. For example, when you teach weight bearing, you may begin by reinforcing 3 seconds of the correct response, then 6, then 10 and so on. Although the target response may be 5 minutes of weight bearing, since the student has never used his legs to support his weight, using the 5 minute criterion at the start may cause both pain and physical harm. In addition, since student failure is almost guaranteed at first, the student would have little opportunity to receive reinforcement and may become frustrated with failure. Knowing which response classes represent earlier approximations of a target behavior is part of the skill of shaping.

Actually, what you are doing is building in extinction of the earlier response. As each closer approximation of the desired response is reinforced, the earlier less precise approximations are no longer reinforced. Once the student has mastered 3 seconds of weight bearing for example, and is working toward the 6 second objective, you no longer reward 3 seconds. He must now perform at a closer approximation of the desired response (6 seconds) in order to be rewarded.

23. **Response Chaining**—at times this is called forward and backward shaping or chaining. This differs from shaping. Shaping is used to develop new behaviors, chaining is used (usually with shaping) to "link together" a series functionally related responses. Most skills actually consist of a chain of smaller responses. In order to learn a chain or sequence of responses, the student must attend to the stimuli of each step as the S^D for the next step in the chain. To teach these chains, the response is divided into an ordered list of separate behaviors, usually through a task analysis. Since chaining may proceed forward or backward across the sequence of behaviors, you must select the order in which the components will be taught. The number of responses in a chain is divided into will vary and it needs to meet the following criteria:

1) Each step must be observable and easily measured
2) The chain must be divided finely enough so that the addition of each successive step does not result in excess errors.
3) There must not be too many steps or instruction becomes awkward.
4) If you use a forward chain you can teach all steps simultaneously in their natural order of performance, teach the steps one at a time in a forward progression, or divide a long chain in several shorter chains and each shorter chain is taught in a forward all steps at a time manner.

When teaching a student to perform one step at a time, the first unmaster step in the chain is identified through baseline observations. Instruction begins at that point with his performing earlier steps independently. If the baseline performance is inconsistent and only some nonsequential steps are mastered, instruction should start with the first step. It may be necessary to prompt or shape this first behavior until no errors occur. Successive approximations are rewarded until he can adequately perform the step without help. Then he can be taught to perform the next step with shaping or prompting while correctly completing the step in the sequence mastered. Assist him through the rest of the steps so that he understands that this is a "part of a whole" but don't expect him to perform independently on steps that he has not yet mastered.

In *backward chaining*, teaching generally begins with the last step in the chain and progresses toward the beginning. Sometimes baseline performance indicates that the student has mastered one or more steps at the end of the chain. Teaching, then, would begin on the step immediately before the mastered step. With some behaviors that need to be performed in entirety as part of the daily routine (eating, toileting, dressing) he actually may be guided through the preceeding steps until the teaching step is reached. At other times, you can start at the teaching step. Then by shaping or prompting, this unmastered step is taught. Reinforcement is given only after the last step in the chain is cimpleted. When teaching steps that precede the last one, you may prompt the student to perform the target step but expect him to perform all remaining steps in the chain without assistance before he receives reinforcement. Eventually, as the remaining steps are learned and added in a backward order, the entire chain is performed and the student is reinforced. It is possible to use forward and backward chaining together when teaching certain skills or with particular students. For example, the first step in teaching spoon use probably would be for the student to eat the food from the spoon after it was guided to his lips since this step involves natural reinforcement. Teaching could proceed both backward and then forward from this step.

24. **Error correction procedures**—in order to maintain a reinforcing environment for learning, it is important to minimize the potential for student errors. When teaching new skills, you should prevent or reduce the potential for error from the beginning. When errors do occur, however, you can interrupt and correct them in several ways. One way to correct errors is to repeat the S^D immediately, giving the student another opportunity to perform but increasing the amount of assistance provided as in the system of least intrusive prompts. This could include verbal instructions, a model, a gestural cue, or physical assistance. For example, while teaching a student to eat with a spoon, you could say "pick up the spoon." After he does not respond, you repeat the verbal cue and point to the spoon. He touches the spoon but does not grasp it. This time you say, "pick up the spoon like this" while physically guiding him to grasp the spoon correctly. You release his hand and he continues the response. You say "right, you picked up the spoon."

A second error correction procedure is to interrupt the error and follow it immediately with the least assistance needed to obtain a correct response and not repeating the S^Ds. For example, a student is learning to set the table while you are prompting him through the steps. On the first step (go to the kitchen) a verbal prompt is required. He errs on the second step (open the cupboard) by opening the wrong cupboard. You see this error develop and stop his hand as he tries to open the wrong cupboard. Next, you immediately give the verbal prompt, "open the dish cupboard" and wait 5 seconds. He does not respond and looks confused. You then repeat the verbal cue while modeling which cupboard to open. He responds correctly and is praised.

A third approach to correcting errors is to interrupt the error and follow it immediately with a verbal prompt and repeated practice with physical assistance on the correct step. For example, a student is learning a nut and bolt assembly task which requires a) picking up an axle nut from one compartment in the left hand, b) rotating the nut with the right hand until the raised side faces up, c) picking up an axle post from the other compartment with the right hand, d) inserting it into the flat side of the nut, and e) placing the completed assembly between the compartments. When he forgets to rotate the nut, you say, "flat side up," and physically prompt the correct response saying "good." Then the nut is replaced in the bit, flat side up, and you help him pick it up. Then you prompt "flat side in" and physically assist the correct positioning of the nut in his hand. After five consecutive repititions of this correction procedure in steps (a) and (b), the nut and bolt are assembled with assistance given as needed.

Once the student has learned all or most of a skill and moved to fluency or maintenance, slightly different correction procedures may be used. Because he is more proficient at the skill, errors are infrequent and may be caused by distraction or carelessness rather than not knowing what to do. In this case choose one of the following:

1. The student who makes an error or hesitates may be given a brief time (10 to 15 seconds) to self-correct. Some errors, in uninterrupted, will provide natural correction cues.
2. The error might be followed by a mild reprimand "No, that's not right" plus a request to do the step again. If a second error results, give some assistance.
3. A minimal prompt ("what's next?") or verbal rehearsal of the last step correctly performed ("you just finished getting the plates, now what do you need?") may be applied as soon as the error is stopped. If the student stops before the step is complete, you may confirm and urge him to continue (that's right, keep going)
4. You may provide a mildly aversive statement (No, that's not how you empty the trash") possibly mention that the reinforcement will be withheld ("you can't be paid this time") and physically assist him through the step. This procedure should always be followed by an opportunity to repeat the task with reinforcement. If the same error is repeated for two to four consecutive trials, you may want to institute another prompt procedure.

The important things to remember about correction are:

1. match your correction to the student's level of functioning
2. apply the correction immediately and consistently
3. provide enough help to correct the error quickly if in acquisition or to help the student discriminate that correct responses are followed by reinforcement while errors are not (if in fluency or maintenance).
4. suit your correction procedure in the amount of assistance and aversiveness (if any) to the student's stage of learning for that task
5. follow correction by additional opportunities to respond on the same task or step.

APPENDIX N
WORKSHEET FOR WRITING INSTRUCTIONAL GOALS

WRITING INSTRUCTIONAL GOALS

Well-written objectives include *exactly* what the learner is expected to do. The degree of competence expected as a result of training and the critieria used to measure the accomplishment of the goal must be clearly stated.

Should be:		Should not be:	
Observable:			
will hold	will put on	will learn	will increase skills
will move	will list	will understand	will comprehend
will ask	will point to	will improve	
will listen	will pick up	will be aware	
will go	will say	will enjoy	
will draw	will read	will appreciate	
Learner Centered:			
What the learner will do		What the trainer will do	
"Sally will hold brush"		"Teacher will brush Sally's hair"	
Measurable:			
3 out of 4 trials			
every day			
Specific:			
What location			
Any conditions, such as, with a peer, keeping hands away from face, etc.			
Any adaptations			

Format for Writing Instructional Goals

Learner will _____ _____

1) do what 2) where

_____ _____

3) criteria 4) any conditions, adaptations

Examples:

Sally will *select three food items at MacDonalds on three consecutive visits using a menu board.*
(1) (2) (3) (4)

Tommy will *turn the pages of a magazine in the school library on three out of four trials using a page turner.*
(1) (2) (3) (4)

APPENDIX O
NEEDS ASSESSMENT INSTRUMENT

This appendix contains proposed instruments for assessing the current status of programming as compared with state-of-the-art.

The instruments are adapted from the survey instrument used in Indiana's Federal Statewide Systems Change Project, Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University.

NEEDS ASSESSMENT FOR PUBLIC SCHOOL PROGRAMS SERVING LEARNERS WITH SEVERE HANDICAPS

DIRECTIONS: A place is provided to respond to each Best Educational Practice by either checking yes/no or indicating the percentage of instances of the practice. The comments section is for your use in remarking on specifics or noting potential efforts for resolution.

AGE-APPROPRIATE PLACEMENT/SOCIAL INTEGRATION

1. Learners with severe handicaps go to regular public schools in their own neighborhood with learners who are not handicapped.

   # yes _____ # no _____

   comments:

2. Learners go to a school with other learners who are not handicapped.

   # yes _____ # no _____

   comments:

3. Learners ride the same bus as the other children in the neighborhood.

   # yes _____ # no _____

   comments:

4. Learners are in classes with other learners without handicaps who are the same age.

   # yes _____ # no _____

   comments:

5. The goals in the IEPs of learners who are not in regular classes all day address remediation of the causes which keep the learner from attending regular classes with learners without handicaps. (There is a plan for increasing the participation of learners in restrictive environments.)

   # yes _____ # no _____

   comments:

6. Learners go to lunch, art, music, gym, other, with learners who are not handicapped.

   # yes _____ # no _____ lunch

   # yes _____ # no _____ art

   # yes _____ # no _____ music

   # yes _____ # no _____ gym

   # yes _____ # no _____ other

   comments:

7. Learners go to other community programs in their own neighborhood with other learners who are not handicapped.

   # yes _____ # no _____

   comments:

8. Learners who are not handicapped interact/participate with severe handicaps.

   frequency _____
   examples: _____
   _____
   _____

9. Other teachers are involved with the learners with severe handicaps.

   examples: _____
   _____
   _____

TRANSITION PLANNING

1. When learners with severe handicaps move from one level to another (such as preschool to elementary or elementary to middle school), goals, objectives, and activities are written into the IEP to prepare the learner for the changes.

   # yes _____ # no _____

   comments:

2. Learners placed outside regular classroom settings have written plans for placement in less restrictive setting.

   # yes _____ # no _____

   comments:

3. In preparation for transition, objectives in each learner's IEP address transition, with a timetable for implementation, review, and follow-up by parents, current teacher, representative of next environment, appropriate related services personnel, and a district administrator.

   # yes _____ # no _____

   comments:

CURRICULUM AND INSTRUCTION

1. Learners are taught functional skills they will need in order to live independently in the community.

   # yes _____ # no _____

   comments:

2. Learners use age-appropriate materials as well as materials that will be used in daily life in class.

   # yes _____ # no _____

   comments:

3. The instructional plan specifies setting, materials, instructional method, expected behavior, reinforcement, correction procedure, and evaluation data recording procedures (charting, anecdotal records, etc.)

yes _____ # no _____

comments:

4. The teacher pr ures specific directions for others who work with the learner (such as paraprofessionals, parents, other teachers mployers) to follow when practicing the tasks.

yes _____ # no _____

comments:

5. The teacher provides feedback and training on a regular basis to others, such as paraprofessionals, volunteers, other teachers, who instruct the learner.

yes _____ # no _____

comments:

6. Teachers make sure that the learner can perform skills that he learned at school in home and community settings.

yes _____ # no _____

comments:

7. Much of the learner's instruction occurs in the same community where the learner would be living, shopping, or attending activities in daily life.

yes _____ # no _____

comments:

HOME-SCHOOL PARTNERSHIP

1. The school actively involves parents in the selection and training of skills that the learner will need for living in their home and community.

yes _____ # no _____

comments:

2. The school invites parents to frequently visit the classroom.

yes _____ # no _____

comments:

3. Parents are encouraged to work with their child to reinforce skills taught in the school program.

yes _____ # no _____

comments:

4. Teachers communicate with the parents on a regular basis about the learner's program.

yes _____ # no _____

comments:

5. The school assists parents to locate the agencies in the community to help meet their child's needs.

yes _____ # no _____

comments:

RELATED SERVICES

1. Related services specialists provide consultation, training, and follow-up monitoring to:

teachers	yes _____ no _____
paraprofessionals	yes _____ no _____
parents	yes _____ no _____
others	yes _____ no _____

comments:

2. In the IEP, therapy goals are included in everyday classroom, home, and community activities.

yes _____ # no _____

comments:

3. Related services are implemented in through naturally occurring events in the classroom, home, and community.

yes _____ # no _____

comments:

PROGRAM EVALUATION

Each year the entire staff of the local school district evaluates how effectively they are serving the needs of learners families, and the community by reviewing the following:

policies	yes _____ no _____
goal achievement	yes _____ no _____
staffing	yes _____ no _____
parent involvement	yes _____ no _____
transition	yes _____ no _____
physical facilities	yes _____ no _____
transportation	yes _____ no _____
agency interaction	yes _____ no _____
instructional resources	yes _____ no _____
community relations	yes _____ no _____

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2.0 mm

fiscal resources yes _____ no _____

staff development yes _____ no _____

related services roles yes _____ no _____

curriculum & instruction yes _____ no _____

assessment yes _____ no _____

comments:

NEEDS ASSESSMENT FOR PRESCHOOL PROGRAMS SERVING LEARNERS WITH SEVERE HANDICAPS

DIRECTIONS: A place is provided to respond to each Best Educational Practice by either checking yes/no or indicating the percentage of instances of the practice. The comments section is for your use in remarking about specifics or noting potential efforts for resolution.

AGE-APPROPRIATE PLACEMENT/SOCIAL INTEGRATION

1. Learners with severe handicaps receive services in the same type of setting as learners of their age who are not handicapped.

   # yes _____ # no _____

   comments:

2. Learners with severe handicaps interact regularly with other learners who are not handicapped.

   # yes _____ # no _____

   comments:

3. Learners are transported to programs using the same mode as non-handicapped children in their age group.

   # yes _____ # no _____

   comments:

4. Learners are in classes with other learners without handicaps who are the same age.

   # yes _____ # no _____

   comments:

5. The goals in the IEPs of learners who are not in regular classes address the remediation of the causes keeping the learner from attending regular classes with learners without handicaps. (There is a plan for increasing participation of learners in restricted settings with learners who are not handicapped.)

   # yes _____ # no _____

   comments:

6. Learners who are not handicapped interact/participate with learners with severe handicaps.

   frequency _____

   examples: _____
   _____
   _____

   comments:

TRANSITION PLANNING

1. When learners with severe handicaps move from one level to another (such as home programs to preschool or preschool to elementary school), goals, objectives, and activities are written into the educational program to prepare the learner for the changes.

   # yes _____ # no _____

   comments:

2. Learners placed outside regular classroom settings have written plans for placement in less restrictive setting.

   # yes _____ # no _____

   comments:

3. In preparation for transition, objectives in each learner's educational program address transition, with a timetable for implementation, review, and follow-up by parents, current teacher, representative of next environment, appropriate related services personnel, and an agency administrator.

   # yes _____ # no _____

   comments:

CURRICULUM AND INSTRUCTION

1. Learners are taught functional skills they will need in order to live independently in the community.

   # yes _____ # no _____

   comments:

2. Learners use age-appropriate materials as well as materials that will be used in daily life.

   # yes _____ # no _____

   comments:

3. The instructional plan specifies setting, materials, instructional method, expected behavior, reinforcement, correction procedure, and evaluation data recording procedures (charting, anecdotal records, etc.)

   # yes _____ # no _____

   comments:

4. The teacher prepares specific directions for others who work with the learner (such as paraprofessionals, parents, other teachers) to follow when practicing the tasks.

yes _____ # no _____

comments:

5. The teacher provides feedback and training on a regular basis to others, such as paraprofessionals, volunteers, other teachers, parents who instruct the learner.

yes _____ # no _____

comments:

6. Teachers make sure that the learner can perform skills that he learned at school in home and community settings.

yes _____ # no _____

comments:

7. Much of the learner's instruction occurs in the same setting where the learner would be living and attending activities in daily life.

yes _____ # no _____

comments:

HOME-SCHOOL PARTNERSHIP

1. The program actively involves parents in the selection and training of skills that the learner will need for living in their home and community.

yes _____ # no _____

comments:

2. Parents are encouraged to work with their child to reinforce skills taught in the educational program.

yes _____ # no _____

comments:

3. Teachers communicate with the parents on a regular basis about the learner's program.

yes _____ # no _____

comments:

4. The program assists parents to locate the agencies in the community to help meet their child's needs.

yes _____ # no _____

comments:

RELATED SERVICES

1. Related services specialists provide consultation, training, and follow-up monitoring to:

teachers	yes _____	no _____
paraprofessionals	yes _____	no _____
parents	yes _____	no _____
others	yes _____	no _____
	comments:	

2. In the IEP, therapy goals are included in everyday classroom, home, and community activities.

   # yes _____ # no _____

   comments:

3. Related services are implemented in through naturally occurring events in the classroom, home, and community.

   # yes _____ # no _____

   comments:

PROGRAM EVALUATION

Each year the entire staff evaluates how effectively they are serving the needs of learners, families, and the community by reviewing the following:

policies	yes _____	no _____
goal achievement	yes _____	no _____
staffing	yes _____	no _____
parent involvement	yes _____	no _____
transition	yes _____	no _____
physical facilities	yes _____	no _____
transportation	yes _____	no _____
agency interaction	yes _____	no _____
instructional resources	yes _____	no _____
community relations	yes _____	no _____
fiscal resources	yes _____	no _____
staff development	yes _____	no _____
related services roles	yes _____	no _____
curriculum & instruction	yes _____	no _____
assessment	yes _____	no _____

comments:

APPENDIX P
A STRATEGY FOR STAFF DEVELOPMENT

This appendix describes the procedure used in the first year of intervention by the consultant at the special education curriculum site of the project.

An outside consultant was hired by the Federal Systems Change Project for the Severely Handicapped at Indiana State University for the functional curriculum site. The approach used was a series of five two-day visitations The content of each visitation was as follows:

Visitation One

Overview of the consultant's philosophy	Large group meeting
Focus on individual learners	Classroom interaction
Debriefing	Small group sessions

Visitation Two

Focus on individual learners	Classroom interaction
Integrating the related services	Large group sessions including rel. svc. personnel
Debriefing	Small group sessions

Visitation Three

Focus on classroom practices and individual learners	Classroom interaction and video-tape of desired practices
Explanation to parents	Evening parent meeting
Address difficulties in integrating the related services	Small group sessions with rel. svc. personnel

Visitation Four

Focus on classroom practices and the integrated related services	Classroom interaction
Planning future needs	Large group sessions

Visitation Five

Full day inservice to gain indepth information on task analysis, use of a curriculum guide teaching to the full range of learners, basic intervention	Large group meeting
Debriefing	Classroom interaction

APPENDIX Q
A TOOL FOR EVALUATING STAFF DEVELOPMENT ACTIVITIES

This appendix contains the form used in the project to gather responses from participants in staff development activities.

CONSULTATION EVALUATION SCALE

developed by
Earl McCallon, Ph.D.

Presenter(s): _____ Date: _____

Location: _____ TA#: _____

Compilation of Evaluation Data
EVALUATION CRITERIA

1. The organization of the consultation was:	Excellent 7 6 5 4 3 2 1	Poor
2. The objectives of the consultation were:	Clearly Evident 7 6 5 4 3 2 1	Vague
3. The work of the consultant(s) was	Excellent 7 6 5 4 3 2 1	Poor
4. The ideas and activities presented were:	Very Interesting 7 6 5 4 3 2 1	Dull
5. The scope (coverage) was:	Very Adequate 7 6 5 4 3 2 1	Inadequate
6. My participation in this consultation should prove:	Very Beneficial 7 6 5 4 3 2 1	No Benefit
7. Overall, I consider this consultation:	Excellent 7 6 5 4 3 2 1	Poor
8. Do you feel a need for additional information about this topic?	1. Yes 2. No	

Please Specify _____

Strengths of this consultation:

Weaknesses of this consultation:

What was most beneficial to you?

General Comments:

APPENDIX R
COMPONENTS OF SPECIAL EDUCATION PROGRAMS: POLICY AND PROCEDURE REVIEW

This appendix lists policies and procedures from which programs can be defined and evaluated and future directions can be determined.

Also included is an outline of issues for developing an integrated preschool program. The outline was developed following a review of responses to factors identified by several programs providing integrated preschools. The issues were considered by the steering committee at the preschool integration site of the project.

COMPONENTS OF SPECIAL EDUCATION PROGRAMS: POLICY AND PROCEDURES REVIEW

Johnson and Gadberry (1981) have identified the following components that define or shape special education programs:

1. **Programmic Philosophy**– A written statement of program philosophy and beliefs that provides a standard for the development, implementation and evaluation of all aspects of the program.

2. **Overall Program Policies**—Written policies for the translation of the program philosophy into the goals and objectives that guide the delivery of services within the special education programs. Program policies include a written description of the service delivery system and the various options available within the program.

3. **Overall Program Planning and Coordination**—A written description of the planning process used by the program to develop, implement and evaluate program components #-#16 below.

4. **Student Assessment: Program Eligibility and Educational Program Planning**—A written description of the individual student referral, assessment, evaluation and determination of eligibility process used by the program, and how that process is translated into student IEP objectives.

5. **Program Content**—Written descriptions of the rationale for curriculum selection and the curriculum selection and the curriculum used within each program options.

6. **Method**—Written policy statements for social integration, age-appropriate functional skill development, community-based training, data-based instructional programming, parent involvement, integrated related services, transition planning for learners hanging environments, and a written instructional program for every IEP objective of each learner served within the various program options.

7. **Staff**—Organizational charts, certification requirements and job descriptions of all program personnel.

8. **Physical Plant Requirements**—A written description of the physical facilities used by each program option and proximity to regular education programs for same chronological-age peers.

9. **Parent Involvement**—A written plan for providing parents opportunities for becoming active partners in the education of their children and procedures for assuring regular periodic communication between the school and home.

10. **Staff Development**—A written plan for staff development that includes methods for the continuing needs assessment, training, monitoring and supervision of program staff to assure implementation of best educational practices.

11. **Interagency and Advocacy Group Interaction**—Identification and written descriptionss of collaborative efforts with advocacy groups and state agencies to provide related services, protection and advocacy and transition planning for program participants.

12. **Transportation**—Written policies related to transportation of students to and from the program, and within the community when appropriate.

13. **Instructional Resources**—A listing of currently available instructional resources, how they may be accessed by program staff, and a written process for identifying and acquiring additional resources.

14. **Community Relations and Involvement**—A written plan for disseminating program related information to the community and encouraging community involvement within the program.

15. **Fiscal Resources**—A written description of the budgeting process used by the program to obtain and allocate resources.

16. **Component Policies and Procedures**—Special written policies and procedures required for successful operation of the model components #5-#16.

17. **Total Program Evaluation**—Written plan for regular systematic program evaluation of each program component using quality indicators.

Johnson, R.A. & Gadberry, E. (1981). *A cognitive roadmap for administrators and supervisors: design, delivery and evaluation services for the severely handicapped.* In Proceedings of Statewide Education for Severely Mentally Handicapped (Illinois State Board of Education)

Issues for Developing an Integrated Preschool

I. STATEMENT OF PHILOSOPHY/IMPACT ON HANDICAPPED/NON-HANDICAPPED PEERS

II. CRITERIA

- A. SELECTION OF NEIGHBORHOOD PRESCHOOL
  - 1. LICENSING
  - 2. CLIENT/TEACHER RATIO
  - 3. STAFFING OF NEIGHBORHOOD PRESCHOOL
  - 4. CURRICULUM
  - 5. PHYSICAL ENVIRONMENT INCLUDING SAFETY
  - 6. DISCIPLINE & BEHAVIOR MANAGEMENT POLICIES
- B. PLACEMENT OF CHILDREN
  - 1. SELECTION
  - 2. WRITING OF INDIVIDUAL PLAN
  - 3. TRANSITION STRATEGIES
- C. EVALUATION OF EFFECTIVENESS

III. CONCERNS

- A. TRANSPORTATION
- B. INSURANCE LIABILITY
- C. PROVISION OF RELATED SERVICES
- D. PAYMENT FOR DAY CARE
- E. SPECIAL EQUIPMENT
- F. COMMUNICATION MANAGEMENT
- G. INTERAGENCY AGREEMENTS
- H. BILLING PROCEDURES
- I. INSERVICE & TRAINING
- J. PARENT-PROFESSIONAL PARTNERSHIP
- K. RESPONSIBILITIES OF NEIGHBORHOOD PRESCHOOL COORDINATOR

APPENDIX S
A TRANSITION PROCEDURE

This appendix contains the written transition procedure developed and agreed upon by Covered Bridge Special Education District and the Children's Learning Center, two of the pilot sites of the project.

PHASE I
Pre-Referral

Process and Rationale	Timeline	PERSON(S) RESPONSIBLE Person(s) to be Involved
An ***IHP conference is held at the Children's Learning Center (CLC) to develop the child's individualized program which utilizes functional activities and transition procedures. A listing of parents who have experienced the transition process will be offered to the parents of current students who will be in transition.	September through November	CLC ADMINISTRATOR *CLC Staff Parents and parent guest(s)
Each parent gives written permission for CLC to release their child's name and identifying information to Covered Bridge Special Education District (CBSED). At this time a formal request for consultation from CBSED is completed with the rationale being that a full year of transition to the public school system is provided. Parent permission is obtained at the IHP conference.		CLC ADMINISTRATOR OR DESIGNEE
An orientation meeting is scheduled with those parents who have children in their last year of preschool. Parent permission for a release of information is obtained.		CLC ADMINISTRATOR Task Force Trained Parent Representative **CBSED Staff Parents
Classroom observations are completed.		CBSED STAFF
A meeting is scheduled with individual parent(s) to share information, review records, and recognizing that change will occur, develop a tentative needs list. After all program options are presented, the parents inform CBSED staff person which programs they wish to visit. The purpose of these visits is to inventory opportunities, accessibility, and other expectations and narrow down options based on this inventory.		CLC ADMINISTRATOR CBSED Staff Parents
The school and program visitations are scheduled as early in the school year as possible.		CBSED ADMINISTRATOR Parents and CLC Staff Public School Personnel
Parent training session will be completed.		CBSED And CLC ADMINISTRATOR
A training session for parents on their rights and responsibilities under PL94-142 and Indiana's Rule S-1 is scheduled.		Task Force Trained Parent Representative Parents

* Children's Learning Center (CLC) Staff
—Administrator
—Teachers
—Speech and Language Pathologists

** Covered Bridge Special Education District (CBSED) Staff
—Administrators/Coordinators
—School Psychologist(s), Clinical Psychologist
—Members of the Special Needs Evaluation Team
—Speech and Language Pathologist(s), Occupational Therapist
—School Health Specialist, Physical Therapist
—Teacher(s)

*** Individual Habilitation Plan (IHB)

PHASE II
Referral

Process	Timeline	PERSON(S) RESPONSIBLE Person(s) to be Involved
A meeting is scheduled with the parents to obtain permission for evaluation. A representative from the Psychoeducational Evaluation Team is introduced to the parents and testing evaluation tools and techniques are discussed to make the parents comfortable with the evaluation process. The Case Conference Coordinator and Committee members are identified.	January through February	CLC ADMINISTRATOR CBSED School Psychologists or Special Needs Evaluation Team Members Parents and parent's guest(s)
The Psychoeducational Evaluation is completed.		CBSED MULTIDISCIPLINARY TEAM MEMBERS (which could include any member of the **CBSED staff) Parents
The Case Conference Committee and evaluation team meets to disseminate testing information, establish program eligibility, discuss placement options, and identify public school placement. Permission to place will be obtained. The student needs list developed in Phase I is reviewed and updated.		CBSED ADMINISTRATOR *CLC Staff CBSED Staff Parents and parent's guest(s)
A follow-up program visitation is scheduled for parents based on the outcome of the above step.		CBSED ADMINISTRATOR Parents and CLC Staff Person Public School Personnel
The receiving teacher will observe the child at CLC.		CBSED ADMINISTRATOR CLC ADMINISTRATOR Receiving Teacher
The Case Conference Committee meets to develop the first page of the Individual Education Plan (IEP)—Form 5-B-1. The specific goals and objectives of the IEP will be formulated at the CLC Annual Case Review and CBSED Case Conference (March-May).		CBSED ADMINISTRATOR CBSED Staff Case Conference Committee Identified Public School's Staff

* Children's Learning Center (CLC) Staff
—Administrator
—Teachers
—Speech and Language Pathologists

** Covered Bridge Special Education District (CBSED) Staff
—Administrators/Coordinators
—School Psychologist(s), Clinical Psychologist
—Members of the Special Needs Evaluation Team
—Speech and Language Pathologist(s), Occupational Therapist
—School Health Specialist, Physical Therapist
—Teacher(s)

PHASE III
Transition

Process	Timeline	PERSON(S) RESPONSIBLE Person(s) to be Involved
The parent(s) or someone selected by the parent begins their involvement in the child's prospective public school placement class. The goal of this involvement is to familiarize the parent with the routine and social/language needs of children in this environment. The parent may assist the teacher in a regularly scheduled activity mutually agreed upon by the parent and teacher (examples might include story time, snack, etc.). This activity(ies) is used as the focus for transition throughout the remaining steps of the process.	February	CBSED ADMINISTRATOR Parents or someone selected by the parent School principal/classroom teacher
The CLC staff confer with the parent(s) and the receiving teacher as to the appropriate transition activities for the child and his/her parent(s).	February	*CLC STAFF Current & receiving SLP(s) School principal/classroom teacher **CBSED Staff
The child takes part in field trip activities e.g.: visits to public school, lunch at public school, bus ride, etc.	February May	CLC STAFF
Simulated training experiences or rehearsals are provided at CLC to acquaint the student with the new setting.	February	CLC STAFF
The child accompanies his/her parent or someone selected by the parent to the new setting while the parent assists the teacher in previously selected activities. This step can be repeated until the parent and staff determine that the child is sufficiently acclimated.	March	PARENT OR SOME SELECTED BY THE PARENT School principal/classroom teacher and/or SLP(s) CBSED Staff
The child accompanies his/her parent to the classroom but the teacher leads the activity without the involvement of the parent. When the child is acclimated, the next step is implemented.	April	PARENT OR SOMEONE SELECTED BY THE PARENT School principal/classroom teacher and/or SLP(s) CBSED Staff

PHASE III
Transition (Continued)

Process	Timeline	PERSON(S) RESPONSIBLE Person(s) to be Involved
The child is taken to the setting by the parent and the parent leaves the room for a specified period. When the child is acclimated, the next step is implemented. A parent may request a meeting with the child's identified public school teacher to *discuss* possible goals and objectives for the following school year.	May	PARENT OR SOMEONE SELECTED BY THE PARENT School principal/classroom teacher and/or SLP(s) CBSED Staff
An ****IHP Annual Case Review is conducted and a Case Conference Committee meeting is held to develop ***IEP goals and objectives to be implemented in the Fall.	March	CLC ADMINISTRATOR CASE CONFERENCE COORDINATOR Case Conference Committee Annual IHP Case Review Committee
The child begins his/her new placement as outlined in the ***IEP.	August	PARENT CBSED Staff
A Case Conference Committee meeting is scheduled, if indicated.	Early September	CASE CONFERENCE COORDINATOR Case Conference Committee

Note: In order for this transition program to succeed, active and productive communication between the parent(s), and the staff at CLC and CBSED should occur at each level. It will be particularly important in determining when to proceed through Phase III.

* Children's Learning Center (CLC) Staff
—Administrator
—Teachers
—Speech and Language Pathologists
** Covered Bridge Special Education District (CBSED) Staff
–Administrators/Coordinators
- School Psychologist(s), Clinical Psychologist
—Members of the Special Needs Evaluation Team
—Speech and Language Pathologist(s), Occupational Therapist
—School Health Specialist, Physical Therapist
—Teacher(s)
*** Individual Habilitation Plan (IHB)
**** Individualized Habilitation Plan (IHP)

APPENDIX T
NEIGHBORHOOD PRESCHOOL PHYSICAL FACILITIES CHECKLIST

This appendix contains a checklist for screening a prospective preschool to assure a safe and conducive setting.

The checklist was utilized in the integrated preschool site of the project. The original checklist was developed by Disabilities Services, Inc., 1200 East Wabash Ave.. Crawfordsville, IN 47933.

DISABILITIES SERVICES INCORPORATED
CHILDREN'S SERVICES DEPARTMENT

NEIGHBORHOOD PRESCHOOL SCREENING CHECKLIST
PHYSICAL FACILITIES AND EQUIPMENT

Indoor	LESS THAN ADEQUATE	ADEQUATE	GOOD
1) Appearance (Appealing to Young Children)			
2) Space (Size)			
3) Room Arrangement			
4) Play Areas			
5) Learning Centers			
6) Lighting			
7) Ventilation			
8) Time Out Areas			
10) Kitcher Facilities			
Outdoor			
1) Space			
2) Arrangement			
3) Safety			
4) Equipment			
5) Time Out Area			
Overall Appearance			
1) Clean			
2) Hazard Free			
3) Disinfectant Procedure			
Facility Safety			
1) Building Cleanliness			
2) Grounds Cleanliness			
3) Emergency Procedure			
a) Tornado			
b) Fire			
c) Child Illness Procedure			
4) Sick Room			
5) Condition of Surfaces			
6) Condition of Adaptive Equipment			
7) Electrical Cords and Outlets			
8) Clear Pathways			
9) Storage of Preschool Toys & Equipment			
Personal Belongings of Children			
10) Maintenance			

APPENDIX U
A SAMPLE SURVEY OF COMMUNITY SERVICES

This appendix contains the survey and method for summarizing the data for the use of the Steering Committee of the preschool integration site.

EARLY CHILDHOOD SERVICES SURVEY

Name of Facility: _____

Director: _____

Phone: _____

1. NUMBER OF CHILDREN BY AGE GROUP:
   _____ 2 year olds _____ 3 year olds
   _____ 4 year olds _____ 5 year olds

   Average number of children for whom each teacher is responsible: _____

2. FEES:
   Preschool services:
   $ _____ per week $ _____ per month $ _____ per semester

   Registration Fee_____Supply Fee_____

   Daycare Services:
   $ _____ per hour $ _____ per week $ _____ per month

   Funding:
   _____ private pay _____ Title XX _____ Scholarships
   _____ Sliding Scale _____ Other (specify) _____

3. SERVICES:
   How is transportation to your preschool provided?
   _____ Parents _____ Day care van _____ Preschool van
   _____ Other (specify)

   Do you provide extended day care in your program?
   _____ Yes _____ No _____ Under consideration

4. SCHEDULE:

	Age Groups	*Time*
Days of Operation: MWF	_____	_____
TT	_____	_____
(other)	_____	_____
	_____	_____

Briefly describe the daily schedules for the preschool classes. _____

_____

_____

[Please enclose a sample schedule and calendar if available].

5. STAFFING:

Total number of certified teachers in your program: _____

Total number of teaching assistants in your program: _____

Total number of volunteers in your program: _____

Number of teachers having the following credentials:

Early Childhood: _____ Special Education: _____
Child Development: _____ Elementary Education: _____
Associate Degree: _____ Associate Credential: _____

Number of teachers with the following experience teaching preschool:

_____ 5 years or more _____ 1 year
_____ 4 years _____ 6-11 months
_____ 3 years _____ Less than 6 months
_____ 2 years

6. LIABILITY COVERAGE:

Name of Company _____

Amount of Coverage: $ _____

7. ADMISSIONS/ENROLLMENT REQUIREMENTS:

Please list: _____

_____

_____

8. PROGRAMMING FOR HANDICAPPED CHILDREN:

Do you have any handicapped children enrolled in your preschool? _____ Yes _____ No

If so, how many? _____

What are the handicapping conditions? _____

_____

Would you be interested in serving a handicapped child? _____ Yes _____ No _____ Maybe

If so, what kinds of support would/do you need for providing programming for handicapped children?

_____

_____

_____

9. COMMENTS:

How would you describe the major strength your preschool provides to your students/families? _____

_____

_____

Return completed form by February 28, 1987 to:
Rosemarie Kleber, Project Facilitator
School of Education, Room 502
Blumberg Center for Interdisciplinary Studies in Special Education
Indiana State University
Terre Haute, Indiana 47809

REPORTING FORMATS FOR THE DATA FROM THE SURVEY

The information from the survey was entered into a data base into several reporting formats for the committee to consider the information.

INDIVIDUAL RESPONSE DATA

FACILITY Example Preschool #1 **ADDRESS**
DIRECTOR Miss Mary **PHONE** 987-6543 **AREA** North
AGE-2 YRS 5 **AGE-3 YRS** 7 **AGE-4 YRS** 8 **AGE-5 YRS** 2
RATIO 1:10
PRESCHL FEES $37/week **REGIST. FEE** $10 **DAYCARE FEE** N/A
FUNDING Title XXX
TRANSPORTATION None
EXT. DAY CARE None
MWF SCHEDULE 4-5 yr old 9-11:30 **TTH SCHEDULE** 3-4 yr old 9-11:30
SCHEDULE (OTHER) 12:30-3:30
ACTIVITIES opening, large groups, small group activities, playtime, story, snack, art/music, closing
NO.-TCHRS. 2 **NO.-AIDS** 0 **NO.-VOLUN.** 12
CREDENTIALS E C-1 EL. ED-1
5 YRS. EXP.—1 **4 YRS. EXP.—** **3 YRS. EXP.—**
2 YRS. EXP.—1 **1 YR. EXP.—** **6 MOS. EXP.—**
LIABILITY AMT. 100,000 **COMPANY** S.U. Annuity Co.
ENROLLMENT REQUIREMENT Potty Training/Health Record
 # H/C ENROLL. 1 **INTEREST** Yes **SUPPORT NEEDED** Resource help
COMMENTS Parent participation is scheduled and encouraged. Parents share occupation.
COMMENTS CONT. Varied program to meet individual

This page shows six ways in which data entered into the database (AppleWorks©) could be displayed to facilitate summary and analysis of the data. This assisted in developing an overview of the available services, the fee structure, interest, etc., across the community.

GENERAL INFORMATION

FACILITY & ADDRESS	DIRECTOR	PHONE	COMMENTS
Example Preschool # 1	Miss Mary	123-4567	Parent participation, varied program
Example Preschool # 2	Ms Perry	765-4321	Only preschool in area

INTEREST IN SERVING AND NEEDS FORMAT

FACILITY	INTEREST	SUPPORT NEEDED	NO OF H/C ENROLLED	AREA
Example Presch # 1	Maybe	Training	1	North
Example Presch # 2	Yes	Physical Adapt	0	East

SCHEDULES

FACILITY	MWF SCHEDULE	TTH SCHEDULE	SCHEDULE
Example Presc # 1	4 5 9 11:30, 12:30 3	2 3 9 11:30, 12:30 3	N/A
Example Presc # 2	4 5 9 11:15	3 4 9 11:15	K M F 9 12:15

STAFF INFORMATION FORMAT

FACILITY	NO. OF STAFF TCHR	AID	VOL	YEARS OF EXPERIENCE 5	4	3	2	1	6+	CREDENTIALS
Example Presch # 1	2	0	12			1			1	EC 1, El Ed 1
Example Presch # 2	3	2	2	3				1		Ea 1, SpEd 1, CD 1

ENROLLMENT INFORMATION FORMAT

FACILITY	IN AGE GROUPS 2	3	4	5	RATIO	ENROLLMENT REQUIREMENTS
Example Presch # 1	4	6	8	2	1:10	Potty trained, Health rec
Example Presch # 2		23	30	23	1:8	Age as July 1

SPECIAL SERVICES/LIABILITY

FACILITY	LIABILITY AMOUNT	COMPANY	# OF H/C ENROLLED	INTERESTED	SUPPORT NEEDED
Example Presch # 1	$100,000	SU ANUITY	1	Yes	Resource help
Example Presch # 2	300,000	Casualty	0	Yes	Phys Ladapt n

APPENDIX V
HOLDING A REGIONAL FORUM

This appendix contains an agenda, suggested participants, and excerpts from a follow-up summary from a community forum hosted by the preschool integration site of the project.

The original summary, "Highlights of the Terre Haute Regional Forum on P.L. 99-457" and a videotape of the proceedings are available from:

Blumberg Center for Interdisciplinary Studies
in Special Education
Indiana State University
School of Education 502
Terre Haute, IN 47809
812/237-2830

AGENDA FOR PUBLIC FORUM

8:30 A.M.	Registration and Coffee/Tea
9:00 A.M.	Keynote Speaker
	Videotape
10:00 A.M.	Break
10:30 A.M.	Panel Presentation - Moderator - Parent - Preschool (Mental Health) - Preschool (Developmental Disabilities) - Health Services - Child Care - Social Service - State Senator
11:30 A.M.	Questions & Answers
12:00 noon	Adjournment

PANEL PARTICIPANTS
REGIONAL FORUM

Parent of developmentally disabled child in process of being enrolled in regular preschool with non-handicapped peers.

Coordinator of Child and Adolescent Services local agency. Provides clinical services to children and families, consultation to schools, and home-based early intervention.

Preschool teacher for local agency serving children who have developmental disabilities.

Social Worker for the County Health Department Nursing Division's Well-Child Clinics.

Coordinator of Child Care Services.

Consultant in the Crippled Children Division of the Department of Public Welfare for Supplemental Security Insurance/Disabled Children's Program (SSI/DCP)

State Senator for the State Senate District.

Indiana State University

BLUMBERG CENTER for Interdisciplinary Studies
in Special Education

EXCERPTS FROM HIGHLIGHTS OF TERRE HAUTE REGIONAL FORUM ON P.L. 99-457

BACKGROUND

P.L. 99-457 is an amendment to the Education of the Handicapped Act, P.L. 94-142. The legislation establishes a national policy on early intervention for infants and toddlers...

CURRENT STATE OF SERVICES

The current service system provides varying points of referral when an individual family situation requires service beyond the role of a given agency...

SOCIAL INTEGRATION

...Yet, the acceptance by the public at large of persons who are handicapped seems to be hampered by limited interactions...

ECONOMICS

...Both the amount of funds to provide services and the method by which the money is allocated impair the system. Most services are only for families of lower income. Some are only for the truly indigent. If a family has insurance or has an income above specified guidelines, they are responsible for payment...

PERSONNEL AND TRAINING

There are caring and dedicated personnel throughout the system. Yet we do not have enough trained personnel to meet all the needs...

GEOGRAPHIC CONSIDERATIONS

Rural counties tend to have fewer agencies. Therefore the burden on existing agencies is increased or services must be accessed at a distant metropolitan center...

CHILD CARE

...There are very few licensed facilities in surrounding counties. County welfare departments, which are already over-extended, often do not enforce regulations regarding licensing. The absence of licensing eliminates opportunities for monitoring, providing continuing education, assistance in nutrition through the Federal Nutrition Program, and contact with and from other service providers across the system...

School of Education 502
Terre Haute, Indiana 47809
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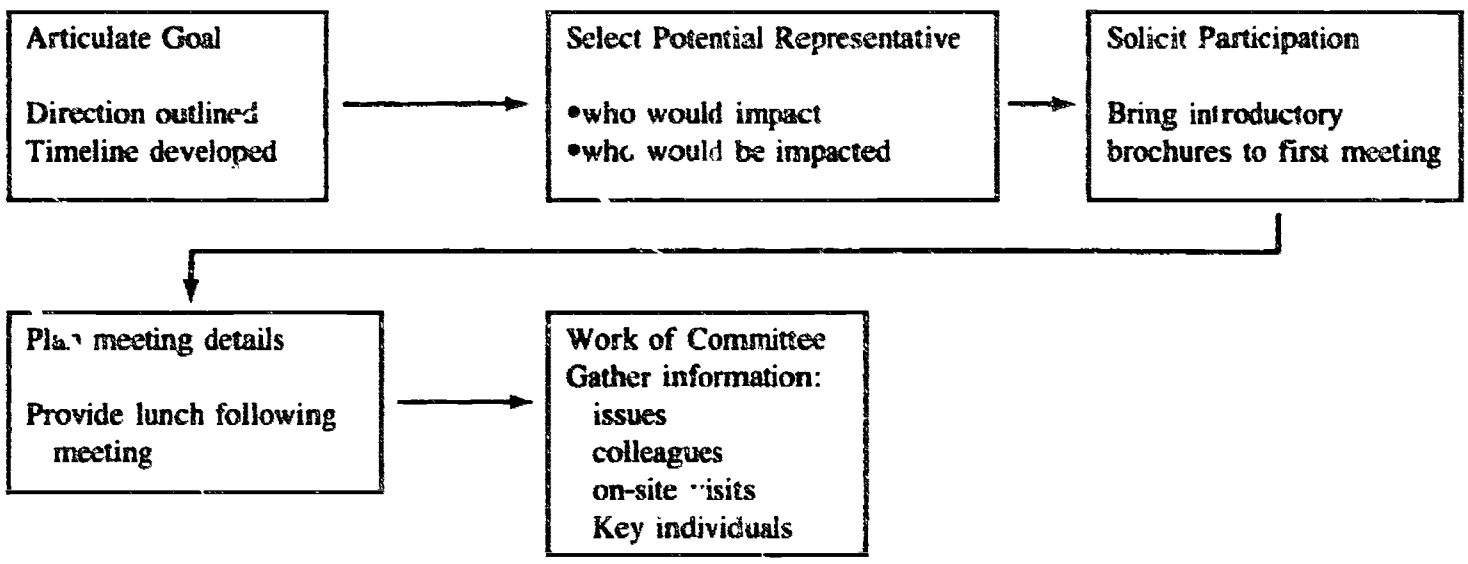
APPENDIX W
WORKING WITH A STEERING COMMITTEE

This appendix describes the procedure followed by the preschool integration site of the project in developing a steering committee and working with the group.

WORKING WITH A STEERING COMMITTEE

A steering committee can be useful to an agency addressing needs which are impacted by other agencies or interest groups. Meeting with representatives of several agencies frequently results in improved communication between individuals who may have never met before or who had had only limited contact. Addressing a common issue brings to light any duplications or variations of overlooked approaches.

These suggestions are based on experiences of the integrated preschool site of Indiana State University's Federal Systems Change Project.



CONTENT OF MEETINGS

-- Introduction of participants, describing agency and role, and stating their interest groups perspective on the need.
— Explanation of the concept/need.
— Explanation of anticipated process and their role.
— Use of media to reinforce philosophy/approach
— Solicit assistance in developing, mailing, and analyzing survey
— Develop checklist of items to be addressed in pursuing issue (appendix Q)
— Transfer to worksheet which serves as tool for directing dialog.
— Share gathered info: survey data (appendix T), state officials, other practitioners, review.
— Visit another site or invite spokesperson to address committee.
— Selection of individual case. Follow progress in addressing the case, identifying gaps, weaknesses, and resolutions.
— Attend a conference addressing the concern as a group.
— Identify any alignment of participants in other steering committee or coalitions. Utilize such contacts in establishing a communication link.
— At each meeting update on related developments in respective agency, record minutes and review minutes from previous meeting, establish goal for next meeting.
— Between meetings disseminate minutes to each participant and forward information for review in preparation for next meeting.

APPENDIX X
AN EVALUATION FRAMEWORK

This appendix contains an outline of four phases to program planning and evaluation and a grid to use in the planning and evaluation process.

PROGRAM PLANNING AND EVALUATION

Adapted from: Maher, C. A. and Bennett, R. A. (1984) *Planning and Evaluating Special Education Services.* Englewood Cliffs, N. J.: Prentice-Hall, Inc.

Maher and Bennett (1984) present four phases to the program planning and evaluation process: problem clarification, program design, program implementation, and outcome assessment. They have identified the major elements of these phases as:

I. Problem clarification

- A. Assessing service delivery needs
- B. Assessing service delivery context
- C. Describing the problem

II. Program design

- A. Developing program purpose, goals, and objectives
- B. Evaluating program alternatives
- C. Developing the program design
- D. Evaluating the program design

III. Program implementation

- A. Facilitating program implementation
- B. Evaluating program implementation

IV. Outcome assessment

- A. Evaluating goal attainment
- B. Evaluating related effects
- C. Evaluating consumer reaction
- D. Evaluating cause-effect relations
- E. Evaluating cost-effectiveness
- F. Deciding about program change
- G. Communicating evaluation results

Maher and Bennett combine the four phases of program planning and evaluation with their concept of a service delivery system in developing a framework to systematically plan and evaluate special education programs. By expanding on the parts of the service delivery system model as decided in the guidelines, the resulting framework is as follows:

PLANNING AND EVALUATION PROCESS

SERVICE DELIVERY SYSTEM	Problem Clarification	Program Design	Program Implementation	Outcome Assessment
Philosophy				
Assessment				
Instruction				
Relat d Services				
Personnel Development				
Administration				

When planning and evaluating special education programs in relation to best educational practices, the needs assessment instruments (Appendix O) can be used for determining actual conditions and desired state of affairs. The above framework can be used in systematically planning and evaluating the special education program. The guidelines can be used as a resource in making change to the desired state of programming.

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FILMS USED IN THE PROJECT

Integration

1) Regular Lives

This documentary demonstrates that integration works. The focus is on people with disabilities in typical school, recreational and working settings and the impact integration has on their lives and the lives of the people around them. Included in the purchase price is a comprehensive companion guide which describes how to use the video to promote public education about the concept of integration; reach parents, agencies, and community citizens. $38.00 includes shipping & handling (video 28 minutes). TASH, 7010 Roosevelt Way N.E., Seattle, WA 98115.

Parent-Professional

2) Seasons of Caring

This documentary delves into such issues as family support, complex emotional-educational-health care needs, and the effect professionals have on a family's ability to cope.

The film looks at three families learning to adjust and triumph. It also examines why mutual respect between families and professionals is crucial to the well-being of the family.

Curriculum guides are available to supplement the film. (film or video-40 min). Association for the Care of Children's Health, 3615 Wisconsin Ave. N.W., Washington, DC 20016, 202/244-1801.

Instruction

3) Young and Special

A complete course introducing special needs and levels of severity. Modules cover normal development, preparing teachers to work with other disciplines, practical ideas for working with and supporting parents.

Materials include videotapes, case study explanations, leader's discussion guide, hand-outs, and bibliographies. (Video, 30 tapes, 30 minutes each). University Park Press Audio-Visual Program, 300 N. Charles St., Baltimore, MD 21201, 301/547-0709, 1/800/638-7511.

Staff Development

(4) *PL 99-457: The Next Step Forward for Handicapped Children*

A multimedia package developed to present the significant changes for the education of handicapped children and youth created by PL 99-457, the EHA Amendments of 1986. Materials include a user's guide, VHS video, a script, copy of PL 99-457, a report, several fact sheets, and overhead masters. (video, 23 minutes). Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091-1589.

GLOSSARY

This glossary is comprised of terms which appear in bold throughout the guideline section.

Active programming—A style of classroom management which applies each learner's program across the day, across environments, and across domains, conservatively using the school day regarding educational priorities. (p. 17)

Adapted materials—Assistive or alternate materials to enable a person who has a handicap to perform or participate. (p. 15)

Antecedent events—What happened right before the occurrence of a given behavior (p. 17)

Behavioral charts—Charts for tracking learner behavior. May include prompts given, task performance, latency/frequency of specific behaviors, etc. (p. 17)

Collaborative decision-making—An approach for group problem solving in program development and implementation. (p. 18)

Community-based curriculum—Curriculum that emphasizes training in natural environments rather than relying on simulated or abstract activities. (p. 16)

Downtime—Any segments of educational program when learner is not actively involved in programming objectives (as contrasted to active programming). (p. 17)

Ecological inventory—An assessment tool for analyzing the skills necessary to function in a particular environment. First, the steps required of non-handicapped person to function in a given environment are listed. As the learner with disabilities performs the activity, skill deficits and needed adaptations are recorded for implementation in instructional program. See the example in Appendix I. (p. 17)

Errorless learning—Trainers anticipate errors and provide antecedent assistance to the minimum, necessary to assure learner success, so the learner focuses on the relevant stimuli and correct response can be reinforced. (p. 17)

Environmental management—Organizing factors in the environment to prevent or minimize the impact of given behaviors. (p. 17)

Fading—A teaching technique to develop maintenance by reducing the amount of information provided to assist the learner through adjusting the amount of prompt, teacher proximity, time delay, or alternating the procedure. (p. 17)

Functional assessment—Assessment of an individual's ability to participate in domestic, vocational, and community environments (real life experiences) in order to reflect skills the learner has reason, opportunity, and motivation to perform during the course of a daily routine. (p. 14)

Functional curriculum—Composed of skills frequently demanded in natural domestic, vocational, and community environments to increase the learner's ability to perform as independently as possible. (p. 15)

Joint standards—Indiana's Departments of Mental Health, Human Services, and Education have agreed on standards establishing criteria for the provision of services to be purchased with state and federal funds for a specified clientele. (p. 28)

Least restrictive environment—The most integrated and normalized setting possible. (p. 10)

Master schedule—A composite schedule of instructional activities and the times they occur for all learners in the class and the instructional personnel. (p. 17)

Natural proportions—The distribution of learners with severe handicaps according to the normal population curve is one or two out of every 100. (p. 12)

Natural materials—The same materials used in the actual setting (e.g. real money). (p. 15)

Natural setting—Real, as contrasted to simulated, setting for educational activities. Used because it enhances learning of skills and helps to eliminate the possibility of failure to generalize. (p. 15, 16)

Non-aversive behavior management—Approach to shaping human behavior which is centered on principles of humane treatment and positive intervention. Includes such techniques as development of bonding, environmental manipulation, identification of antecedent events, and the communicative aspects of behavior. (p. 17)

Normalization—A concept which promotes the presence and participation of persons who have disabilities in settings and lifestyles alongside persons who are not disabled. (p. 9)

Systematic data-based instruction—Planned strategy for skill acquisition based upon analysis of instructional program to determine effectiveness and identify any necessary changes (p. 17)

Transdisciplinary teams—All disciplines are involved cooperatively in assessment and program planning. Implementation is carried out by one or two team members. Other members provide consultative back-up. (p. 17, 18, 21)

Turn-about teaching—One teacher, who has received training, shares skills and information with peers. (p. 19)

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