DOCUMENT RESUME

ED 333 711 EC 300 479

AUTHOR Fox, Wayne; And Others
TITLE A Model for Early Childhood Special Education Program Development in Rural Settings: Final Report.
INSTITUTION Vermont Univ., Burlington. Center for Developmental Disabilities.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Handicapped Children's Early Education Program.
PUB DATE Oct 90
CONTRACT G008730536
NOTE 114p.
PUB TYPE Reports - Descriptive (141) -- Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Agency Cooperation; Delivery Systems; *Demonstration Programs; *Disabilities; Early Childhood Education; *Early Intervention; *Educational Practices; Family Involvement; Infants; Models; *Program Development; Program Implementation; *Rural Education; Special Education
IDENTIFIERS Vermont

ABSTRACT

This final report describes a project in Vermont which developed, implemented, evaluated, and disseminated a program development model for establishing new, and for improving existing, comprehensive early childhood special education services to young (birth to 5 years) children with disabilities and their families in rural settings. The model stresses: involvement of family, multiple agencies, and the community; consideration of the unique needs of the community; promotion of best practices; and systematic program planning and development. The model's six components include: (1) establishment of a family and multi-agency planning team; (2) assessment of current program practices; (3) discrepancy analysis and prioritization of areas for program development; (4) development of a plan for improving services based upon established priorities; (5) implementation of best practices; and (6) evaluation of the program's implementation of best practices and impact of services to young children and their families. Four major appendices include model site vignettes, an instrument for assessing early childhood special education exemplary practices, a list of early childhood special education exemplary practices, and a list of four self-evaluation references. (DB)

CFDA 84.024A
G008730536

Handicapped Children's Early Education Program Demonstration Projects (Non-Directed)

A MODEL FOR EARLY CHILDHOOD SPECIAL EDUCATION PROGRAM DEVELOPMENT IN RURAL SETTINGS

Wayne Fox, Ph.D.
Project Director

Linda Flynn, Ph.D.
Project Coordinator

Angela Capone, Ph.D.
Coordinator, Early Childhood Programs

FINAL REPORT

October 1990

Center for Developmental Disabilities
The University Affiliated Program of Vermont
University of Vermont
499C Waterman Building
Burlington, VT 05405
(802) 656-4031

TABLE OF CONTENTS

I. INTRODUCTION

This final report of the HCEEP non-directed demonstration project, **A Model for Early Childhood Special Education Program Development in Rural Settings** was administered by the Center for Developmental Disabilities (The University Affiliated Program of Vermont), University of Vermont. The project was designed to develop, implement, evaluate, and disseminate a program development model for establishing new, and improving existing, comprehensive early childhood special education (ECSE) services to young children with disabilities (birth to five years) and their families in rural settings. The model is based on the belief that a program development process should: 1) include family, multi-agency and community involvement; 2) address the unique needs of the community; 3) promote the implementation of best practices; and 4) facilitate program planning and development in a timely and systematic manner.

A. Project Goals and Objectives

The goal of this project was to develop, implement, evaluate, and disseminate a program development model for establishing new, and improving existing, early childhood special education (ECSE) services for young children (birth to age five) with disabilities and their families in rural settings. Specific objectives of the project were:

1. To establish an interagency advisory council which includes representatives from education, mental health, health, social services, and child agencies and the families of young children with handicaps.

2. To develop, implement, evaluate, and disseminate a program development model for establishing new, and improving existing, ECSE programs.

3. To provide inservice training and technical assistance to 10 ECSE program sites to enable them to implement the program development model and associated best practices.

4. To evaluate the impact of the program development model upon the education system serving young children and their families and upon the implementation of best practices.

5. To disseminate information throughout Vermont, New England, and the rest of the country describing the need for, purpose, and impact of the program development model upon the development and implementation of ECSE programs.

6. To disseminate information that will enable other local school districts throughout the country to replicate the components of the program development model.

During the 3-year grant period all objectives were achieved. The program development model was implemented in ten cooperating sites. Sites were selected based on two criteria: 1) sites either were providing services to, or were in the process of developing services for, young children with special needs and their families, and 2) staff at the site were willing to field-test the components of the program development model.

Since Vermont's young children with special needs and their families may participate in services provided by a variety of agencies, project staff decided to field-test the program development model with a representative sample of these early childhood programs. Therefore, the ten model program development sites included representation from: **Essential Early Education Programs, Early Education Initiative Programs, Parent-Child Centers,** and **parent support agencies**.

Early Essential Education (EEE) programs provide early childhood special education and related services to young children with disabilities and their families with funding made available to Vermont school districts by the Special Education Unit at the Vermont Department of Education. At the present time, most EEE programs provide services to young children with identified special needs in the three to five year age range.

Early Education Initiative (EEI) programs are funded through the Basic Education Division of the Vermont Department of Education. These programs are intended to provide a developmentally appropriate early childhood experience for youngsters who either have identified special needs or are at-risk for developing special needs due to conditions such as abuse and neglect, English as a second language, or economic disadvantage. Early Education Initiative programs have been incorporated into existing EEE programs located in school districts, private/public preschool programs, or visiting nurse programs. By combining EEI programs with other services, sponsoring agencies have been able to expand the services they offer families.

Parent-Child Centers, located in almost every region of the state, provide early intervention services to identified and at-risk infants and toddlers and their families. In addition, most Parent-Child Centers have a variety of other support services available to families (e.g., prenatal counseling, childcare, family support). Funding for the Parent-Child Center Network is provided in part by the Health Department; however, Parent-Child Centers also depend on grants from numerous other sources to support their activities.

Vermont's parent support network is comprised of a variety of agencies state-wide who provide a broad spectrum of services to families of young children with special needs (e.g., information and training, support, advocacy).

The programs identified in TABLE 1 below were active participants in the Model Program Development project.

TABLE 1

Model Program Development Model Sites

Essential Early Education Programs

* Chittenden South Supervisory Union
* Lamoille North Supervisory Union
* Bennington Essential Early Education Program

Early Education Initiative Programs

* H.O Wheeler Family Center

Joint Early Essential Education and Early Education Initiative Programs

* Orleans-Essex North Supervisory Union
* Rutland Northeast Supervisory Union
* Washington Northeast Supervisory Union

Parent-Child Center Network

* Franklin County Family Center
* Lamoille County Family Center

Parent Support Network

* Parent-to-Parent of Vermont

II. IMPLEMENTING THE PROGRAM DEVELOPMENT MODEL

The following section is designed to provide evidence relative to the effectiveness of the program development model. The six components of the model have been used as a framework for this section. The discussion of each component will outline the strengths and weaknesses of the component as well as any changes that resulted from the feedback of those implementing the model. A detailed description of how each site implemented the model can be found in Appendix A.

Program Development Model

Component I	Establish a Family and Multi-Agency Planning Team
Component II	Conduct An Assessment of Current Program Practices
Component III	Complete a Discrepancy Analysis and Prioritize Areas for Program Development
Component IV	Develop a Plan for Improving Services Based Upon Established Priorities
Component V	Implement Best Practices
Component VI	Evaluate the Program's Implementation of Best Practices and the Impact of Services provided to Young Children and their Families

A. Component I: Establish a Family and Multi-Agency Planning Team

The first component of the model called for the formation of a planning team to include representation from all agencies, programs, and/or individuals with a vested interest in the provision of quality. comprehensive early childhood special education services to young children with special needs and their families. It was anticipated that the unique perspectives and expertise of each team member would contribute to the development of:

* an effective and efficient system for sharing information;
* a planning and decision-making process that acknowledges and addresses the concerns, goals and ideas of everyone and promotes group ownership of decisions;

- a source/pool of expertise and energy; and
- a means for recognizing and supporting the efforts and participation of each member of the team.

The planning team, rather than one or two individuals, becomes the primary decision-maker and is responsible for identifying areas to target for program development and designing, implementing and evaluating related activities. Seven sites participating in the Model Program Development project engaged existing planning teams/advisory councils to facilitate implementation of the model. three sites established new teams. The teams included representation from a variety of programs, agencies, and individuals who had a vested interest in scope and quality of services that were available to families of young children within the participating site's region or district including (but not limited to): parents, supervisory union personnel (EEE teachers, special educators, superintendents, special education administrators), local early childhood personnel (e.g., preschool teacher, childcare providers), health care providers, social services providers and mental health workers. In most cases the composition of the team was directly related to the goals of he program. For example, a goal of the Chittenden South Supervisory Union advisory council was to provide early childhood special education services in mainstream community settings. Therefore, their advisory council had a large number of preschool teachers (who would be instrumental in identifying and/or providing the placements) and Supervisory Union personnel (who would need to approve the planned changes in the service delivery model). In another instance, the Lamoille Family Center recruited an existing team whose membership represented a county-wide focus in providing services to children and families. Their intent was that this team would be an excellent vehicle for assessing the Family Center's services in relation to services provided by others in the county.

Seven of the participating sites identified team development as an immediate priority. These teams sought technical assistance related to running meetings, developing agendas, sharing responsibilities during team meeting (e.g., note taking, time keeping, facilitating), and developing collaborative teaming strategies. The

Washington Northeast Supervisory Union and the Lamoille North Supervisory Union both spent considerable time exploring decision-making models (e.g., a consensus model), and defining the role of the team in the program development model.

Interactions with all ten sites support the importance of establishing a planning team. In addition to the anticipated benefits of working as a team, most teams realized that the planning team itself frequently had the resources to address an issue that was identified by the team. For example, the Lamoille North team had identified both curriculum planning and the development of interagency agreements as a goal for their program. Through discussions held at planning team meetings, an agreement was developed between two team members (who were also program directors) that established six slots in a preschool program that would be reserved for EEE eligible children in return for assistance in the classroom that would be provided by EEE staff. In the Rutland Northeast Supervisory Union, two planning team members who were also program directors were able to pool funds which enabled the district to open two mainstream preschool programs. These programs would provide increased opportunities for peer interactions in a center-based setting.

B. Component II: Conduct An Assessment of Current Program Practices

In order for planning teams to assist sites in identifying program areas to target for development, the scope and quality of the site's current practices were assessed. Four sites used the **Instrument for Assessing Early Childhood Special Education Exemplary Practices** (See Appendix B) developed by project staff. This instrument, addressing 14 components of an ECSE program, was designed to allow advisory council members to indicate the extent to which they believed a practice to be important as well as the extent to which the program was currently demonstrating the practice. The discrepancy between these two pieces of information would then allow the planning team to identify program areas to target for improvement/development. While all sites felt the self-assessment process and the information gleaned from the instrument was extremely helpful, many felt the instrument itself was cumbersome, time consuming to complete, and

inappropriate for their particular stage of development and/or program goals and objectives. The Washington Northeast Supervisory Union found it difficult to dedicate meeting time to complete the instrument. In addition, while all planning team members were committed to improving services, few felt they had a clear enough understanding of existing program practices to evaluate the site effectively. In the case of the Chittenden South Supervisory Union, the site joined the project at a point where they had already completed a self-assessment and identified goals. For them, the instrument did not seem to meet their immediate needs. When the instrument was reviewed by Parent-to-Parent of Vermont and the Parent-Child Centers, it became obvious that the strong educational focus of the instrument was not entirely consistent with the goals of their programs.

Feedback from sites that joined the model program development project during year one led project staff to identify and address the following issues:

Issue I: Self-assessment is an essential step in the program development process. This process allowed team members to develop common, clearly articulated goals that would direct the program development process. In addition, the process created an opportunity for staff from the site to set time aside to evaluate their services.

Issue II: Self-assessment can be accomplished in a number of ways: one site used the National Association for the Education of Young Children (NAEYC) guidelines, two developed surveys that were distributed to parents, three used existing philosophy statements to guide the self-assessment process, an EEI program used the EEI grant program evaluation process, and two others used guidelines developed by the state of Vermont. This implies that individuals providing technical assistance must be knowledgeable about instruments and procedures that have been developed by other projects. Model program development staff have developed a library of instruments (e.g., NAEYC standards, Project SERVE Quality Indicators, Program Guidelines from the state of Vermont) and procedures such as the program evaluation process developed by Tanya Suarez (Suarez, T.M., 1982). (See Appendix D for self-evaluation tool references).

Issue III: Although feedback about the instrument developed by project staff indicated that in its existing format it did not meet the needs of some programs, all individuals using the instrument

felt that it would be extremely helpful to have a less cumbersome instrument available that focused specifically on best practices related to the provision of early childhood special education services. In addition, planning teams suggested that the instrument should be able to be used with mainstream sites that are providing services to young children with special needs and their families. As a result of this feedback the **Instrument for Assessing Early Childhood Special Education Exemplary Practices** has been revised. The latest edition, "Best Practice Indicators" has been changed to reflect the family-centered, community-based perspective that is currently emerging in the field. This focus has, lessened the educational focus of the early instrument, and from the perspective of project staff, broadened the potential usefulness of the instrument. (See Appendix C for Early Childhood Special Education Best Practices).

C. Component III: Complete a Discrepancy Analysis and Prioritize Areas for Program Development

The third component of the program development model called for the planning team to review the information gathered from the self-assessment and identify program components that needed to be developed/improved. The format of the **Instrument for Assessing Early Childhood Special Education Exemplary Practices** was designed to enable the planning team to compare program practices the team believed to be important to current program practices. Although, all sites did not use the instrument developed by project staff, all sites were encouraged to use the information gathered during their self-assessment process as a basis for prioritizing next steps. All sites agreed the process of prioritizing the program development/ improvement activities was important, and for the most part two factors seem to influence activities related to this component of the model. The first factor is that training and technical assistance is at a premium in a small rural state such as Vermont. Therefore, rather than identifying program areas that were a high priority vs. those that were a low priority, most teams looked at what resources were available on the team to address the issues, what could be addressed by one-to-one assistance provided by project staff, and what courses/institutes/workshops were being offered that could address the needs identified by the team. In other words, teams developed a

master plan and then began identifying resources that could address issues outlined in the plan. Available resources were accessed.

Second, one of the program areas on the assessment instrument was Philosophy and Policies. This area addressed the development of a written program philosophy by program staff and representative program stakeholders or constituents, including parents, other community services providers, and general community members. Since three of the sites did not have a philosophy statement prior to participating in the project, teams began the program development process by developing a philosophy statement. In each case the philosophy statement created an opportunity for the team to work together around an issue that was important to each team member (i.e., a statement of belief relative to the services that are available to young children with special needs and their families). In addition, the process was an "equalizer," since it provided an opportunity for each person to share their perspective. Finally, completed philosophy statements helped teams prioritize program areas that were targeted for improvement/development. Teams from sites that already had a written philosophy statement began the program development process by reviewing/revising the philosophy statement. Since the process of developing a philosophy statement was observed to be such an important one, the program development model was subsequently modified to include it as a component of the model.

D. Component IV: Develop a Plan for Improving Services Based Upon Established Priorities

Component IV of the model emphasized the importance of developing a plan of action that specified: 1) program development goals; 2) activities or strategies for meeting the goals, including alternatives if initial activities are unsuccessful; 3) resources needed to carry out the plan, including inservice training and technical assistance for staff; 4) timelines that identify target dates for initiation and completion of the activities and goals; and 5) individuals and agencies responsible for carrying out the activities. Four model program development sites developed formal written plans outlining program development/improvement activities and responsibilities (these plans are included in Appendix A within the description of each

site's activities). The otner six participating sites used the areas targeted for program development/improvement to structure meetings. In Lamoille North and Rutland Northeast Supervisory Unions, inservice occurred during meeting times. Project staff developed presentations for a number of meetings addressing different issues that had been raised by the team. In the Washington Northeast Supervisory Union the planning team identified individuals from the district who should attend an institute on transition planning. The planning team assumed responsibility for ensuring that their team registered and attended the institute. All sites were observed to developed a strategies to ensure that each area targeted for program development/improvement was addressed.

E. Component V: Implement Best Practices

The intent of this component was to focus attention on activities that would result in improved services for young children with special needs and their families. As a result of a site's commitment to this goal there have been a number of benefits for families of young children with special needs. A detailed description of each site's accomplishments related to implementing their action plan can be found in Appendix A (Model Site Vignettes). The following activities highlights some of these accomplishments.

- three sites developed and implemented transition planning procedures,
- one site was able to offer families a preschool program that was supported by the district,
- the Lamoille North Supervisory Union was able to offer services in a mainstream setting,
- a public awareness evening was offered to families living in the Bennington Essential Early Education Program area,
- the Lamoille Family Center developed a newsletter that was distributed to families and professionals in their district,
- Parent-to-Parent redesigned pieces of their practicum experience to address issues raised by families and interns during the self-assessment process.

F. Component VI: Evaluate the Program's Implementation of Best Practices and the Impact of Services Provided to Young Children and their Families

All sites engaged in formative rather than summative evaluation. Sites typically began each planning team meeting by reviewing accomplishments relative to targeted program areas and brainstorming strategies for addressing unmet goals. Many of these discussions focused on events that facilitated the accomplishment of team identified goals, as well as circumstances presented barriers to accomplishing these goals. A detailed discussion of this component relative to each site can be found in Appendix A. Overall, the sites were able to implement most of their program development or improvement plan. All sites identified two elements that were critical to the accomplishment of their goals. The first was the establishment of a planning team and the use of a collaborative teaming process. Second, teams that had administrative support reported feeling more successful relative to the accomplishment of their goals. One barrier noted by most teams was the number of job related activities that team members were engaged in that prevented them from devoting the time they felt was necessary in meeting all goals. Financial constraints were also identified as barriers to accomplishing targeted model program development activities.

III. SUMMARY

Based on interactions with participating sites, project staff have drawn the following conclusions:

1. The Program Development Model is an effective model to assist programs in improving existing or developing new services for families of young children with special needs.

2. The model is flexible enough to meet the needs of a variety of different programs and programs who are at a variety of developmental stages.

3. The development of a philosophy statement is a critical step in program development and should be included as a component in the model.

4. Self-assessment is an essential component of program development. The process can be accomplished through the use of a variety of instruments and procedures that are made available to the planning team.

5. The process of developing an action plan can occur in a number of different ways. Programs may develop either formal written plans of action that address all target areas and assign responsibilities or they may develop more informal strategies that will assure that all program areas that have been targeted for development or improvement are addressed.

6. The development of collaborative teaming skills is essential for effective team functioning as well as for the development, implementation and evaluation of team goals and activities.

APPENDIX A

Model Site Vignettes

ESSENTIAL EARLY EDUCATION PROGRAMS

Chittenden South Supervisory Union
Lamoille North Supervisory Union
Bennington Essential Early Education Program

Chittenden South Supervisory Union

Program Description

The Chittenden South Supervisory District (CSSD) EEE program was established in 1974. It was created to meet the needs of preschool aged children within the district who had identified special needs. The conception of the EEE program was initiated by the principals and kindergarten teachers of the five towns which make up the district.

The EEE program is a district wide service which runs a center-based, segregated classroom, home visits, play groups, consultation to local private childcare centers, and speech therapy services. Services are provided to the birth through five (or upon kindergarten entry) year old population. The birth to 3 year olds are served through the Ira Allen Center, which is a regional program located in Burlington. The 3 to 5 year olds are served within the district. In all, the EEE program provides services to slightly over 70 children in a given year. Chapter 1 services are provided for children at-risk (ineligible for EEE services), through home based services. Related services; occupational and physical therapies, are provided on an as needed basis. In addition the EEE program provides a bi-annual preschool screening service to all 3 and 4 year olds who reside within the district. For those children who appear to need a more indepth assessment, the program completes comprehensive evaluations.

The EEE program currently employs: a Coordinator, a classroom teacher, a speech/language pathologist, two home teachers, two paraprofessionals, and a secretary. Additional administrative support is provided by the district's superintendent and special education coordinator.

Participation in the Model Program Development Project

Model Program Development (MPD) became involved with the CSSD, and specifically the EEE program, in the summer of 1988. EEE staff had been involved in program evaluation for at least one year prior to joining the project and had set two goals for the program: 1) "**By Fall of 1990, all children eligible for EEE classroom services will be placed in a mainstreamed setting where no more than 25% of the children receive special education services,**" and 2) to create an awareness of and ownership for the EEE program outside the Shelburne area. Staff were interested in using the program development model to facilitate the accomplishment of their goals.

Establishing a Planning Team: The early education program's goals of: 1) having "**all children eligible for EEE classroom services placed in a mainstreamed setting where no more than 25% of the children receive special education services by the Fall of 1990**" and 2) creating an awareness of and ownership for the EEE program outside the Shelburne area provided direction in the formation their planning team or advisory council. Since the goal of integration represented a substantial change in CSSD's service delivery model, administrative support staff determined that it would be critical to involve school administrators in the planning stages. In addition, the planning team would need the support of local preschool teachers and childcare providers since these settings could potentially provide placements for CSSD's young children with special needs. Parents would also be important members of this planning team. Their knowledge about their youngsters and their family's needs would be essential for planning services that would be appropriate for children and their families. In addition to the advisory council members who were identified by program staff, the Superintendent of school suggested that two people from Chittenden South's Special Education Advisory Council be invited to join the Early Education Advisory Council. These two individuals could serve as a link between the a group designed to address issues related to the school-age special education population and this new group that was focusing on issues related to young

children with special needs. A fourteen member advisory council was established that included representation from: parents, kindergarten teachers, local preschool teachers, health professionals, school administration, two members of the CSSD Special Education Advisory Council and program staff. Although the council represented a fairly large group program staff felt the broad representation (both in terms of interest and geography) was essential if both of their goals were to be accomplished. MPD staff played an active part in the establishment of the Advisory Council. In addition MPD staff provided ongoing technical assistance related to how to conduct meetings using collaborative teaming methods.

Creating Long- and Short-Term Plans: The CSSU Early Childhood Advisory Council began work almost immediately, on both a long- and a short-term plan of action. Long-term planning included the developing a proposal to submit to school administrators. The proposal presented a clear picture of the EEE program and its current service delivery model. It went on to articulate the program goal of having "**all children eligible for EEE classroom services placed in a mainstreamed setting where no more than 25% of the children receive special education services by the Fall of 1990**". Both a legal and philosophical rationale for the goal was presented along with supporting literature. The proposal clearly identified implications of the goal relative to learning, public relations/professional development, space, transportation, and financial considerations. At a more immediate or concrete level advisory council members began actively discussing and seeking possible solutions to each of the issues raised by the integration goal. MPD staff provided a variety of technical assistance including: training (how to run meetings using collaborative teaming methods, increasing the staff's awareness of LRE issues, etc.) one-on-one assistance with various early childhood best practice issues, professional support through research assistance and providing a framework through which change could methodically take place.

Evaluation: The CSSD and the EEE program, with the support of the Advisory Council, are still working toward the implementation of their proposal. Barriers which arose during the past year and a half have not been completely resolved. The primary barriers are with the questions of transportation to locally provided services, determining the appropriate sites, how to deal with tuitioning the children with special needs into the private childcare settings, spreading the EEE services over the wide geographic area (the five towns) and gaining full and absolute support of the families of children with special needs, and the administration of the CSSD. The EEE staff remains committed to the proposal, as does the Advisory Council.

CSSD continues to work toward the implementation of their mainstreaming proposal. They are also working on the formation of stronger local support for early education services, which ultimately would result in mainstreamed services offered in the local elementary schools.

Lamoille North Supervisory Union

Program Description

The Lamoille North Supervisory Union (LNSU) is located in northeastern Vermont. This supervisory union provides education services to eight rural towns including: Belvedere, Cambridge, Eden Fletcher, Hyde Park, Johnson, Lamoille, and Waterville. At present, young children at-risk for and with identified special needs receive services from one or more of the following programs: Chapter 1, Head Start, Essential Early Education (EEE), Lamoille County Family Center, and/or Johnson State College Child Development Center. Essential Early Education (EEE) services may be delivered in any of the following settings: community-based childcare and preschools, play groups in family's homes, and/or one-on-one interventions in the home.

At the present time EEE services are provided by three full-time staff members: one full-time EEE coordinator, one part-time (80%) assistant EEE coordinator who also works as a Speech and Language Pathologist part-time (20%) and a Chapter I teacher. Related service providers (e.g., occupation and physical therapists) are contracted on an as needed basis.

Participation in the Program Development Model

The Lamoille North EEE staff and representatives from the Model Program Development project (MPD) Project began working together in December 1988. At that point EEE staff had already been participating on a local early education advisory team that had been meeting for a year. Since much of the team's time was spent focusing on services for young children and more specifically young children with special needs they decided that the MPD Project would provide an appropriate framework for addressing many of the issues that had

identified. In addition, they were anxious to receive the technical assistance that could be provided by project staff.

Establishing a Planning Team: As noted previously the Lamoille North EEE staff had already been participating on an advisory council. Membership on that council was fairly representative of individuals/agencies who were working with young children and their families (e.g., parent, director of the Family Center, a Social and Rehabilitative Services representative, the Director of Special Services and a special educator from the supervisory union, and personnel from the local Head Start, Mental Health, Chapter I, and EEE programs). Since this group was already committed to improving services to young children and their families it was logical that it serve as the planning team for the MPD project. It is interesting to note that this team felt all the agencies represented on the advisory council had a responsibility toward ensuring that services were appropriate and available. Therefore, while participation in the project was prompted by EEE program staff, the team took much more of a county-wide focus.

Since most team members felt that they advisory council had the potential to make dramatic impact on the service delivery system, they decided to spend many of their initial meetings focusing on the advisory council. Since attendance at meetings had been variable in the past, the team explored ways in which individuals could feel more dedicated to the process. Three decisions were made. First, the team would use a concensus decision making model. This model would ensure that everyone had an opportunity to express their opinion and that team members would take the time to explore the implications of each suggestion. Second, the team would define the role of the advisory council. In this way all members would understand the potential impact of decisions reached by the council. Finally, the council would draft a philosophy statement that would be used as a guide in the decision making process, the statement would be reviewed annually. The team also sought technical assistance from project staff as to: how to run meetings, how to engage in a concensus

decision making model, and how to share responsibilities at meetings (e.g., facilitating, note-taking, keeping time).

Self-Assessment: The team used two instruments to assist them in identifying services delivery components that should be targeted for improvement. First, they used the Exemplary Practice Indicators that were developed by project staff. Secondly, they used the Vermont Department of Education Quality Indicators that had been developed for and distributed to EEE programs across the state. After a careful review of these documents the team identified ten program areas to target for improvement: written program policies, curriculum planning, data collection, written transition plan, written interagency agreements, job descriptions and evaluation of performance, child find/assessment and development and implementation of IFSPs.

Short- and Long-Term Planning: While this team did not develop written plans for addressing each target area, they did develop strategies for addressing the issues. A small group of individuals was identified to attend a summer institute offered by Early Childhood Programs at the Center for Developmental Disabilities (The University Affiliated Program of Vermont). The institute, presented by project TEEM, assisted in the **development of transition procedures** that would ensure children and families a smooth transition from early childhood special education services to the elementary school mainstream. During their participation in the MPD project they team used the procedures developed at this institute to transition eleven children from preschool into kindergarten. The team developed two strategies for addressing issues related to **child find and assessment**. First, one member of the team attended a number of classes that were taught by project staff at the University of Vermont. Second, a member of the MPD staff was invited to conduct a full-day workshop for individuals in the Lamoille area focusing on issues related to the identification of young children with special needs. Project staff was also invited to conduct a half-day session focusing on **developmentally appropriate curricula for young children**. Related to the issue of **interagency agreements**, the EEE program and Johnson State College

Child Development Center staff collaborated to provide integrated services for children with special needs. At present, six slots in the preschool program are reserved for EEE children. In return, EEE staff assist in the classrooms several days during the week. Not only does this allow for greater cooperation among service providers, but also provides a community-based program for young children with special needs.

Evaluation: Although this team did accomplish a great deal relative to the issues they addressed, they had to overcome a number of problems in the process. First, team members had a great number of demands on their time. In addition to trying to improve services, each team member was providing services. At they same time they were trying to learn how to improve their child find process, they were having to conduct child find. In an area such as Lamoille county which covers a large geographic area, and serves numerous families with limited resources this is no easy task. A second problem faced by this team was trying to get an action plan together. At first they were intent upon developing a very specific written document, this proved to be difficult since they experienced a great deal of turn-over in team membership. The finally decided to take action. They found that they could use the technical assistance that was available from MPD staff to address many of their target areas.

The Lamoille North Supervisory Union continues to maintain an Advisory Council which meets on a regular basis to work towards their identified goals. The group will advocate for young children with special needs and their families and function within the local framework of their community to provide collaborative services.

Bennington Essential Early Education Program

Program Description

The Bennington Essential Early Education (EEE) Program serves the needs of eligible three to five year olds and their families in the Southwest Vermont Supervisory Union (including the towns of Bennington, Pownal, Shaftsbury and Woodford). The EEE program provides three types of services. Center-based services, provided at the Molly Stark Elementary School, are designed to meet the needs of EEE eligible youngsters and can best be described as a segregated setting. Staff also provide outreach services in home and local child care settings. Finally, EEE staff work collaboratively with the local Head Start program to meet the needs of EEE eligible youngsters who are also receiving services from Head Start.

At the present time EEE services are provided by four full time and two part-time staff members. The full-time staff includes: an EEE classroom teacher, a speech-language pathologist, an EEE paraprofessional and an individual who serves as a part-time program coordinator and a part-time EEE outreach teacher. Part-time staff includes both a physical and occupational therapist. Other service providers such as I-Team members and audiologists are accessed as needed. The program is funded primarily with state monies; however, local funds are used to assist with transportation costs.

Participation in the Model Program Development Project

The Bennington EEE program began its participation in the Model Program Development (MPD) Project in Spring of 1988. At that time EEE staff were already collaborating with the local parent-child center (this center houses the Head Start program) and meeting once a month with a group of early intervention service providers. As a result of these two efforts EEE staff were: 1) spending considerable time exploring how their program interfaced with other early

childhood service providers in their area, and 2) providing a great deal of inservice to other sites around issues related to young children with special needs. EEE staff felt the program development model would provide a framework for all of their efforts. They decided that it was important to set reasonable timelines to insure that staff did not become overextended and to ensure a quality outcome. As a result of their efforts during their two-year commitment to this project, the Bennington EEE program can list a number of accomplishments. These accomplishments are outlined below.

Establishing a Planning Team: A fourteen member planning team was established including representation from: the school district (principal, assistant principal, assistant superintendent, and EEE staff), social and rehabilitative services, Head Start, united counseling services, local early childhood programs, parents, and a home health agency. This team, referred to as the Family/Interagency Council, met on a regular basis to address each component of the model. The membership of the board clearly suggests that the Bennington EEE staff saw the Model Program Development Project as a way to: 1) address their program improvement concerns, and 2) support their work with other individuals/agencies who were working with young children and their families.

Crafting a Philosophy Statement: While this was not a component of the model at the point that the Bennington EEE program joined the project, the advisory council did begin by reviewing the school district's philosophy statement. It became evident from watching this team (and others who begin the process by having the team review an existing or develop a new philosophy statement) that the discussion facilitated team development. The philosophy statement crafted by the Bennington EEE Family/Interagency Council defines a commitment to providing early childhood special education services that "will allow children with special needs to achieve their maximum potential within least restrictive environments in their communities, with a sensitivity toward increasing feelings of self worth and personal adequacy, and with participation from involved persons". The

statement directly influenced the subsequent development of long- and short-term (action) plans.

Conducting a Self-Assessment: The Bennington team conducted a self-assessment using the "Exemplary Practices Indicators" that were developed in the early stages of the Model Program Development Project. As a result of this assessment five program areas were targeted for improvement. These areas include: child find, family/professional collaboration, community involvement/awareness, service delivery model and related services.

Completing Long-and Short-Term Plans: Bennington's long- and short-term plans clearly outline specific goals for each targeted program component. The team combined these plans to form a single document which can be found at the end of this vignette. Implementation of the plan has facilitated the accomplishment of a number of program goals. Three inservice training sessions were held for **parents and professionals to increase awareness** of each targeted program component and to plan strategies for improving that service. Meaningful parental involvement, interagency collaboration staff development, and discussions on Least Restrictive Environment issues were addressed during the past academic year. A Resource Directory was also developed and disseminated throughout the supervisory union. It has received approval from other service providers in the district.

The Family/Interagency Council has also identified a number of barriers to achieving their goals. The Southwest Vermont Supervisory Union represents a rural district that covers a large geographic area. Many of the towns that comprise the supervisory union are unable or unwilling to assume greater responsibility for program components that are viewed as expensive. In addition the team identified the need for additional staff, but local funds cannot support this at this time.

Evaluation: The EEE program in collaboration with their planning team continues to address the goals outlined in their mission statement and plans. There continues to be some discussion on

several key concepts. Primarily, discussions are focused on the issue of least restrictive environment. The segregated classroom for the center-based program at the Molly Stark Elementary School does not meet LRE standards as defined by the Department of Education or the Exemplary Practices outlined by the MPD Project. Some representatives of the planning team feel that the gains met by the EEE children in the center-based program attest to the success of the current service delivery model while others question whether the same gains can be achieved in a less restrictive setting. This group will continue addressing this issue, along with the other goals outlined in their action plan.

BENNINGTON EEE ADVISORY COUNCIL

LONG TERM AND SHORT TERM ACTION ITEM FOR PROGRAM PLANNING

Component	Long Term Plan	Action Plan	Activities	Other Stuff
Child Find	•identify all children 0-5 who are eligible to receive services •systematic collaborative effort to find/screen children •one stop screening	•contact Health Dept to arrange collaborative screening •continue to send letters to physicians etc. about EEE and screening		
Transition Planning				
Family/ Professional Collaboration	EEE will identify parent needs and provide ongoing systematic parent training in a broad range of topics: •parent support •sibling support •parent advisory council/increase number of parents on existing council •newborn visits with follow up • identify parent needs and provide education based on desire and need •newsletter including other local activities •increase staff to include social worker	•newsletter includes activities for parents and kids •parent volunteers/assistance •develop parent support group •use video of class activities to begin parent meeting •conduct homevisit •2 parent conferences at minimum		
Community Involvement/ Information Awareness	EEE in coordination with family/advisory council will provide information and training about EEE programs and services within catchment area •all professionals within community will spend a day visiting and participating in EEE program as part of certification or recert •All school personnel (board too) will be knowledgeable about EEE	•presentation to school board each year (slide show and video) •mini trainings for teachers, preschool and other staff •BCCA fair •January convention •Radio and media		
Interagency Collaboration				
Service Delivery	EEE in coordination with advisory council will provide a continuum of settings in accordance with LRE •mobile van to bring services to families •transdisciplinary approach for homebased services coordinated between agencies •identify LRE guidelines	•collect information and review LRE • disseminate mobile van idea		
Related Services	•Related services will be equally provided and be accessible to all eligible children no matter what the primary site of service delivery is •Core team including SLP, OT, PT available providing direct service and consultation: includes social worker equity in services homemaker/educator family training	•network with agencies to provide OT/PT •consultation in outreach •continue to advocate for related services for eligible children •prepare for coordination with agencies for future collaborative efforts •investigate sources for services		

EARLY EDUCATION INITIATIVE PROGRAMS

H. O. Wheeler Family Center

H. O. Wheeler Family Room

Program Description

The H.O. Wheeler Family Room has been in operation since November 1987. It is housed in the H.O. Wheeler School in Burlington, Vermont. The Family Room is a center-based program which is sponsored and supported by VNA Maternal and Child Health Services. The majority of the funding for the Family Room is provided by The Children's Trust Fund and a Vermont Early Education Initiative grant. Presently, the Family Room serves as a "drop in center" where parents and their children are able to play and learn together. Teaching parenting skills, promoting positive relationships between public school systems and families, and promoting age-appropriate, positive learning experiences for children are the major goals of the program.

Participation in the Program Development Model Project

In March 1989, H.O.Wheeler Family Room became involved with the Model Program Development (MPD) Project. Family Room program staff were provided with a detailed description of the model and options for participation. They were particularly interested in reinforcing the strong family emphasis of the Family Room and determined that the Program Development Model would compliment their efforts.

Establishing a Planning Team: The first step in the program development process was to generate names of potential Advisory Board members from staff, parents, community service providers and school personnel. An Advisory Board was formed with individuals representing early education teachers, health care providers, guidance counselor, parents, and MPD staff. The Advisory Board identified two

major roles in relationship to the Family Room: 1) To advise staff in the activities of the Family Room and assist in the planning of future goals and objectives; and 2) To promote and facilitate family and community "ownership" of the Family Room.

MPD staff played an active role in the development of the Advisory Board and in the procedures used to conduct meetings. Technical assistance was provided by training Advisory Board members in collaborative teaming methods. Meetings were held using procedures which encouraged the sharing and rotating of leadership roles (facilitator, recorder, timekeeper), preparing agendas, agreeing upon common goals and maintaining respect for each other.

Crafting a Philosophy Statement: The Advisory Board did not develop a new philosophy/mission statement, but instead decided to review and revise the existing mission of the Family Room. The revised mission statement defines the Family Room as a place where families with young children could come together to meet other families, have fun and grow through learning from each other. It also includes the Family Room as a place where activities and resources are available for the education and support of families with the end result being the promotion of positive relationships between public school systems and families.

Conducting a Self-Assessment: Through an informal needs assessment discussion, the Advisory Council and program staff initially identified the need to create a parent support group to facilitate the sharing of information and activities of the Family Room. The parent group would be designed to provide input into the molding of the Advisory Council and, in turn, the Advisory Council could draw upon the parent group for information and ideas. A Parent Survey was also developed as part of the program assessment process. The needs assessment directly influenced the subsequent development of long-term goals and short-term plan of action.

Completing Long- and Short-Term Plans: Long-term goals for the three to five year plan and short-term objectives to be accomplished

within the first year were decided. The goals of the Family Center were to expand the program through greater visibility in the community, to promote the growth and development of parents and their preschool children, and to promote positive relationships between the public school system and young families. Short-term objectives were to increase outreach activities, develop policies of the Family Room, organize fund raising activities and provide options for transportation of families. Action steps completed by the Advisory Board were to invite individuals in the community to the Family Room, hold an Open House, send out letters about the Family Room to key individuals, map the local bus route and obtain tokens for Medicaid insured families, encourage staff to become certified in CPR, have a craft/bake sale, and develop a pamphlet about the Family Room. The latest projects of the Family Room were to renovate the room and add new materials through a Turrell Foundation grant and to incorporate college/university student interns into the program.

Evaluation: Progress has been documented through the completion of identified activities and projects. The H.O. Wheeler Family Room in collaboration with their Advisory Council continues to work toward their program development plan by completing a Parent Handbook and Staff Manual. In addition, outreach to schools and community agencies is an ongoing effort.

H.O. Wheeler Family Room Program Development Plan

	Parent Handbook	Staff Manual	Advisory Council Development	Fundraising	Outreach
When	3/15/90	1/30/90	6/15/90	12/89 and ongoing	8/15/90
Person Responsible	•Lisa Simon •staff •parents •student staff	•Lisa Simon •staff •students	•Lisa Simon	•Parents •Students •Janet Munt	•Lisa •advisory council members •community folks •parents
Components	policies include: •health •rights •responsibilities •staff listing •accessing the room •description of the •room •calendars •using the room	•policies from VNA •sample forms •cross reference to VNA/MCH literature •diagram of VNA/MCH organization •program abstract for room and MCH •emergency policies •other	•attendance •involvement in tasks •minutes •materials •membership •developing a process	•events •grants •private •donations •site visits	•Internal: staff VNA/MCH coordination •External: agency contacts •School: teachers as resources and referral source •Community: media awareness brochure talking with local groups
Outcomes Expected	•handbook available to all parents •packaged nicely	•available in pull out binder to distribute to staff at all levels	•regular attendance •coming prepared •tasks achieved	•stable funding •other revenue	•increase room use •increase numbers of families using room •more agencies aware of room •increase in community's awareness of room

JOINT EARLY ESSENTIAL EDUCATION AND EARLY EDUCATION INITIATIVE PROGRAMS

Orleans-Essex North Supervisory Union

Rutland Northeast Supervisory Union

Washington Northeast Supervisory Union

Orleans-Essex North Supervisory Union

Program Description

The Orleans-Essex North Supervisory Union (O-ENSU) provides early childhood compensatory and special education services to approximately 80 preschoolers a year. The district is a geographically large rural site, which includes 12 small villages and towns. All early childhood services in the district are administered and directed by an Early Childhood Program Coordinator. Funding for the programs comes from three different funding sources: Essential Early Education (EEE), Chapter 1, and an Early Education Initiative (EEI) Grant. The staff includes a program coordinator, an essential early educator (EEE teacher), three Chapter 1 teachers, and four paraprofessionals. In addition, services are provided by a school nurse, physical and occupational therapists, I-Team consultants and a speech and language pathologist on an as needed basis.

Participation in the Model Program Development Project

The O-ENSU early education staff, and representatives from the Model Program Development (MPD) Project started working together in January 1988. At this time the program staff were provided with a detailed description of the model and it was determined that the program would fully implement the model.

Establishing a Planning Team: Since one of the goals of the Program Development Model is to insure that early childhood programs work with other individuals and programs who provide services to young children with special needs and their families. The first step in the model is to establish a planning team. Instead of creating a new advisory council, the O-ENSU decided to work with an existing group, the Newport Early Action Team (NEAT). This team had been in existence for a number of years and was committed to provided quality

services to young children and their families. Program staff reviewed, with NEAT the composition of their board and determined that they should add parents, a childcare provider, an I-Team member and school personnel in order to establish broad representation from individuals/agencies with a vested interest in young children and their families. By expanding the NEAT team, program staff had a thirteen member advisory council representing parents, program staff (an EEE teacher, a Chapter 1 teacher, an EEI teacher), the local mental health agency, the Vermont I-Team, a parent advocacy group, school administrators, and the local home health agency who would assist in their program development efforts. It was decided that the advisory council would serve in a proactive rather than reactive capacity.

Conducting a Self-Assessment: In addition to the "Exemplary Practice Indicators", the O-ENSU advisory council developed and used a Parent Questionnaire as part of their program assessment process. While program staff felt the process was both time consuming and cumbersome, they felt that the outcome was well worth the effort. The process allowed them to develop a clear picture of program strengths as well as areas they would like to target for improvement. The self-assessment, completed in May 1988, targeted five program components for improvement: philosophy and policies, transition planning, community involvement and awareness, staff development, and program evaluation. The group also reviewed the results of a community assessment that had been conducted by another agency to determine how the needs of the community might help set direction for the O-ENSU early education program. This review provided support for the need to improve community involvement and awareness.

Creating Long- and Short-Term Plans: During the period from January 1988 to June 1990 the O-ENSU Early Education Program developed and worked on activities related to the program components that were targeted for development. A program **philosophy** and mission statement was developed. The area of **transition planning** was addressed by having an inservice for the staff and parents. The

inservice provided information concerning best practices in transition planning and outlined a process for developing transition planning procedures. Program staff worked for the next two months developing policies and procedures for transitioning preschoolers with special needs into their local kindergarten programs. The effort resulted in the development of a transition planning handbook that would be used by each child's transition planning team. **Family-centered services** were improved through increasing parental involvement in early childhood programs. Parent education sessions were held, newsletters sent home and parents were given input questionnaires to fill out. As a result of these opportunities staff felt that parents became more active participants in their child's program planning process. In response to the need to improve **community involvement and awareness** a public awareness slide show and packet was assembled and presented to the five different school boards in the district during the academic year of 1989-90. A **staff development** manual for early childhood educators was also developed and approved by the school board. The manual addressed professional development and and outlined staff responsibilities. Finally, the area of **program evaluation** was reviewed and efforts were made to establish a process for evaluating the program on a yearly basis by distributing satisfaction inventories to parents and other community agencies who provided services for young children with special needs.

Project staff provided technical assistance on both an ongoing and an as needed basis. Technical assistance included: regular phone contacts, attendance at Advisory Council Meetings, inservice training sessions on best practice indicators for early childhood special education issues and collaborative teaming strategies, and the provision of current research materials.

Evaluation: The O-ENSU Advisory Council reviewed their self-assessment in January of 1989 to evaluate progress and set new goals. They plan to continue their efforts to provide quality services to children with special needs and their families, assess those services, and create change where change is needed. Although this team did experience a great deal of success, they faced a number of barriers

which hindered their efforts (e.g., limited time, money and staff). Strategies for dealing with problems were developed with assistance from the MPD staff. When problems arose they were solved collectively and through problem solving methods outlined in "Cooperative Learning" literature. Meetings were conducted using collaborative teaming procedures which encouraged the sharing and rotating of leadership roles (facilitating, recording, timekeeping), having agendas, having common goals and maintaining respect for each other.

Rutland Northeast Supervisory Union

Program Description

The Rutland Northeast Supervisory District (RNSD), encompassing ten towns, provides early childhood special education (Essential Early Education - EEE) services to an average of 40 children birth to five years of age and their families each year. The supervisory union also provides services to "at-risk" preschool children and their families through a state-funded Early Education Initiative (EEI) grant. EEE services are provided to children birth to three years of age through a home-based service delivery model. EEE services for children three through five years old are provided in the home as well as in two center-based preschools established through the combination of EEE, EEI, and Head Start funding (these two centers were established as a result of the short term plan of action developed through the MPD process). The Special Education Administrator in the district oversees the early childhood special education services component, while an Early Education Coordinator administers the EEI services. Along with the Early Childhood Coordinator who also provides direct service, additional home and center-based staff include two Essential Early Educators, 2 half-time speech-language pathologists and four paraprofessionals.

Participation in the Model Program Development Project

The EEE administrator and staff began working with Model Program Development staff in the spring of 1988. At this point program staff were provided with a detailed description of the model. The components of the model complimented a number of activities that were already taking place in the district. The district had previously completed the EEI grant

application process which required the a self-assessment and the establishment of an advisory council. These two activities provided groundwork that would support participation in the MPD project.

Establishing a Planning Team: Since the RNSD early education program had established an advisory council for their EEI program the Special Education Administrator asked its members to broaden its focus and serve as a planning body for developing a comprehensive early education service delivery system for the district. Membership on the RNSD represented Head Start, EEE, the local education agency, elementary school health, social services, and regional mental health.

Conducting a Self-Assessment: The Advisory Council completed both a Community Needs Assessment and the Exemplary Practice Indicators developed by MDP staff. Council members found the Community Needs Assessment process helpful but also frustrating, as it showed the lack of services in the district. The Exemplary Practice Indicators were completed by EEE staff and the Special Education Administrator. While the Advisory Council members had originally planned to be involved in the process they felt they knew too little about the EEE program to do an adequate assessment. The Special Education Administrator pointed to this fact as evidence of the "fragmentation" of the service delivery system in the district and validation of the need for enhanced planning and coordination. The Advisory Council reviewed the results of the program assessment and provided additional input. As a result of the self-assessment process the following areas for program development were targeted: Staff Development, specifically, working together with families; development of a Program Philosophy and Policies; Planning and Coordination, including expanding membership on the Advisory Council and facilitating transitions and communication between early education and the elementary school; Family/Community Involvement; and Program Evaluation.

Completing Long-and Short-Term Plans: Many activities occurred in the following two years to address the issues targeted for program development (copy of the short-term plan can be found at the end of this vignette). In order to address the identified need for a comprehensive early childhood service delivery system which avoided unnecessary duplication and overlapping of services for children with special needs and their families, **planning and coordination** was the major focus during their first year of participation. **Transition planning** was also targeted as an area in order to facilitate communication and planning among families, early education staff and the elementary schools for the successful transition of children into kindergarten. Representation on the **Advisory Council** broadened to include a parent, kindergarten teachers from three of the district's six elementary schools, a service provider from a county regional program which provides early intervention services, a representative from the regional L.I.N.C.S. team established under 99-457 which is focusing on services for children birth to three and their families, and the district home-school coordinator. As a result of these efforts the Advisory Council evolved into a real action group and took ownership for planning and decision-making. One member noted that it was much more effective working in a group than waiting for one person to "do it all".

During the spring of 1989, the district was notified that funding of EEI services for the 1989-1990 year would be for the establishment of the two center-based preschools. There are no community-based private preschools in this district and it was felt there was a great need for children identified as needing special services to be in group situations prior to school entry. EEE, EEI and Head Start staff spent a great deal of time planning for a preschool which would accommodate children eligible to receive their services. The pooling of funds and staff enabled the district to open the two preschools during the 1989-1990 school year. EEE and EEI staff are able to team

teach to provide a greater amount of center-based time for children receiving EEE services and they collaborate on screening with other agency staff.

Evaluation: A number of things contributed to the accomplishments made in this district. There is a great deal of administrative support for staff. For example, because there was no money to pay the EEE staff to come in during the summer to draft the Five-Year Plan, the Special Education Administrator made arrangements for them to them to trade an inservice day during the year for the two half days in the summer. The review of the One-Year Plan was done during another inservice day so that people would not have to spend additional time outside of school. The early education staff identified the need for inservice training on transition planning. School administrators and including the Superintendent, addressed this need by arranging a day for an MPD staff member to conduct the inservice for the Advisory Council and early education and public school staff. The Advisory Council has become real working body and has engaged in a number activities that have helped them become more efficient, such as sharing minute-taking, setting regular meeting times, and sending out meeting agendas in advance. This has alleviated the lack of attendance at meetings and promoted a shared focus on common goals. The Special Education Administrator, who served as the EEE Coordinator as well, was able to turn over the bulk of administrative responsibility to the EEI Coordinator, since all EEE staff are involved entirely in direct service. This has enabled the early education staff to come together as a real team to share their expertise and time in providing services. The pooling of resources among EEE, EEI and Head Start and the inclusion of parents and the kindergarten teachers on the Advisory Council has resulted in the establishment of relationships and communication which are enhancing services provided for young children with special needs and their families.

In addition to the technical assistance provided by Model Program staff to assist the district in assessing and addressing their program needs, staff provided written materials, (e.g., sample interagency agreements, transition planning materials), arranged training for EEE staff in administering an assessment instrument for use in comprehensive evaluation of children, conducted the inservice on transition planning cited previously, and assisted in providing a week-long institute in the summer of 1990 to enable a team of 13 people from the district representing families, early education and elementary school staff and administrators, and related services personnel to draft system-wide transition procedures for the district.

Rutland Northeast Supervisory Union will continue to address the enhancement of a community-wide service delivery system for young children and their families. The Advisory Council will remain an active part of the process. The early education staff has made a commitment to ongoing staff development, particularly in the area of collaborating with families. A specific goal during the 1990-1991 school year is to find ways to broaden the scope of services across this very large district and recruit kindergarten teachers from the other three elementary schools participating as members of the the Advisory Council. Families and staff also will focus on the implementation of the transition procedures written during the summer to promote system-wide support and commitment to the transition process.

EARLY CHILDHOOD PROGRAM DEVELOPMENT PLAN OF ACTION

Date: 9/9/88

Program Component: PLANNING & COORDINATING

Indicator(s) To Be Addressed: 1, 2, 4, 5C

Objective: TO ESTABLISH FULL ADVISORY BOARD

ACTIVITIES/TASKS/STRATEGIES	Person(s) Responsible	Date Initiated	Projected Date of Completion	Date Completed
1. To add parent, other agency services, CVNA, WIC, VAC, community members.	Michele L.	9/88	10/15/88	
2. Delineate role of Program Advisory Board RE: planning/coordination/write-up.	Advisory Brd.	10/15/88	11/15/88	
4. Systematic/comprehensive assessment of needs of children/ families (Lois) current program practices (staff, administrators, existing community resources (Advisory Board).	Lois Staff/Michele Advisory Brd.	On-Going	9/89	
5C. Procedures for coordinating services with local agencies, community programs (written interagency agreements).	Lois/Michele	On-Going	9/89	

Program Component: STAFF

Indicator(s) To Be Addressed: 1 - 5, 7, 8

Objective:

ACTIVITIES/TASKS/STRATEGIES	Person(s) Responsible	Date Initiated	Projected Date of Completion	Date Completed
1. Write Policy For Evaluation of Paraprofessionals.	Mary Wood		11/15/88	
2. Write Policies & Procedures For Orientation and Training of New Staff.	Michele L.		10/30/88	
3. Program determines Staff Caseload Based Upon Ages/Needs of Children, Families, Geography of Area Served	Staff		12/1/88	
4. Table of Organization - Supervisory Relationships, Lines of Communication	BNI Board		10/30/88	
5. Write Job Descriptions.	Michele L.		12/1/88	
7. Evaluate Program Staff (2 x Year)	Paraprofess. Mary Wood Michele L.		6/89	
8. Conduct In-service Needs Assessment.			10/30/88	

Washington Northeast Supervisory Union

Program Description

The Washington Northeast Supervisory Union (WNESU), located in Central Vermont, includes the towns of Cabot, Marshfield and Plainfield. Early childhood special services in this district are provided by a district-wide Essential Early Education (EEE) program, Compensatory Early Education (CEE) program, and an Early Education Initiative (EEI) project. These three programs serve children three to five years of age who have or are at-risk for developing special needs. Infants and toddlers (birth to 3 years) with special needs and their families are seen on an individual basis. The WNESU provides early childhood special or compensatory education services to approximately 45 children per year. These services, coordinated by an Early Childhood Project Coordinator, are provided: 1) in center-based classrooms located at the two elementary schools, 2) through home visits in consultation with private child care centers, and 3) through an individual "one-on-one" therapy model. Specialists are hired to provide related services on an as needed basis.

Participation In the Model Program Development Project

The WNESU was invited to participate in the Model Program Development Project in August of 1988. At that time the supervisory union had an established early childhood planning group that had been meeting to discuss program development related issues such as future funding options and other program related issues. The WNESU early childhood group explored the implications of participating in this project by contacting other sites who had already made a commitment to the Model Program Development process.

Establishing a Planning Team: In determining the composition and role of their advisory board, WNESU program staff felt it was essential that the board be small enough to get things done, but include representation from all collaborating agencies and parents. They also decided that advisory board meetings should be open and the agenda be distributed in advance throughout the community. A fourteen member advisory board was established that included representation from: local childcare programs, the department of health, the agency of human services, parents, school district early childhood personnel, school administration, and the local parent child center. At many of the early meetings time was set aside to discuss issues such as the decision making process. It was finally decided that the board would use a concensus decision making model. While they realized that the process would take longer, they felt that an important feature of the model was that is provided everyone with an opportunity to provide input relative to each decision. MPD staff provided team members with readings that addressed issues related to team functioning and the concensus decision making process. In addition, the WNESU team was provided with ongoing technical assistance by a MPD staff person who attended most team meetings.

Crafting a Philosophy Statement: This team dedicated several meetings solely for the development of a philosophy statement. The team felt that it was critical to develop a statement that truly reflected their beliefs about children and families since they would use this statement to guide each successive program development decision. The philosophy statement that was developed outlined a commitment to: collaboration, sharing resources, enhancing services to preschoolers with special needs and their families, facilitating integrating, supporting parents in their role as primary educator, being responsive to family identified needs, and ensuring the accessibility of services.

Conducting a Self-Assessment: Although this program did not complete the Exemplary Practice Indicators that were developed by the Model Program Development Project staff, they did complete a

self-assessment process. The advisory board identified three approaches for self-assessment. First, they would use the program evaluation process outlined in the EEI grant application process. Since they need to complete the EEI program evaluation forms in order to receive their second year of funding it made sense to use those findings to set program development goals. Secondly, they would review the National Association for the Education of Young Children (NAEYC) best practices to determine program areas that should be targeted for improvement. Finally, they would use their own philosophy and belief statements to determine the extent to which existing program policies and practices were reflected the beliefs outlined in those statements. As a result of this comprehensive self-assessment process the advisory board targeted four program areas: parent involvement, staff development, curriculum and physical environment, and transition planning.

Completing Long- and Short-Term Action Plans: Each advisory council member assumed responsibility toward the improvement of target program components. As a result, a considerable amount of work was accomplished. In the area of **parent involvement** a parent needs assessment instrument was developed and distributed to all parents. The information provided by parents would be incorporated into program activities. In addition, a parent evening was sponsored to provide information about "Getting Your Child Ready for Kindergarten". **Staff development** was addressed by broadening the staff evaluation process to include the provision of inservice training that was responsive to staff-identified concerns and priorities. The team attending a summer institute that focused on **transition planning**. As a result of attending this institute the team developed transition planning procedures that would be used to facilitate the transition of all youngsters from early childhood special education services to the kindergarten mainstream. The team found it difficult to deal with issues related to the curriculum and physical environment due to the fact that youngsters were receiving services in a variety of settings. This will remain a priority for the team.

Evaluation: While working toward the accomplishment of their goals this team encountered a number of issues that teams frequently need to face when trying to improve existing services. Funding limitations as well as a lack of sufficient numbers of staff were a primary factors that hinder program development efforts. Both elementary schools are suffering from overcrowding conditions which adversely impact available space for early education services. Since this district is a rural one, transportation is also a problem. It is a costly service and, unfortunately, unavailable for all children.

In spite of these barriers, many of the program development goals were addressed. Several facilitating factors contributed to the accomplishment of these goals: cooperation and collaboration among child care agencies and the schools, positive impact of the Advisory Board, and active parental involvement.

Washington Northeast Supervisory Union continues to work toward improving its services to young children and their families. They look forward to having more meaningful services for the birth to 3 year old population, and with better interagency coordination with Head Start. The issue of a permanent and secure classroom in each school continues to drive discussions. This issue though has broader reaching implications beyond early education. The entire school is overcrowded. This summer a skills sequence addressing the 3 to 6 age range is being formalized to assist in transition planning. And finally, a survey conducted in the spring identified several improvements on the early education service delivery model. These modifications will be to develop an action plan for the upcoming year.

PARENT-CHILD CENTER NETWORK

Franklin County Family Center
Lamoille County Family Center

Franklin County Family Center

Program Description

The Franklin County Family Center is a community action program which works with individuals, families and communities to identify, establish, and maintain attitudes and conditions in communities, and services at the Family Center, which enhance the well-being of the families of Franklin and Grand Isle counties.

Participation in the Model Program Development Project

The Center's director and existing board members agreed to participate in the Model Program Development Project in March 1989. At that time, the center was in the initial stages of developing an independent parent-child center which would be an affiliate of the Family Center. It was felt that participation in the project would assist the Center in planning for and achieving this long-term goal.

Establishing a Planning Team: Since there was an existing Advisory Board for the Family Center operating under the auspices of the Community Action Program, one of the first activities of the Family Center staff was to recruit members from this 17-member board to serve as a core planning team to oversee the development of the parent-child center. Additional members were identified and recruited to ensure broad representation from the communities receiving services through the Family Center. The establishment of this separate Board enabled the Family Center to specifically focus on the targeted goal of developing the parent-child center.

Crafting a Philosophy Statement: The Family Center staff in conjunction with the Advisory Board members created and subsequently revised a mission statement based upon the philosophy

established by the Family Center. The mission statement focused on enhancing the well-being of families.

Conducting a Self-Assessment: Since the Center had established the major goal of developing the parent-child center, it was decided to establish objectives in relation to the accomplishment of this goal. The formation and formalization of the Advisory Board allowed participants to set direction in planning for the parent-child center. The long-term objectives were directly related to the provision of a variety of services such as child care, parent education and support, drop-ins, play groups, home-based services, and resource and referral information. The following two major priorities were identified:
1) planning and implementing a public awareness campaign, and
2) planning and implementing a fund raising campaign to address the limited funding available for services and staff.

Completing Long-and Short-Term Plans: One of the major barriers identified by the Director of the Family Center was her dual role of working for the Family Center and trying to plan for the development of the parent-child center at the same time. A five-year plan was developed to address this issue and the identified long-term goals. As an initial step, staff from Model Program Development provided technical assistance in systematizing the role of the Advisory Board to assist the director in carrying out some designated activities. These activities were delegated to committees established among the Board members. An inservice about fund raising issues and procedures was conducted for the board in April 1990. On an ongoing basis, project staff consulted with the Director of the Family Center to discuss the needs of the two counties and strategies to attain targeted goals.

Evaluation: The five-year plan was revised in Spring 1990 and finalized in June 1990. One of the major changes for the Franklin County Family Center is to split from the Community Action Program and create a separate administrative staff. Part of this plan involves the physical relocation of the Family Center. The Family Center will be implementing the public awareness and fund raising campaigns to

secure additional funding in order to relocate and change administration. The involvement of the Family Center in the Model Program Development project offered the Center a viable model for individuals to share responsibilities and address planning needs. The Center has made progress and continues to strive for quality, comprehensive services.

Lamoille Family Center

Program Description

The Lamoille Family Center (LFC), currently in its 14th year, is a family-centered, community-based early intervention parent-child center serving children from birth to six and their families in Lamoille County. A major focus of the Center is the prevention of child abuse through parent education and support. The Family Center is a resource center for families and offers them a lending library, walk-in emergency assistance for food and clothing, and support in linking up with other critical services in the area. Services offered by the center are varied and include workshops, parent support groups, study groups, supervised play groups for preschoolers and their parents, home visits, and assistance to individuals on specific issues. Funding is provided through several sources: Early Education Initiative grants, parent-child center funds, the Turrell grant, and local contributions. The Family Center is a non-profit organization governed by a Board of Directors and has a 13-member staff as well as parent volunteers who help to carry out the objectives of the Center.

Participation in the Model Program Development Project

The Lamoille Family Center agreed to participate as a site in the Model Program Development (MPD) Project in July 1988. Prior to participation in the project, the Family Center had identified a long-term goal of compiling a comprehensive resource guide of services available in Lamoille County for children and families. It was felt that participation in the Program Development Model would greatly facilitate the accomplishment of this goal by identifying activities which would lead to the the publication of such a guide as well as assist the Center in identifying and accomplishing other goals to enhance the services offered by the Family Center.

Establishing a Planning Team: The Family Center recruited the already existing Lamoille Early Education Network (LEEN) team comprised of representatives from Essential Early Education, Chapter 1, day cares, parent-child centers, and public school staff and administrators to serve as the advisory board/planning team for the Family Center. This strategy of recruiting an existing team was very beneficial for the Center, since the membership of this team represented a county-wide focus in providing services to children and families and was a natural vehicle for collaborating with the Center in assessing its services in relation to those provided by others in the county.

Crafting a Philosophy Statement: The Family Center entered the Program Development project with a well-developed philosophy statement which guides the Center in meeting its objective of providing individualized, comprehensive services for young children and their families.

Conducting a Self-Assessment: After reviewing the "Indicators of Exemplary Practice" self-assessment instrument, The Family Center planning team determined that it would wait to use this tool when it was revised to reflect a more family-focused perspective - one which would more adequately address the types of services offered by the Center. This review of the instrument, however, prompted the team to identify that there was definitely a lack of coordination of services, in general, for families. Several agencies/programs were providing separate services for families with little or no interagency collaboration apparent. The Lamoille Family Center advisory board felt frustrated with this lack of a family-centered approach in the county and thus identified the following major goals which the Center (as one service provider) with its advisory board could address to more fully operationalize the principles of the family-centered approach to service delivery: 1) add parents to the Advisory Board/planning team, 2) enhance coordination of services in general among area providers,

and 3) collaborate more fully with area service providers around Child Find activities.

Completing Long-and Short-Term Plans: The team engaged in a number of activities to address the stated goals. After the addition of parents to the advisory board, a mission statement was developed which reflected the philosophy of the Center. The group development of this mission statement helped to create a common framework for the team and further "drove" the activities of the board in meeting the established goals. One of these activities was to distribute a community needs assessment survey and compile the results. The results of this county-wide survey indicated that a coordinated referral system, transportation, and funding were major concerns. In May 1989, the Lamoille Early Education Network hosted a retreat to focus on the needs of the local community and the services provided by the Lamoille Family Center. An action plan was developed to address the identified needs. It was decided to publish an annual newsletter from the Lamoille Early Education Network as one strategy to pull agencies/programs together. The newsletter included information for families about the range of services for children from birth to six and their families. When a referral was made to an early education program, the menu of options described in the newsletter were shared with families. Families were encouraged to make choices for their child.

In an effort to address collaboration in Child Find activities, the Lamoille Family Center began to provide in-home screening for those families unable to attend the regularly scheduled screenings provided through the area early childhood special education (Essential Early Education) program. The inclusion of a home-based component to child find was found to enhance options for families and provide a vehicle for greater communication among programs.

The need for more extensive transportation services was directly linked to the lack of funding. The Center offers play groups for children and families but does not have a way for families without vehicles to be transported to the Center. There are no funds available for support the transportation of families. An addition of home visiting

services has been one means to avoid transportation problems and yet serve families in a viable fashion.

Evaluation: Challenges still facing the Lamoille Family Center include issues related to systems change in Lamoille County and the need for the Lamoille Early Education Network to expand its membership to include more child care providers and kindergarten teachers. Difficulties with limited transportation are still an ongoing concern. The Lamoille Family Center staff and the Lamoille Early Education Network remain committed to improving services for the ultimate benefit of families.

PARENT SUPPORT NETWORK

Parent-to-Parent of Vermont

Parent-to-Parent of Vermont

Program Description

The Parent-to-Parent program is based on the philosophy that parents of young children with newly diagnosed disabilities or handicapping conditions can be helped by parents who have adjusted well to their own child's disability and have the capacity and willingness to help other parents by sharing their feelings and experiences. Supporting parents share the belief that offering emotional support, understanding, and factual information about a child's disability enables parents to view, in a positive manner, their child's ability to grow, learn, and develop to his or her full potential. The specific goals of the Parent-to-Parent Program are:

- To decrease family stress and isolation.
- To increase families' knowledge and use of community resources, particularly those related to early intervention and support for children with disabilities.
- To increase the confidence and skills of those families by providing emotional support, positive parent models, and ongoing opportunities to acquire specific information and/or training.
- To enhance the education, understanding, and sensitivity of those preparing to work with children and families and to be an ongoing resource for those presently caring for children and families (Parent-to-Parent Philosophy Statement, 1988).

The Parent-to-Parent staff includes a director, program coordinator, and four trained regional parent coordinators located in Chittenden/Addison, Bennington/Rutland, Windsor/Windham, and Washington/Orange counties. Staff assume a variety of responsibilities related to Parent-to-Parent program components. At this time those components include:

1) providing direct support including: matching of referred parents with supporting parents, follow-up on matches;
2) designing, implementing and evaluating a practicum seminar for early childhood special education Master's students at the University of Vermont;
3) participating on the Hospital Policy Committee;

4) establishing and supervising a childcare/respite program with physical therapy and social work students at the University of Vermont;
5) designing, implementing, and evaluating a Medical Education Project for the Medical Center Hospital of Vermont;
6) recruiting and training parents for parent/professional dyads;
7) developing training materials on family-centered care; and
8) developing an instrument for evaluating the effectiveness of professional training.

Participation in the Model Program Development Project

Parent-to-Parent became involved in the Model Program Development process in the fall of 1988. As a young organization Parent-to-Parent staff felt the program development model would assist them with three program components (and related activities) that had been targeted for improvement. These areas were: advisory board development, development of a manual for training support parents, and designing, implementing, and evaluating a practicum experience for special education master's students who were planning to work with infants, toddlers, and preschoolers and their families. Project staff met at least monthly with staff from Parent-to-Parent to help set priorities, develop a plan for addressing target program components, and to provide feedback. Although they had an existing advisory board and a written philosophy statement Parent-to-Parent viewed their participation in the model as an opportunity to review both the composition of the board and their philosophy statement.

Advisory Board Development: Initially project staff met with the director of Parent-to-Parent to review the composition of the board relative to establishing broad representation of parents and professionals working with families of young children with special needs. At that time the board was composed of individuals representing parents, educators, physicians, nurses, parent advocacy groups, and the agency of human services. Although the composition was fairly representative of individuals who interact with families of young children with special needs, it was noted that the medical

profession was, perhaps, over-represented on the board. It was decided that in order to balance the perspectives represented on the board, membership should be expanded to include greater representation from the educational community. As part of ongoing technical assistance, project staff meet at least monthly to assist with the development of agendas for board meetings, review material, and provide input to board initiated activities such as the development of a process for staff evaluation and the development and implementation of an advisory board retreat. In addition, project staff attend board meetings.

Crafting a Philosophy Statement: As noted previously, Parent-to-Parent had a well developed program philosophy statement. However, since this was a component of the model it was decided that this was a good opportunity to review their statement to determine whether it still reflected the goals of their growing organization. Parent-to-Parent staff were anxious to use their philosophy statement to help guide program decisions and therefore felt it was essential that the philosophy statement was up-to-date. The discussion that ensued focused on whether anything in their philosophy statement indicated that Parent-to-Parent would not work with certain families (e.g., families of young children with emotional difficulties, families of older children). What resulted was a clarification of their "population" and an invitation to agencies who were working with families of older children and children with emotional problems to do a presentation about their programs for the board.

Long- and Short-Term Plans: The long- and short-term plans that were developed focused specifically on the development of training materials for support parents and the practicum experience with University of Vermont master's students.

1) Development of Training Materials for Support Parents

Over the past two years Parent-to-Parent has hired and trained four regional parent coordinators and well over 150 supporting parents. While they had a well-developed process for conducting the

parent training sessions, they felt the need to organize the process and materials into a written manual that could be disseminated. Project staff became involved in this program component in two ways. First, project staff attended some of the monthly regional parent coordinators meetings. By attending these meetings project staff were able to develop a better understanding of the role and needs of supporting parents. Secondly, project staff reviewed the training manual and materials. At present the manual is in draft form and final revisions are expected to be complete by January 1991.

2) Early Childhood Special Education Practicum Program

Project staff worked closely with Parent-to-Parent staff to design, implement, and evaluate practicum seminar activities. To date, nineteen students have participated in the family-based practicum experience. This practicum has been designed to: provide students with an indepth experience w h a family of a child with a chronic illness or handicapping condition, help interns develop a working knowledge of the elements of the family-centered approach, and help interns develop an understanding of ways in which existing systems and policies can become responsive to family identified concerns and priorities. Practicum activities have been revised at the close of the academic year for each of the past two years. The project is currently in its third year.

Evaluation: Parent-to-Parent is currently in its seventh year. To date they have a well established board of directors that meets on a regular basis, a clear philosophy statement, and well defined program goals and objectives. They have established a system for identifying and prioritizing yearly program activities and have established clear lines of responsibility to ensure the timely completion of these activities.

APPENDIX B

Instrument for Assessing Early Childhood Special Education Exemplary Practices

DRAFT

INSTRUMENT FOR ASSESSING EARLY CHILDHOOD SPECIAL EDUCATION EXEMPLARY PRACTICES

Early Childhood Program Development Project

Michael Conn-Powers, Ph.D.
Patricia Mueller Lewis
Jane Ross-Allen
Suzanne Paquette

Center for Developmental Disabilities
499C Waterman Building
University of Vermont
Burlington, Vermont 05405

March 1988

Program: _____ Date: _____

Evaluators: _____ Position: _____

_____ _____

_____ _____

_____ _____

INSTRUMENT FOR ASSESSING EARLY CHILDHOOD SPECIAL EDUCATION EXEMPLARY PRACTICES

Directions:

Attached is the "Instrument for Assessing Exemplary Practices". These indicators of exemplary practices were developed by the Early Childhood Program Development staff to assist early childhood special education programs in conducting a self-evaluation. This self-assessment will facilitate the identification of areas for program change or revision and will help in planning future program development and refinement activities.

It is suggested that the evaluator(s) become familiar with the assessment instrument and the indicators prior to completing the evaluation.

Each evaluator should:

1. Read each indicator and circle a response to designate how important you think the indicator **"SHOULD BE"** to the operation of the program (L = Low/not important; M = Medium/important; H = High/extremely important). It might be more useful to substitute the word "developed" for "demonstrated" when assessing some indicators.

2. For each item, circle a response to designate to what extent the indicator **"IS BEING PRACTICED"** (0 = Not at all; 4 = Very high). It might be more useful to substitute the word "developed" for "demonstrated" when assessing some indicators.

3. On the blank lines, indicate what **"EVIDENCE"** you are using to determine the extent to which an indicator is being practiced. For example, if you noted that policies had been very highly developed in your program, you could write "policy handbook" as evidence to support your response. Leave this blank if you are unaware of any evidence.

4. For each possible **"FACILITATOR"**, circle a response to designate whether the item is/could be helpful for implementing each of the practices. Be sure to identify and include additional options on the "other" blank line.

Once the instrument has been completed, the evaluator(s) can identify each area where there is a discrepancy between the level of importance the program allocates to a practice and the program's observance of the practice. Each area can be targeted for program development and/or refinement. In addition, the supporting evidence and suggested facilitators for implementing the practice, which are identified through the assessment, can be useful information for program planning.

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?
I. PLANNING AND COORDINATION		
1. A Program Advisory Board is established which is composed of parents, educators, administrators, local agency service providers, and community members.	L M H	0 1 2 3 4
2. The role of the Program Advisory Board concerning program planning and coordination is delineated in writing.	L M H	0 1 2 3 4
3. There is an organizational chart which specifies lines of authority and communication.	L M H	0 1 2 3 4
4. The program administrators and staff conduct a systematic and comprehensive assessment of the needs of children and families, current program practices, and existing resources within the district(s) served by the program.	L M H	0 1 2 3 4
5. Based upon the results of program assessment, the program administrators and staff write, implement, and evaluate an annual plan which coordinates all major program development, implementation, and evaluation activities. The plan includes:	L M H	0 1 2 3 4
a) the goals and objectives of program development activities;	L M H	0 1 2 3 4
b) the major program activities, timelines for beginning and/or completing the activities, and individuals responsible for carrying out each activity; and	L M H	0 1 2 3 4
c) procedures for coordinating services with local agencies and community programs providing services to young children and their families.	L M H	0 1 2 3 4
6. A written record documents that program administrators and staff have allotted sufficient time and resources for planning, coordinating, implementing, and evaluating the program's services (e.g., minutes from planning meetings).	L M H	0 1 2 3 4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

II. PHILOSOPHY AND POLICIES

1. There is a written program philosophy that includes:			
a) the overall mission of the program,	L M H	0 1 2 3 4	
b) the general values and beliefs concerning overall program goals and program practices.	L M H	0 1 2 3 4	
2. The program philosophy:			
a) is developed by program staff and representative program stakeholders or constituents, including parents, other community service providers, elected officials, and general community members;	L M H	0 1 2 3 4	
b) is written in positive, concise, and understandable language;	L M H	0 1 2 3 4	
c) states a commitment to addressing the unique needs of individual children and their families;	L M H	0 1 2 3 4	
d) is consistent with contemporary professional standards and relevant research;	L M H	0 1 2 3 4	
e) provides a basis for determining the goals and practices of all program components;	L M H	0 1 2 3 4	
f) is adopted by the supervisory and district school board(s);	L M H	0 1 2 3 4	
g) is disseminated to all appropriate constituency groups; and,	L M H	0 1 2 3 4	
h) is formally reviewed and, when necessary, revised by the program's Advisory group and representatives of constituency groups every three to five years.	L M H	0 1 2 3 4	
3. There are written Program Policies that govern the operation of the overall program and the implementation of each program component.	L M H	0 1 2 3 4	
4. Program Policies are:			
a) written by program administrators and staff with input from the Program's Advisory Board and other program stakeholders and constituents;	L M H	0 1 2 3 4	
b) written in positive, concise, and understandable language and presented in a well organized manual;	L M H	0 1 2 3 4	
c) consistent with the program philosophy and general school policies;	L M H	0 1 2 3 4	
d) based upon contemporary professional standards and current research;	L M H	0 1 2 3 4	
e) communicated to constituency groups and individuals, school personnel, and parents;	L M H	0 1 2 3 4	
f) formally reviewed and, when necessary, revised by the program's Advisory group and representatives of constituency groups every three to five years.	L M H	0 1 2 3 4	

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?			CURRENT PRACTICE To what extent is this practice currently demonstrated?				
III. SERVICE DELIVERY								
1. The program has identified service delivery options (e.g., home-based, school-based, community-based) and criteria for determining the most appropriate services for each child and family.	L	M	H	0	1	2	3	4
2. The program has written agreements with other community agencies for coordinating the delivery of services to children with handicaps and their families.	L	M	H	0	1	2	3	4
3. Services are provided in home, preschool, and community settings which include children without handicaps and their families.	L	M	H	0	1	2	3	4
4. Services provided in home, preschool, and other community settings ensure:								
a) developmentally appropriate education activities;	L	M	H	0	1	2	3	4
b) functionally appropriate activities;	L	M	H	0	1	2	3	4
c) opportunities for children to learn through decision making;	L	M	H	0	1	2	3	4
d) opportunities for interaction with nonhandicapped peers;	L	M	H	0	1	2	3	4
e) support, training, and ongoing consultative services to the family and related service providers; and,	L	M	H	0	1	2	3	4
f) training and support to community members (e.g., volunteers, local merchants).	L	M	H	0	1	2	3	4
5. The child's IFSP planning team provides documentation and data supporting the team's decision for placement in a more restrictive setting (i.e., segregated program, other in-district program, regional program, private institution, public institution).	L	M	H	0	1	2	3	4
6. The child's IFSP planning team develops a transition plan for movement from a more restrictive setting to a less restrictive setting (e.g., segregated program to integrated program, other in-district program to local program, regional program to in-district program).	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

IV. CHILD FIND AND IDENTIFICATION

1. There are written procedures describing the program's referral/intake process, including but not limited to procedures for:		
a) receiving and acting upon a referral within fifteen days;	L M H	0 1 2 3 4
b) informing parents of the referral process in a timely and comprehensible manner;	L M H	0 1 2 3 4
c) notifying the referring agent of the status of the referral in a timely manner and with informed, written parental consent; and,	L M H	0 1 2 3 4
d) making a referral to another program/ agency, if necessary, following the agency's established guidelines and with informed, written parental consent.	L M H	0 1 2 3 4
2. There are written, interagency agreements outlining the referral process to be implemented among all community agencies and individual service providers.	L M H	0 1 2 3 4
3. Information concerning all referrals is recorded, and includes but is not limited to:		
a) informed, written parental consent;	L M H	0 1 2 3 4
b) child's name, address, and date of birth;	L M H	0 1 2 3 4
c) contact information for parent(s);	L M H	0 1 2 3 4
d) reason for referral;	L M H	0 1 2 3 4
e) name of referring agent;	L M H	0 1 2 3 4
f) date of referral;	L M H	0 1 2 3 4
g) name of child's primary care physician;	L M H	0 1 2 3 4
h) other agencies currently or previously involved with the child.	L M H	0 1 2 3 4
4. Screening includes measurement of the following components through the use of development/health history, observation, and/or testing:		
a) speech and language skills,	L M H	0 1 2 3 4
b) gross motor skills,	L M H	0 1 2 3 4
c) fine motor skills,	L M H	0 1 2 3 4
d) sensorimotor/cognitive/preacademic skills,	L M H	0 1 2 3 4
e) social/emotional skills,	L M H	0 1 2 3 4
f) vision,	L M H	0 1 2 3 4
g) hearing,	L M H	0 1 2 3 4
h) health and medical status,	L M H	0 1 2 3 4
i) environmental risk factors.	L M H	0 1 2 3 4
5. Community-wide screening is available to all young children (birth to school-age) at least once a year and on an individual basis upon request.	L M H	0 1 2 3 4
6. Screening activities are conducted in coordination with other community agencies and private service providers.	L M H	0 1 2 3 4
7. Screening activities occur in sites that are accessible to the community and appropriate for young children.	L M H	0 1 2 3 4

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?
8. Transportation to the screening site is available.	L M H	0 1 2 3 4
9. Screening instruments are selected that are developmentally and culturally appropriate, reliable and valid, and can be easily administered with minimal cost.	L M H	0 1 2 3 4
10. Program staff obtain informed written parental consent prior to conducting the screening.	L M H	0 1 2 3 4
11. The screening is conducted, scored, and interpreted by trained and experienced individuals.	L M H	0 1 2 3 4
12. The results of the screening are interpreted and communicated to the family within fifteen days following completion of the screening.	L M H	0 1 2 3 4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support YES NO
2. Community support YES NO
3. Inservice training and technical assistance YES NO
4. Sufficient time YES NO
5. Adequate staff YES NO
6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

V. ASSESSMENT FOR ELIGIBILITY AND INDIVIDUAL PROGRAMMING

1. Assessment of individual children and their families occurs based upon the need(s) indicated by screening or referral information, and when indicated by the annual review of the IFSP.	L	M	H	0	1	2	3	4
2. The assessment process includes instruments and procedures for evaluating:								
a) the child's health and medical status;	L	M	H	0	1	2	3	4
b) the child's developmental status, including skills in the areas of gross and fine motor, sensorimotor/ cognitive, speech and language, social/emotional, adaptive/ behavioral, and self care;	L	M	H	0	1	2	3	4
c) family and environmental factors, including parent-child interaction, child-environment interaction, the physical and social environment, family strengths and needs.	L	M	H	0	1	2	3	4
3. The child's parents are informed of current regulations, rights, and procedures concerning child evaluation and eligibility determination, give written consent prior to the evaluation, and designate to whom copies of the written assessment report should be sent.	L	M	H	0	1	2	3	4
4. The assessment process is conducted by trained representatives from those disciplines necessary to evaluate all component areas. These representatives may include a/an audiologist, early childhood specialist, educator, speech/language pathologist, neurologist, nurse, occupational and/or physical therapist, physician, psychiatrist, psychologist, social worker, mental health care provider and others as needed.	L	M	H	0	1	2	3	4
5. The program's assessment process:								
a) is nondiscriminatory, culturally fair, and administered in the child's primary language;	L	M	H	0	1	2	3	4
b) utilizes assessment instruments that are reliable and valid;	L	M	H	0	1	2	3	4
c) is appropriate for the disability and developmental level of the child; and,	L	M	H	0	1	2	3	4
d) utilizes multiple assessment instruments and procedures for ensuring individualization and the collection of normative, developmental, and functional information.	L	M	H	0	1	2	3	4
6. The child's family is provided with a variety of opportunities for being involved in all aspects of the assessment process.	L	M	H	0	1	2	3	4

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?
7. An assessment/evaluation report is written following the completion of the child/family assessment, and includes: a description of the assessment instruments/procedures, summary of the results, interpretation of the results, and recommendations.	L M H	0 1 2 3 4
8. The assessment/evaluation results are written and communicated using language understandable to the layperson. Professional terminology is used only when necessary and is defined when used.	L M H	0 1 2 3 4
9. The assessment/evaluation results are communicated to the child's family upon completion of the written report. Parents shall sign a statement indicating that the evaluation results and recommendations have been reviewed with them.	L M H	0 1 2 3 4
10. If appropriate, and with informed, written parental consent, the results and recommendations of the assessment process are shared with those agencies who currently serve the child and family.	L M H	0 1 2 3 4
11. If the assessment results indicate that the child is ineligible for services but may be at-risk for later problems, the child's family is informed of alternative services and a plan to monitor the child's development on at least an annual basis is developed.	L M H	0 1 2 3 4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support YES NO
2. Community support YES NO
3. Inservice training and technical assistance YES NO
4. Sufficient time YES NO
5. Adequate staff YES NO
6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?
VII. INDIVIDUAL PLAN (IFSP/IEP) DEVELOPMENT		
1. The written individual plan (IFSP/IEP) includes:		
a) a statement of the child's present level of development, including the child's strengths, needs, and interests;	L M H	0 1 2 3 4
b) a statement of the family's strengths and needs relative to enhancing their child's development;	L M H	0 1 2 3 4
c) goals and objectives which are to be achieved for the child and the family, including criteria, procedures, and timelines for evaluating the goals;	L M H	0 1 2 3 4
d) specific services needed to meet the unique needs of the child and family, including the frequency, intensity, and method of service delivery;	L M H	0 1 2 3 4
e) the projected dates for the initiation and anticipated duration of services; and,	L M H	0 1 2 3 4
f) the case manager who will be responsible for overseeing the implementation of the individual plan and the coordination of services and agencies.	L M H	0 1 2 3 4
2. The following services are available to adequately address the individual needs of all children and families served by the program, including but not limited to:		
a) special instruction,	L M H	0 1 2 3 4
b) speech pathology and audiology,	L M H	0 1 2 3 4
c) psychological services,	L M H	0 1 2 3 4
d) transportation,	L M H	0 1 2 3 4
e) physical and occupational therapy,	L M H	0 1 2 3 4
f) medical services for diagnostic or evaluation purposes,	L M H	0 1 2 3 4
g) health services necessary to enable a child to benefit from other services,	L M H	0 1 2 3 4
h) social work services, and	L M H	0 1 2 3 4
i) family counseling and training.	L M H	0 1 2 3 4
3. The program actively involves parents in the development of the individual plan by:		
a) preparing parents for the individual plan meeting;	L M H	0 1 2 3 4
b) providing a format and opportunities for parents to present information concerning their child's and family's strengths, needs, and interests;	L M H	0 1 2 3 4
c) asking the parents to share their goals prior to the professionals sharing theirs; and,	L M H	0 1 2 3 4
d) incorporating goals and objectives that reflect the interests, priorities, and values of the child's family.	L M H	0 1 2 3 4
4. The individual plan is developed with input from all professionals/disciplines who represent those areas in which the individual child or family has needs.	L M H	0 1 2 3 4
5. The child-oriented goals and objectives of the individual plan address skills that are age-appropriate and promote successful and independent functioning in current and future least restrictive home, community, and educational settings.	L M H	0 1 2 3 4

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

VI. CURRICULUM PLANNING

1. There is a written philosophy and associated program goals for the children and families served that form the underlying bases for curriculum planning.	L M H	0 1 2 3 4
2. The curriculum philosophy and program goals are developed with input from program staff, parents, professionals from other community agencies and programs, and public school personnel.	L M H	0 1 2 3 4
3. The program should have available curricula or curriculum guidelines which address:		
a) the developmental and functional skill needs of all children served by the program; and,	L M H	0 1 2 3 4
b) the informational, social, and emotional needs of all families served by the program.	L M H	0 1 2 3 4
4. All curriculum content areas should be integrated.	L M H	0 1 2 3 4
5. The available curricula or curriculum guidelines should be adaptable to meet the needs of children with various disabilities.	L M H	0 1 2 3 4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO
6. OTHER: _____		

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?
6. The family-focused goals and objectives of the individual plan address the information, resource, and emotional needs of families in order to support, not supplant, their role in meeting the needs of their child.	L M H	0 1 2 3 4
7. The individual plan is reviewed at least twice a year to document child and family progress and to identify necessary revisions.	L M H	0 1 2 3 4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support YES NO
2. Community support YES NO
3. Inservice training and technical assistance YES NO
4. Sufficient time YES NO
5. Adequate staff YES NO
6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

VIII. INDIVIDUAL PLAN IMPLEMENTATION AND EVALUATION

1. The procedures and activities for implementing all individual plans:									
a) should be written in sufficient detail to allow for reliable implementation by all responsible individuals,	L	M	H	0	1	2	3	4
b) demonstrate respect for each family as a unique and valued system,	L	M	H	0	1	2	3	4
c) are free of stereotypic biases, and	L	M	H	0	1	2	3	4
d) are sensitive to geographic and cultural differences.	L	M	H	0	1	2	3	4
2. The therapeutic and/or educational procedures utilized to address the child-oriented goals and objectives of the individual plan:									
a) facilitate acquisition, maintenance, and generalization of skills;	L	M	H	0	1	2	3	4
b) are age-appropriate and reflect procedures in current and future least restrictive educational environments;	L	M	H	0	1	2	3	4
c) reflect the child's interests and build on the child's initiations and play;	L	M	H	0	1	2	3	4
d) are the most effective, efficient, and least intrusive procedure(s) available;	L	M	H	0	1	2	3	4
e) are integrated into the typical home, preschool, and community routines of the child; and,	L	M	H	0	1	2	3	4
f) provide preschool-aged children with opportunities for socialization with peers.	L	M	H	0	1	2	3	4
3. The therapeutic and/or educational procedures utilized to address the family-oriented goals and objectives of the individual plan:									
a) support but do not supplant the role of the parents and family;	L	M	H	0	1	2	3	4
b) build upon existing family strengths; and,	L	M	H	0	1	2	3	4
c) effectively and nonintrusively address the informational, educational, and emotional needs of the family.	L	M	H	0	1	2	3	4
4. Therapeutic and educational services provided to children in child care/preschool settings:									
a) promote the integration of all children with their nonhandicapped peers,	L	M	H	0	1	2	3	4
b) insure that all equipment and materials are safe and well maintained, and	L	M	H	0	1	2	3	4
c) provide activities which prepare the preschool-aged child for future participation in kindergarten settings.	L	M	H	0	1	2	3	4
5. Evaluation data concerning the implementation and impact of the individual program should be collected at least weekly.	L	M	H	0	1	2	3	4
6. Changes made in the individual plan are based upon data reflecting child/family progress.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

IX. TRANSITION PLANNING

1.	There is an established, written process for transitioning each child and family whenever a significant change in placement or service delivery setting occurs.	L	M	H	0	1	2	3	4
2.	The written process for transitioning individual children and families is developed by individuals representing family members, sending and receiving service providers, program administrators, and related service providers.	L	M	H	0	1	2	3	4
3.	Transition planning occurs for individual children and families each time a significant change in placement or service delivery setting occurs.	L	M	H	0	1	2	3	4
4.	Transition planning is conducted by a team that includes the family, sending and receiving service providers, program administrators, and other appropriate community service providers.	L	M	H	0	1	2	3	4
5.	Transition planning for individual children and families should include, but not be limited to, the following activities:								
	a) informing and involving the family in the transition process,	L	M	H	0	1	2	3	4
	b) preparing the child and future setting/service providers prior to the transition,	L	M	H	0	1	2	3	4
	c) planning the child and family's actual transition to ensure placement in the least restrictive setting and the uninterrupted delivery of services,	L	M	H	0	1	2	3	4
	d) monitoring and supporting the new placement, and	L	M	H	0	1	2	3	4
	e) planning future transitions.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?			CURRENT PRACTICE To what extent is this practice currently demonstrated?				
X. FAMILY-PROFESSIONAL COLLABORATION								
1. There is a system for insuring that all families know about and understand their rights and responsibilities.	L	M	H	0	1	2	3	4
2. Program staff provide materials, information, and educational programs that address individual family needs concerning parenting, their child's specific disability and unique care needs, and long term implications of their child's disability.	L	M	H	0	1	2	3	4
3. There is a system for informing families of available community agencies, resources, and support groups and how to access and utilize these services.	L	M	H	0	1	2	3	4
4. There are a variety of opportunities and means for families and professionals to communicate with each other (e.g., parent/teacher conferences, newsletters, telephone calls, log books, and home visits).	L	M	H	0	1	2	3	4
5. There are a variety of opportunities and means for families to participate or have input into all aspects of program planning and coordination.	L	M	H	0	1	2	3	4
6. Parents are provided information, support, and encouragement to assist them in assuming the role of case manager.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support YES NO
2. Community support YES NO
3. Inservice training and technical assistance YES NO
4. Sufficient time YES NO
5. Adequate staff YES NO
6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?			CURRENT PRACTICE To what extent is this practice currently demonstrated?				
XI. COMMUNITY INVOLVEMENT AND INFORMATION AWARENESS								
1. There is a written plan for disseminating program-related information to the community in order to promote child find efforts and increase community awareness and support of the program and its services.	L	M	H	0	1	2	3	4
2. The written dissemination plan includes:								
a) dissemination objectives,	L	M	H	0	1	2	3	4
b) dissemination audience(s),	L	M	H	0	1	2	3	4
c) information products and media for dissemination,	L	M	H	0	1	2	3	4
d) persons responsible and timelines for dissemination, and	L	M	H	0	1	2	3	4
e) procedures for evaluating the impact of the dissemination activities.	L	M	H	0	1	2	3	4
3. Program staff participate in formal/informal networks (e.g., professional/advocacy organizations) for the purposes of information sharing, support, and advocacy.	L	M	H	0	1	2	3	4
4. Program staff promote community involvement by:								
a) providing opportunities for community members to participate in program activities,	L	M	H	0	1	2	3	4
b) informing families of opportunities to participate in community activities, and	L	M	H	0	1	2	3	4
c) participating in relevant community activities.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?			CURRENT PRACTICE To what extent is this practice currently demonstrated?				
XII. INTERAGENCY COLLABORATION								
1. There is a written plan for interagency collaboration that is agreed upon by all community agencies serving young children and families. The plan includes goals, procedures, roles and responsibilities, and timelines for ensuring that:								
a) dissemination of information describing available resources and eligibility guidelines and procedures for gaining access to these resources,	L	M	H	0	1	2	3	4
b) appropriate and timely referral for services among agencies,	L	M	H	0	1	2	3	4
c) sharing of information concerning individual children and families while assuring confidentiality for the families,	L	M	H	0	1	2	3	4
d) coordination among agencies serving individual families to ensure that there is no duplication, overlap, or omission of services, and	L	M	H	0	1	2	3	4
e) identification of a single case manager for assisting families who are served by multiple agencies.	L	M	H	0	1	2	3	4
2. Program staff have a comprehensive directory of local community and human service agencies that is updated annually.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO
6. OTHER: _____		

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

XIII. STAFF

1.	There is a written program policy for recruitment, selection, employment, evaluation, and termination of staff which is consistent with state and local regulations.	L	M	H	0	1	2	3	4
2.	There are written policies and procedures for the orientation and training of new staff.	L	M	H	0	1	2	3	4
3.	The program determines staff caseload based upon the ages and needs of children and their families, and upon the geography of the area served.	L	M	H	0	1	2	3	4
4.	There is a table of organization which specifies the supervisory relationships and lines of communication among program staff.	L	M	H	0	1	2	3	4
5.	Job descriptions exist with clearly defined certification/licensure requirements, roles and responsibilities for each position.	L	M	H	0	1	2	3	4
6.	Program staff schedules are established at the beginning of the school year, are reviewed monthly, and allow time for planning, preparation, and other necessary tasks in addition to direct service.	L	M	H	0	1	2	3	4
7.	There is a written process for evaluating program staff on an annual basis. The process provides the opportunity for the staff person to participate in the evaluation process.	L	M	H	0	1	2	3	4
8.	There are staff development activities that occur annually which are based upon program goals and an inservice training needs assessment.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

	LEVEL OF IMPORTANCE To what extent should be demonstrated?	CURRENT PRACTICE To what extent is this practice currently demonstrated?

XIV. PROGRAM EVALUATION

1.	A written program evaluation plan is developed each year and includes:								
	a) the program component(s) and purpose(s) of the evaluation,	L	M	H	0	1	2	3	4
	b) evaluation questions and procedures,	L	M	H	0	1	2	3	4
	c) responsible persons and timelines,	L	M	H	0	1	2	3	4
	d) procedures for utilizing and communicating the results.	L	M	H	0	1	2	3	4
2.	The program evaluation plan includes procedures for determining the extent to which program practices address legal and professional standards, demonstrate current best practices, and have an impact upon the children, families, and community served.	L	M	H	0	1	2	3	4
3.	Each component of the program is evaluated at least once every three years.	L	M	H	0	1	2	3	4
4.	The results of the program evaluation provide information for development of an action plan for program improvement and determination of program merit.	L	M	H	0	1	2	3	4
5.	Program evaluation results are incorporated into program planning and implementation.	L	M	H	0	1	2	3	4

EVIDENCE TO SUPPORT YOUR RESPONSES REGARDING CURRENT PRACTICES:

_____

_____

_____

FACILITATORS FOR IMPLEMENTING CURRENT PRACTICES:

1. Administrative support	YES	NO
2. Community support	YES	NO
3. Inservice training and technical assistance	YES	NO
4. Sufficient time	YES	NO
5. Adequate staff	YES	NO

6. OTHER: _____

_____

_____

APPENDIX C

Early Childhood Special Education Best Practices

Child Find

Child Find is a systematic, community wide effort which identifies infants and young children who are eligible and/or potentially eligible for early childhood special education services. Those children identified, with the consent of their families, should be made known to appropriate service providers for follow-up. Child find includes at least the following components: definition of population, prescreening and screening, public awareness, referrals to appropriate service providers (if relevant), data management, case management, and coordination of services implemented by trained personnel (Bourland & Harbin, 1987).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. The ECSE service providers systematically share information about ECSE services and the referral process to public and private community resources.	Y N	Y N	0 1 2 3 4	
2. The ECSE program has procedures for receiving, and acting on incoming referrals in a timely fashion.	Y N	Y N	0 1 2 3 4	
3. The program actively seeks children for screening through the use of local media and collaboration with other community agencies and private service providers.	Y N	Y N	0 1 2 3 4	
4. The program coordinates screening activities and shares screening responsibilities with other community agencies and/or private service providers.	Y N	Y N	0 1 2 3 4	
5. The program conducts screening activities in community sites that are nonstigmatizing accessible to families and appropriate for young children.	Y N	Y N	0 1 2 3 4	
6. Screening activities include gathering information through interviews with parents, observing the children and administering valid and reliable instruments.	Y N	Y N	0 1 2 3 4	
7. ECSE staff interprets and discusses screening results with parents in a timely manner, preferably immediately after screening process, and provide parents with information about community resources, child development and developmentally appropriate activities.	Y N	Y N	0 1 2 3 4	
8. ECSE staff and the family decide next steps (e.g., whether a child needs further evaluation(s), rescreening or referrals to other community resources).	Y N	Y N	0 1 2 3 4	

DRAFT

Transition Planning

Transition planning should insure the child's successful entry into the local kindergarten classroom and other elementary school activities and programs. Planning should occur in a systematic, individualized, timely, and collaborative fashion. Family members should receive the necessary information, support and opportunities to enable them to participate as equal partners in planning their child's transition. The ECSE program should prepare the child for successful participation in the kindergarten classroom, elementary school, and other regular education environments. The elementary school should provide the necessary services to promote and support the child's placement, integration, and education in the kindergarten classroom and other regular education environments (Conn-Powers, M., Ross-Allen, J. & Holburn, S., 1990).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
<u>District/School Activities</u>				
1. Transition policies exist.	Y N	Y N	0 1 2 3 4	
2. Transition procedures exist.	Y N	Y N	0 1 2 3 4	
3. Families are provided with information about the school's or district's transition policies and procedures.	Y N	Y N	0 1 2 3 4	
4. Transition policies/procedures address the:				
a. family's goals for their child's transition,	Y N	Y N	0 1 2 3 4	
b. family's identified support and information needs, and	Y N	Y N	0 1 2 3 4	
c. family's desired levels of participation.	Y N	Y N	0 1 2 3 4	
5. Local elementary school administrators and staff are informed at least 12 months in advance about all children with special needs who will be entering kindergarten.	Y N	Y N	0 1 2 3 4	
6. A planning team is established for each child in order to develop and implement an individualized transition plan.	Y N	Y N	0 1 2 3 4	
7. Transition planning coordinators are identified who represent the family, ECSE services and the local elementary school.	Y N	Y N	0 1 2 3 4	

Transition Planning (con't)

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
Individual Transition Plan				
8. Necessary resources are determined and provided to facilitate the child's optimal participation in the kindergarten setting and address: a. the child's needs, b. the teacher's needs, and c. the family's needs.	Y N Y N Y N	Y N Y N Y N	0 1 2 3 4 0 1 2 3 4 0 1 2 3 4	
9. The child's potential kindergarten placement is identified as early as necessary to facilitate the child's optimal participation in the kindergarten placement.	Y N	Y N	0 1 2 3 4	
10. The family and elementary school staff identify the methods they will use to share information prior to the child's enrollment in kindergarten.	Y N	Y N	0 1 2 3 4	
11. The planning team identifies methods to monitor the child's participation in the kindergarten classroom and other regular education environments.	Y N	Y N	0 1 2 3 4	
12. The planning team identifies methods to provide the child, family and elementary school staff with follow-up support.	Y N	Y N	0 1 2 3 4	

Curriculum

Curriculum refers to the planned arrangement of learning experiences designed to elicit changes in children's behavior. Curriculum planning should assure that children and families have adequate and appropriate opportunities and experiences to accomplish identified goals and objectives. Curriculum should be comprehensive and include activities with physical movement, language experience, problem solving, social skills, and creative expression. Curriculum should provide one of the bases for developing individual educational plans (Lerner, Mardell-Czudnowski, Goldenberg, 1981).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. The curriculum addresses all areas of development including: physical, social/emotional, communication and cognitive through an integrated approach (e.g., curriculum planning ensures that activities designed to stimulate one dimension of development and learning impacts on other dimensions as well).	Y N	Y N	0 1 2 3 4	
2. Parents are involved in the design, implementation, and evaluation of the curriculum activities and/or materials.	Y N	Y N	0 1 2 3 4	
3. Ongoing curriculum planning is based on teacher observation and monitoring of children's special interests and developmental progress.	Y N	Y N	0 1 2 3 4	
4. Parents are asked to share information about their child's likes, dislikes, strengths, and needs as it relates to classroom activities.	Y N	Y N	0 1 2 3 4	
5. Curriculum planning and the resulting classroom activities emphasize learning as an interactive process, creating an environment that allows children to learn through active exploration and interaction with adults, other children and materials.	Y N	Y N	0 1 2 3 4	
6. Activities and materials are concrete, real-life, and relevant to the lives of young children.	Y N	Y N	0 1 2 3 4	
7. Classroom activities and materials are appropriate for a wider range of developmental interests and abilities than the chronological age range of the group would suggest.	Y N	Y N	0 1 2 3 4	
8. The variety of activities and materials are used to allow teachers to increase the difficulty and challenge of an activity.	Y N	Y N	0 1 2 3 4	
9. Children are allowed time to actively explore a variety of activities, materials, and equipment of their choice.	Y N	Y N	0 1 2 3 4	DRAFT

Curriculum (con't)

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
10. Activities and materials can be adapted for children with varying handicaping conditions.	Y N	Y N	0 1 2 3 4	
11. Parents are regularly invited to actively participate in everyday classroom activities.	Y N	Y N	0 1 2 3 4	
12. Multicultural and nonsexist experiences, materials, and equipment are av .lable.	Y N	Y N	0 1 2 3 4	
13. Daily activities provide a balance of rest and active movement.	Y N	Y N	0 1 2 3 4	
14. Children are provided with a balance of indoor and outdoor activity.	Y N	Y N	0 1 2 3 4	
15. The progress of each child is monitored through the use of anecdotal records or checklists.	Y N	Y N	0 1 2 3 4	

DRAFT

Program Evaluation

Program Evaluation should be a systematic and ongoing process for gathering information concerning the impact of all program components. Programs should plan for and utilize several types of procedures which can include program evaluability, needs assessment, program monitoring, and formative and summative evaluation (Sheehan & Lasky, 1987). The information should determine program strengths, family/community satisfaction, child progress, and technical assistance needs.

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. An evaluation team is established which includes parents, program staff, community-based staff and administrators to formulate the evaluation process.	Y N	Y N	0 1 2 3 4	
2. The evaluation team:				
a. determines the purpose of the evaluation (e.g., needs assessment, child outcomes, staffing patterns);	Y N	Y N	0 1 2 3 4	
b. identifies recipients of the evaluation report and what they need to know;	Y N	Y N	0 1 2 3 4	
c. identifies key components of the program to be evaluated based on identified purpose;	Y N	Y N	0 1 2 3 4	
d. when appropriate, identifies additional key individuals from the local community, the school district, and the state as team members.	Y N	Y N	0 1 2 3 4	
3. The evaluation team develops the plan which includes:				
a. specific evaluation questions to be addressed;	Y N	Y N	0 1 2 3 4	
b. the design or set of procedures used to gather information (e.g., surveys, observations, interviews, pre-post assessments);	Y N	Y N	0 1 2 3 4	
c. specific information-gathering tools (e.g., assessment instruments, interview forms, checklists);	Y N	Y N	0 1 2 3 4	
d. data analysis procedures;	Y N	Y N	0 1 2 3 4	
e. the format for the evaluation report;	Y N	Y N	0 1 2 3 4	
f. how the evaluation results will be utilized (e.g., distributing results to individuals who have a vested interest in the program, making decisions about the program, assisting in program planning, to determine technical assistance needs).	Y N	Y N	0 1 2 3 4	

Program Evaluation (con't)

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
4. The evaluation team assures all components of the plan are accomplished by:				
a. assigning responsibilities;	Y N	Y N	0 1 2 3 4	
b. establishing a timeline;	Y N	Y N	0 1 2 3 4	
c. identifying technical assistance needs relative to implementation of the evaluation plan;	Y N	Y N	0 1 2 3 4	
d. identifying resources available for implementing the plan;	Y N	Y N	0 1 2 3 4	
e. establishing a plan to monitor evaluation activities.	Y N	Y N	0 1 2 3 4	

Family-Centered Services

Family-centered services are provided by early interventionists who recognize, respect, and support the central role that families have in their child's life. These early interventionists interact with families in such a way that families attribute the positive changes that result from early education services to their own strengths, abilities and actions (NEC*TAS, 1989).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. All families are provided with opportunities to actively participate in the: a. planning; b. implementation; c.. evaluation; of all curriculum, child find, and program evaluation activities.	Y N Y N Y N	Y N Y N Y N	0 1 2 3 4 0 1 2 3 4 0 1 2 3 4	
2. All families are offered opportunities to actively participate as: a. providers of inservice training; b. recipients of inservice training.	Y N Y N	Y N Y N	0 1 2 3 4 0 1 2 3 4	
3. All families are afforded opportunities to participate on any program advisory boards, planning teams, and committees that may be established to address program related issues.	Y N	Y N	0 1 2 3 4	
4. Meetings are scheduled and conducted at times and places that families identify as convenient and comfortable.	Y N	Y N	0 1 2 3 4	
5. A process exists for informing families about and linking families with available local, regional, and state resources (e.g., parent-to-parent support, medicaid, recreation programs).	Y N	Y N	0 1 2 3 4	
6. A process exists to determine the extent to which families express satisfaction concerning: a. the goals of the program, b. the services their child is receiving, c. the services other members of the family are receiving, d. their opportunities to participate in program activities, e. their child's progress.	Y N Y N Y N Y N Y N	Y N Y N Y N Y N Y N	0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4 0 1 2 3 4	

Family-Centered (con't)

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
7. Staff are provided with ongoing training and supervision relative to the principles of family-centered service delivery to insure that they remian abreast of expanding knowledge in the field in order to perform competently according to current standards of practice (e.g., interaction with children and families in appropriate ways, and responding to family identified concerns, priorities, and values).	Y N	Y N	0 1 2 3 4	
8. Interview committees for hiring new staff include representation from families receiving program services.	Y N	Y N	0 1 2 3 4	

Least Restrictive Environment (LRE)

Young children and their families should receive early childhood special education services in the home and/or other typical community settings. Those community settings should be age-appropriate and compatible with the value: ıd practices of the family, and facilitate the accomplishment of family identified goals and objectives (Peterson, 1987, DEC Position Statement, 1987).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. A procedure exists for identifying early childhood programs/settings within the catchment area in which no more than 50% of the children receive special/support services.	Y N	Y N	0 1 2 3 4	
2. An evaluation system exists to determine the extent to which early childhood programs: a) are family-centered, b) are developmentally appropriate and able to meet the social, emotional, physical, behavioral and communication needs of young children, and c) can and will accommodate a variety of services and levels of intensity for children with special needs.	Y N	Y N	0 1 2 3 4	
3. A procedure exists for determining and providing the following resources to facilitate a child's optimal participation in the LRE including:				
a. child related resources,	Y N	Y N	0 1 2 3 4	
b. teacher/caregiver related resources, and	Y N	Y N	0 1 2 3 4	
c. family related resources.	Y N	Y N	0 1 2 3 4	

Comprehensive Evaluation

Comprehensive evaluation is a process of gathering information for the purpose of making eligibility, placement, and program planning decisions. Evaluation procedures incorporate multimeasure, multisource, and multidomain information gathering activities to assure a broad-based view of the child within the context of his/her family and environments (Neisworth & Bagnato, 1987).

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. An evaluation team is established which includes family members and representatives from those disciplines necessary to evaluate health and developmental status.	Y N	Y N	0 1 2 3 4	
2. Family members are given the opportunity to share responsibility for providing critical information, designing and implementing the evaluation plan and determining eligibility.	Y N	Y N	0 1 2 3 4	
3. The evaluation process includes instruments/procedures for gathering information relevant to:				
a. the child's developmental status, including skills in the areas of gross and fine motor, sensorimotor/cognitive, speech and language, social/emotional, adaptive/behavioral, and self care; and,	Y N	Y N	0 1 2 3 4	
b. family and environmental factors, including parent-child interaction, child-environment interaction, the physical and social environment, and family strengths and needs as they relate to the child's development.	Y N	Y N	0 1 2 3 4	
4. Team members serve a collective evaluation function for each other.	Y N	Y N	0 1 2 3 4	
5. Evaluation procedures for the purpose of eligibility use multiple sources of information and multiple measures across all domains of development to insure a broad perspective. These multiple sources include (but are not limited to) standardized test, observations in naturalistic settings and the perceptions of significant persons.	Y N	Y N	0 1 2 3 4	
6. Evaluation procedures for the purpose of program planning include using appropriate curriculum-based measure(s).	Y N	Y N	0 1 2 3 4	
7. Assessment activities occur in settings that are developmentally appropriate for young children.	Y N	Y N	0 1 2 3 4	

DRAFT

Individual Education Program (IEP) & Related Service Planning Process

The Individual Education Program and related service planning process involves shared gathering of information and decision making in order to develop the written IEP document. The document, developed by a multi-disciplinary team, composed of parents and relevant prossionals, includes all the components mandated by P.L. 94-142 (Turnbull, 1986) and addresses the child's unique strengths and needs within the context of his/her family. The role of related service proers should be to synthesize information and share in the delivery of specialized methods that are required for the child to benefit from special education within an integrated setting.

INDICATORS	DOES OCCUR	WRITTEN PLAN EXISTS	PRIORITY low medium high	NOTES
1. Prior to the development of each IEP, parents are provided with information about the IEP components and process.	Y N	Y N	0 1 2 3 4	
2. An IEP team is established which is composed of: an LEA representative, parents, appropriate related service providers and relevant others (e.g., mainstreamed early childhood program staff).	Y N	Y N	0 1 2 3 4	
3. An IEP is developed that includes:				
a. a single set of *discipline-free goals and objectives that reflect the interests, priorities, and values of the child's family and are shared by all team members;	Y N	Y N	0 1 2 3 4	
b. a placement decision that reflects team concensus.	Y N	Y N	0 1 2 3 4	
4. Based on the placement decision and discipline free goals and objectives that are outlined in the IEP, the team determinews the extent of related services needed to:				
a. facilitate full participation in the environment;	Y N	Y N	0 1 2 3 4	
b. support the child's accomplishment of IEP goals and obejctives.	Y N	Y N	0 1 2 3 4	
5. If the IEP team recommends placement in a setting other than an early childhood setting that is accessed by typically developing children, ther the team:				
a. provides documentation and data supporting the team's decision;	Y N	Y N	0 1 2 3 4	
b. develops a written plan to facilitate the child's full participation in an early childhood setting that is accessed by typically developing children.	Y N	Y N	0 1 2 3 4	
6. The IEP ensures that child progress as it relates to IEP goals and objectives is monitored and document on a:				
a. weekly basis;	Y N	Y N	0 1 2 3 4	
b. quarterly basis.	Y N	Y N	0 1 2 3 4	

*a single set of goals determined by team consensus rather than subsets of goals each representing the orientation of an individual discipline

DRAFT

APPENDIX D

Self-Evaluation Tool References

SELF-EVALUATION TOOL REFERENCES

New England SERVE. (1989). Enhancing quality: Standards and indicators of quality care for children with special health care needs. Massachusetts Health Research Institute Inc.

Suarez, T.M. (1982). Planning evaluation of programs for high-risk and handicapped infants. In C.T. Ramey & P.L. Trohanis (Eds.). Finding and educating high-risk and handicapped infants. Baltimore: University Park Press.

Developmentally appropriate practice in early childhood programs serving children from birth through age 8. (1987). National Association for the Education of Young Children.

Guidelines for planning and implementing essential early education programs in Vermont. (1987).