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ABSTRACT

This final report describes the federally funded Parents and Visually Impaired Infants (PAVII) Project, which served 28 families in the San Francisco, California, area. The report describes assessment and intervention materials that the project developed, field tested, and disseminated. It lists the infants' types of visual impairment and additional handicapping conditions, extent of project staff contact with each family, transition plans for each infant, and agencies that the project staff worked with to coordinate services. Subsequent sections highlight the main components of the PAVII Project, outlining for each component a rationale, outcomes, and what was learned from the experience. These components include: interagency collaboration, program role, parent/family role, staff development, assessments, play group, parent group, parent education meetings, and family fun days. Appendices contain program evaluation materials. (JDD)

PAVII PROJECT

(Parents and Visually Impaired Infants)
Final Report
9/85-8/88
Federal Identification # GOO8530067

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I. Abstract of Project Activities (9/1/85-8/1/88)

Over the past three years, the PAVII Project has served 28 families with infants who are visually impaired. There were a total of 1273.6 contact hours with individual families, with an average of 1.5 hours for each contact. In addition, families could attend 93 integrated play group sessions and 78 parent support group meetings. Five social events and five educational events were held on weekends or during the evening to encourage participation of working parents.

Final versions of the following PAVII materials have been developed and field tested with project families:

1. The Parent Assessment of Need
2. The Parent Observation Protocol
3. The Art of Home Visiting
4. Getting Ready for School
5. How-to Papers on Assessment
6. Learning Together: A Parent Guide to Socially-Based Routines for Visually Impaired Infants

These materials have been disseminated widely through notices in newsletters, conference presentations and in service training. PAVII materials have been received very positively by the field of early childhood special education. Plans have been made for these materials to be published by the American Printing House for the Blind.

Families have been transitioned to the Blind Babies Foundation and/or local school district preschool programs. The project's parent-infant educator will be resuming a position with the Blind Babies Foundation and will facilitate the transition process during Fall 1988 and institutionalize components of the project within the Blind Babies Foundation.

II. Summary of Project Activities

1. Description of Project Components

During the past three years, the project has served 28 families and their infants with visual impairments. Sixteen families lived in San Francisco, three families lived in Pacifica, two in Daly City, five in the North Bay, and one in the East Bay.

As shown in Table I, infants vary in type of visual impairment as well as in additional handicapping conditions.

Table 1 **Project Infants and Handicapping Conditions**
(total number served between 9/85-7/88)

#	DOB	SEX	VISUAL IMPAIRMENT	OTHER HANDICAPS
1	4/26/83	F	Retrolental fibroplasia (RLF)	No
2	10/7/83	F	Optic Nerve Hypoplasia	No
3	5/3/84	M	RLF	Seizures
4	7/23/84	M	Aniridia/Glaucoma	No
5	7/31/84	M	Microphthalmia/ Anophthalmia (M/A)	No
6	9/22/84	F	Cone/Rod Dystrophy	No
7	10/17/84	F	Cortical Visual Impairment (CVI)	Hypotonia Developmental Delay Neurological problems
8	11/28/84	F	Optic Nerve Atrophy	Microcephaly Hypotonia Failure-to-thrive
9	12/11/84	F	Cataracts Microphthalmia	No
10	9/20/84	M	M/A	No
11	1/14/85	M	CVI	Hypotonia Auditory dysfunction Seizures
12	2/25/85	F	Colobomas	Severe hearing loss Hypotonia
13	4/23/85	F	Coloboma Microphthalmia	No
14	7/27/85	M	Ocular Albinism	No
15	8/6/85	F	Congenital glaucoma	Developmental Delay

#	DOB	SEX	VISUAL IMPAIRMENT	OTHER HANDICAPS
16	8/11/85	F	Microphthalmia	No
17	8/13/85	F	Colobomas	Moderate hearing loss Hypotonia Cleft palate Failure-to-thrive
18	12/7/85	M	CVI	Seizures Hypotonia Hydrocephaly
19	12/18/85	F	CVI	Neurodegenerative disease
20	5/9/86	M	CVI	Hypotonia
21	5/14/86	F	CVI	Severe physical involvement
22	8/31/86	M	RLF	No
23	9/1/86	M	CVI	Cerebral palsy Neurological problems Asthma Seizures
24	9/4/86	M	Septo Optic Dysplasia	No
25	10/17/86	M	CVI	Hydrocephaly Neurological problems Hypotonia
26	9/4/87	M	Microphthalmia Colobomas/Septo Optic Dysplasia	Associated Endocrine Problems
27	5/2/87	M	A/M	Cleft lip/palate
28	5/30/87	M	Microphthalmia/ Cystic degeneration	No

As shown in Table II, the frequency of contacts varied according to each family's need during a particular time. Contacts were composed of home visits, medical visits, and consultation with

other programs. The frequency of contact with an individual family was determined by parent requests, family need, and staff judgement.

Table II YEAR 3 1987-1988 CONTACTS WITH FAMILIES

INFANT	DOB	# CONTACTS	# HRS	AVE TIME
DC	7/23/84	6	8.9	1.5
AP	12/11/84	10	13.7	1.5
SU	1/14/85	22	39.2	1.7
LK	2/25/85	24	47.5	2.0
MC	4/23/85	10	23.7	2.5
RG	7/27/85	6	8.1	1.3
GD	8/6/85	18	23.7	1.5
MA	8/11/85	11	18.7	1.7
ED	8/13/85	33	50.0	1.5
NO	9/4/86	6	8.9	1.5
JR	12/7/85	8	13.5	1.7
CM	8/31/86	4	12.0	3.0
AL	10/17/86	8	10.5	1.3
RB	5/2/87	32	43.7	1.5
HW	5/30/87	38	59.8	1.5
YEAR 3 TOTAL		236	381.9	1.7

Table III TOTAL CONTACTS 1985-1988

YEAR 1 TOTAL	318	419.5	1.3
YEAR 2 TOTAL	303	472.2	1.5
YEAR 3 TOTAL	236	381.9	1.7
1985-1988 TOTAL	857	1273.6	1.5

TRANSITION PLANS

DC in Children's Center preschool with school district support services, transfer to Blind Babies Foundation (BBF) 8/88.
AP in private preschool with school district support services, BBF consultant status 8/88.

SU special preschool placement declined by parents, transfer to BBF 8/88.
LK in school district severely handicapped preschool program 2/88, transfer to BBF 8/88.
MC special preschool placement declined by parents, may attend Children's Center in fall, transfer to BBF 8/88.
RG parents plan no preschool attendance, case closed 6/88.
ED to begin county hearing impaired/multihandicapped preschool class 9/88.
GD to begin county special education preschool in fall, transfer to BBF 8/88.
MA moved out of PAVII service area, enrolled in school district program for visually impaired toddlers, transferred to BBF 11/87.
JR in school district special infant program, transfer to BBF 8/88.
NO in private infant program, refer to BBF 8/88.
AL in private special infant program, transfer to BBF 8/88.
RB enrolled in school district special infant program, transfer to BBF 8/88.
HW transfer to BBF 8/88.

AGENCY CONTACTS

Over the past three years, project staff worked with the following agencies/programs to provide coordinated services and to meet an individual family's need:

1. ABC Preschool
2. Adobe Christian Preschool, Petaluma
3. Alemany Preschool
4. Bernal Heights Preschool
5. Bryant Street Children's Center
6. California State Department of Social Services
7. Children's Home Society
8. Children's Hospital Child Development Center, San Francisco
9. Community Alliance for Special Education
10. Family Service Agency, San Francisco
11. Golden Gate Kindergarten Association, Phoebe Hearst Preschool
12. Golden Gate Regional Center
13. Laguna Salada School District, psychologist & SpEd director
14. Marin County Supt. of Schools, Program for Infant Hearing Impaired, San Rafael, Program for Visually Impaired
15. Marin County Agency for Infant Development, Kentfield
16. Napa Infant Program
17. North Bay Regional Center
18. Poplar Center San Mateo
19. San Francisco Hearing and Speech Program for Infant Hearing Impaired
20. San Francisco Community College Parent Education Center
21. San Francisco General Hospital
22. San Francisco State University
23. San Francisco Unified School District
    Central Assessment Unit

Project STIP
Multihandicapped preschool classes.
Severely handicapped preschool classes.
San Francisco Special Infant Program
Starr King School
Yerba Buena Preschool

24. San Mateo County Superintendent of Schools
Early Childhood Center
Preschool Class for Visually Impaired
Infant Program for Hearing Impaired
Preschool Program for Hearing Impaired
25. Sonoma County Agency for Infant Development
26. Sonoma County Supt. of Schools, Visually Handicapped Program
27. UC San Francisco Neonatal Intensive Care Follow-Up Program

In addition, project staff worked with the following private and public agencies in order to locate resources or address a number of family priorities:

1. Agency for Infant Development, Sonoma
2. Alameda County Infant Program
3. Bay Area Women's Resource Center
4. California Department of Social Services, San Francisco
5. California Children's Services, San Francisco
6. Catholic Social Services - Refugee Services
7. Children's Home Society, San Francisco
8. Children's Hospital Child Development Center, San Francisco
9. City Center Homeless Hotel, San Francisco
10. Crece
11. Face-to-Face (AIDS Support Network, Sonoma County)
12. Family Survival Project
13. FISH, Sonoma County
14. Golden Gate Community (emergency housing), SF
15. Golden Gate Regional Center, San Francisco
16. Good Samaritan Church
17. Head Start, San Francisco
18. Housing Development and Neighborhood Preservation
19. Institute de la Familia La Raza
20. Kaiser Hospital Social Services, San Francisco
21. Kaiser Hospital Physical Therapy Services, San Francisco
22. Kindergym, Sonoma
23. Lion's Club, Oakland
24. Mann House Shelter for Women and Children, Santa Rosa
25. Music Tyme, San Francisco
26. Northern California Assistance for Non-profit Housing
27. Nicaragua Interfaith Committee for Action
28. North Bay Regional Center, Sonoma
29. Refugee Resource Center
30. San Francisco Council of Churches
31. San Francisco Children's Zoo
32. San Francisco Zoological Gardens
33. San Mateo Public Health Services

34. Recreation Center for the Handicapped, San Francisco
35. Unitarian Church, San Francisco
36. U.S. Department of Immigration and Naturalization

The following sections highlight the main components of the PAVII Project by outlining reasons for what we did, outcomes, and what we have learned from this experience:

INTERAGENCY COLLABORATION

Rationale

1. Collaboration is needed to coordinate services, avoid duplication, provide more efficient services to families
2. By working together, we become more knowledgeable about resources for families.

What we did:

1. Visited other programs to learn about available services.
2. Contacted other agencies
3. Participated in collaborative case management
4. At parent request, shared written summaries of medical visits and assessments with other programs
5. Disseminated PAVII materials and provided inservices as requested to other programs
6 Initiated quarterly meetings of Bay Area programs serving infants and preschoolers who are visually impaired

Findings:

1. Interactions with other programs helped families to prioritize needs, eliminated duplication of services and resulted in interagency relationships.

2. Interaction with large social service agencies were time-consuming and less effective, interagency communication was difficult.

3. Interagency collaboration is an extremely complicated process. Demands an ongoing commitment of time and energy from participating agencies.

4. Transagency collaboration is needed to decrease the number of professionals working directly with families.

5. Families complained of the duplication of paperwork required for participation in infant programs, regional centers, California Children's Service and Social Security Income.

What we would do differently:

1. Obtain inservice consultation on transagency collaboration.

2. Develop a 1-2 page resource list to acquaint families with most commonly used agencies.

PROGRAM ROLE

Program Philosophy:
1. Role of program is to support parent-infant relationship, promote parent role, facilitate a "fit" between family priorities, child needs and program options. Support is broadly defined to include teaching strategies, emotional support, sharing information and facilitating use of educational, medical and social services.

What we did:

1. Developed activities and used tools which facilitated parent-program roles as outlined in parent/family role.

2. Provided home visits.

3. Provided child care for parent support group and parent education meetings.

4. Upon parent request, participated actively in negotiations with Child Protective Services, Social Security Administration, Dept. of Immigration and Naturalization, foreign consulates, for funding for preschool tuition, housing, job transfers.

5. Shared and located resources, i.e., recreational programs, therapists, peer contact.

6. Provided written information, e.g., summaries on infant assessments, medical visits, parent education topics.

What we learned:

1. Many families need broad-based support.

2. Need a team approach, ongoing staff support and consultation from clinical psychologist.

PARENT/FAMILY ROLE
Rationale

1. Parent is the primary advocate, decision maker, teacher
2. Learning occurs in daily routines
3. Parent-infant relationship is transactional

What we did:

1. Parents prioritized needs, completed Parent Assessment of Needs (PAN) for infants, participated in training protocol using video.

2. Parents offered opportunity for peer contact through integrated play group, parent support group, parent education meetings, family fun days.

3. During 2nd year developed and implemented Individualized Family Service Plans/Service menu (formally addressed infant needs, informal focus on family priorities in general).

4. Parents participated in developing an Individual Educational Plan for infant.

5. At parent request, worked with day care providers and extended family.

6. Included siblings in home visit activities, intervention strategies and play group sessions.

What we learned:

1. Family service plans need to be completed at enrollment, reviewed frequently, adapted to meet changing family needs. More frequent review needed with multiproblem families.

2. Parent involvement activities have to be individualized, e.g., single parents and teenage parents have different priorities than 2 parent families. Need to respect differences in level of parent involvement; participation changes over time.

3. When working with teenage mothers who live with their parents, it is important to respect the mother's role as primary care giver.

4. Need to document interagency communication, IEP steps, clarify transition procedures for parents.

5. Parents request contact with families of infant with similar diagnosis.

6. Parents provided support to each other; some became friends.

7. Families enjoyed social events and "normal" family recreational activities.

8. Parents enjoyed video protocol as learning tool, valued videos as family album, shared copies with relatives.

What would we do differently:

Nothing... we adapted as needs came up

STAFF DEVELOPMENT
Rationale

1. Research suggests that ongoing staff development and supervision may be more important than staff entry level skills

2. Early childhood special education is a new and developing field which draws from a number of disciplines (special education, early childhood/child development, mental health, PT/OT, social work, nursing). There are few training programs, most professionals "learn by doing".

3. Staff development plans and procedures have to be consistent with program philosophy and activities

What we did:
1. Staff development and inservice accomplished through team attending/contracting with: consultant psychologist, OT, TADS, SF Parent-Infant Program, Infant/preschool SERN Team Assessment, DEC, TASH, IDA, AER.

2. Ongoing consultation needed from clinical psychologist and PT/OT.

3. Provided inhouse inservice on using video equipment and word processing program.

4. After first year made regular team meetings a priority.

What we learned:

1. Working with infants and families is a complex and stressful process. There is a need for staff support from mental health consultants.

2. Working with infants and families requires a transdisciplinary team approach. Need for regular staff meetings, case review, a clear decision-making process and interagency collaboration/communication.

3. Working in an HCEEP model demonstration program requires knowledge of state-of-the-art practices in early intervention and program evaluation.

4. Needed inservice on team approach.

What we would do differently

1. Designate more time for regular team meetings and review.

2. Develop a stronger approach for interagency/transdisciplinary collaboration.

ASSESSMENTS

Rationale

1. To develop individualized programming.

2. To evaluate the effects of programming.

3. To involve parents as a member of assessment team.

4. To assess infant during home visits using ecologically valid techniques.

What we learned:

1. Needed to use broad-based and multivariate assessment protocol e.g. developmental scales for sighted an for visually impaired infants, parent report, temperament measure, observation and eliciting situations.

2. Needed to clarify item criteria for Reynell-Zinkin and Maxfield-Buchholz scales.

3. Use of Reynell-Zinkin and Maxfield-Buchholz not appropriate for majority of our infants with multihandicaps or for infants under 6 months of age.

4. Maxfield-Buchholz and Reynell-Zinkin scores may overestimate infant's developmental level.

5. Need for easy-to-use and programmatically helpful tools resulted in development of PAVII screenings during 2nd year of project. Focus on vision and hearing screening, communication and interaction with objects.

6. Sometimes difficult to complete pre-intervention assessment on Reynell-Zinkin and Maxfield-Buchholz (family and infant status, reactions to diagnosis).

6. Parents are invaluable members of assessment team. Use of the PAN (Parent Assessment of Needs) facilitates parent input, discussions about child development and goals. Parent involvement facilitates data collection, linking programming with

assessment, integrating objectives into daily routines.

7. Had to develop individual timelines for data points. Data collection influenced by infant age, family status and program transition dates. Systematic use of assessments and multiple measures provided data on change over time.

8. Reviewing assessment summaries with parents made information exchange manageable, introduced parents to I.E.P. assessment process and educational terminology. Parents became familiar with various assessment tools and advantages, disadvantages, appropriateness of each.

What we would do differently:
Need to make an effort to...

1. Obtain and maintain inter-rater reliability on assessment tools

2. Obtain pre-intervention assessment data

PLAYGROUP

Rationale

Integration between non-disabled and disabled infant/parent groups is valuable for all participants.

Beginning integration in infancy helps create a social and cultural expectation for integration.

Integration is easier with infants than older children because the developmental disparity between the groups is relatively small and all infants require parent assistance.

What we did

Found an integration site which was appropriate and had an interested instructor.

Held meetings to orient the instructor to our program and to become oriented to hers.

Collaborated with San Francisco Community College Parent Education Program and participated in a weekly parent-child playgroup five semesters and one summer session.

Preschool siblings of project infants were invited to attend the playgroup.

Average attendance (PAVII infants and sibs) for each playgroup session = 4.

Parents participated in the playgroup once a month and had a parent meeting three times a month. Staff participated weekly.

Used student volunteers to assist with children in playgroup.

Used only ordinary infant/early childhood materials and no unusual adaptive equipment in playgroup.

What we learned

The "public" is receptive and interested in special needs children.

Parents of sighted infants want information about visually impaired infants.

The group leader must be interested, accepting and knowledgeable.

Staff support is necessary to facilitate sharing and communication between parents.

Overall, "integration" is easier and more comfortable for program staff than for parents.

Visually impaired children may need to arrive early during the first few sessions to be oriented to the physical space in the absence of the noise and activity of other children.

The smaller the developmental disparity between a visually impaired child and the sighted children, the more active that child's participation and the more social interaction.

Integration must be individualized; social integration between parents depends on individual parent (personality), child (residual vision, developmental level, age), and program staff variables.

Loosely-structured group activities (e.g. water table, playdough table, housekeeping corner, music, snack) provide a common topic for observation, sharing information and making comments.

Residual vision facilitates a child's observation of and integration in activities of other children.

Participation in parent-child classes is largely a middle-class phenomenon.

Preschool siblings of project infants enjoyed playing with each other.

What we would do differently

Provide more ongoing information to parents of sighted infants.

Provide more facilitation of integration between parents.

Obtain evaluation earlier and have pre- post- evaluation model.

Avoid co-occurrence of Playgroup and Parent Group.

PARENT GROUP

Rationale

The birth of any child is stressful, alters existing family organization and requires adaptation.

Parents of infants with disabilities undergo a mourning process.

Coping strategies aid in adaptation.

Peer support is helpful.

Adaptation helps the parent develop a satisfying relationship with the infant.

What we did

We held a Parent Group facilitated by a psychologist three times a month.

The psychologist met individually with all group participants before they attended the group.

Had children participate in integrated parent-child class with staff while parents were in group (once a month parents also participated).

Collaborated with a community agency (St. John's Presbyterian Church) for a comfortable, respectful, meeting space.

What we learned

The Parent Group was attended by a small group (primarily middle class mothers).

The group was highly valued by those who attended.

Parents need to feel that the group is for them. Formal presentations on disability issues should be scheduled for other times.

Costly but very valuable as measured by parent report and parent interaction.

The members of the group become important to one another. A strong bond is created by common issues even when children are dissimilar.

Group facilitator reported that change was observed in the group. She felt that her group facilitation skills were enhanced by the knowledge she gained from: (a) monthly participation in the playgroup, (b) observation of mothers with their infants, and (c) consultation with PAVII staff on case reviews.

Mothers were far more likely to participate than fathers; this may have been affected by the schedule and gender of the facilitator.

Group facilitator can provide staff with guidance on programmatic issues without breaking parent confidences.

Fathers, non-English speaking parents, single parents, and teenage parents have specific needs which may not be met in parent support groups which are primarily composed of middle class mothers from two parent families.

<u>What we would do differently</u>

Provide childcare rather than having Parent Group and Playgroup co-occur with rotating parent participation.

Plan to include siblings in childcare.

Use transagency model to provide groups suited to the needs of parents other than middle class mothers.

PARENT EDUCATION MEETINGS

<u>Rationale</u>

Parents want and need information.

<u>What we did</u>

Responded to parent requests for Parent Education Meetings.

Did needs assessment on topics, dates/times, and location.

Had guest presenters at two evening meetings:
1) a pediatric ophthalmologist on visual impairment in children

2) a physical therapist on physical development.

Collaborated with a community agency (Recreation Center for the Handicapped) which provided meeting space and provided childcare.

Evaluated Parent Education Meetings.

Coordinated one evening presentation by an ophthalmologist on cortical visual impairment. No childcare was provided at this session.

Prepared a summary of the meeting (based on attendance and audiotape) to review with parents in order to respond to questions and areas of confusion.

Parents were also invited to attend the Blind Babies Parent Weekend Workshop at the California School for the Blind in June 1986 and June 1988

What we learned

Parents should choose topics.

Childcare must be provided.

Parent Education Meetings are attended primarily by middle-class parents.

Parents benefit from first a structured presentation of "basics" and then a "question and answer" session.

Parents used information and shared it with other programs.

What we would do differently

Have Parent Education Meetings more often.

Have a staff/parent team organize meetings.

Label all children's possessions in childcare and keep them separated (e.g. in labelled grocery sacks).

Use parent telephone trees to provide scheduling information and encourage participation.

FAMILY FUN DAYS

Rationale

It is "normalizing" to provide a group social event for infants with visual impairments, their parents, and their siblings.

What we did

Did a needs assessment with parents.

Had 3 Family Fun Days:
1) Family Swim and potluck lunch.
2) BBF Picnic and swim.
3) Petting Zoo, Potluck Lunch and Family Swim.

Collaborated with community agencies (Recreation Center for the Handicapped, SF Zoo, SF Children's Zoo and SF Lighthouse for the Blind) for location and activities.

Families were also invited to participate in two Blind Babies Foundation Marine World trips, October 1986 and August 1988.

What we learned

Family Fun Days "nourish" the family in a different way than other program activities.

Family Fun Days provide Dads and sibs a pleasurable, non-threatening avenue to be involved in the child's program.

Family Fun Days can be difficult for single parents.

Family Fun Days are most likely to be attended by middle class families.

Cross-age grouping including older visually impaired children and older siblings facilitates interaction and helps give parents of younger children a positive sense of their child's future development.

Loosely structured recreational activities (e.g. swimming) work best.

Use of community resources helps inform families of options they may choose to use again.

Sharing food (potluck) provides a group task, focus and bond.

Providing choices facilitates participation of more families.

What we would do differently

Hold more Family Fun Days.

Provide parents with more choices and involve parents in planning and organizing the activities.

III. EVALUATION

Rationale

1. Plans for evaluation must be part of program development. Evaluation data are needed to determine the status of the program. Is the program achieving stated goals? Are services meeting the needs of infants and families? How is the program working? Are programmatic changes necessary?

2. Evaluation procedures should be consistent with program philosophy, goals and components.

What we did:

1. Used both formative (process) and summative (product) evaluation procedures in order to monitor progress, to identify necessary changes, and to document accomplishments. Formative evaluation highlighted program development and implementation, identifies what was done and how, and what worked and what did not. Summative evaluation identified program outcomes which may include information on the frequency, duration, and types of services used; on the number of program, group, and individual objectives accomplished; as well as on parent/child change, consumer satisfaction, staff development, parent and community involvement, and follow-up data.

2. Various measures used to document the following:

A. Child Change

1. Infant's performance/behavior during selected activities.
2. Percentage of infant objectives accomplished.
3. Rate of change on assessment tool.

B. Parent

4. Parent evaluation of program.
5. Percentage of family priorities/parent-focused objectives accomplished.
6. Parent-infant interaction measures on video protocol.

C. Staff

7. Staff evaluation of program.
8. Percentage of staff development objectives accomplished.

D. Follow-up data

9. Types of program placements after leaving early intervention program.
10. Feedback from parents.

E. Overall program

11. Percentage of program objectives accomplished.
12. Numbers of infants and families served.
13. Total number of contact/service hours.
14. Number and type of interagency/community contacts.
15. Interagency/community evaluation of program.

16. Number of inservice/conference presentations.

F. Timelines

- Weekly, monthly, annual records or data sheets on selected parent/infant objectives.
- Weekly debriefing - staff evaluation of how things went and if necessary, identification of program changes.
- Weekly or monthly staffings for monitoring, evaluating and developing overall program.
- Parent conferences for evaluating and developing individual program.
- Regular parent/consumer/interagency/community evaluation survey.

What we learned:

1. Evaluation data provided essential feedback for everyone involved in the program. Findings should be shared with parents, staff, other agencies and funding sources.

2. Difficult to complete data sets on all project families:

	# R-Z	# M-B	# ORS	# PAN
Year 1			11	11
Year 2	9	13	5	7
Year 3	8	8	3	7

3. Difficultly obtaining some pre-intervention infant assessment data, IEI data may be spurious does not allow for factor in pretest developmental age.

4. Identified a category of "Unexpected but welcome" data.

What we would do differently

1. Obtain pre-intervention assessment data to use:

Intervention Development Quotient =

$$\frac{\text{Posttest DA - Pretest DA}}{\text{Length of Intervention}}$$

2. Identify family measures (parent stress, family use of resources) and more formal use of developed family/infant factor list.

Table IV
Parent Objectives Identified on the Parent Assessment of Needs (PAN) and Degree Accomplished (1987-1988)

Infant	O&M	Eat.	Com.	Play	Toilet	Vis.	Hear.	Disc.
MA		+		+	+			
RB	+		+	+				
ED	+	+	+				+	
RG					+			+
LAK	+-	+-	+-					
AL	+					+		
NO	+	+-						
JR		0	0	+-				
SU	+-	0	+-					
HW	+	+						
Total	7	7	5	3	2	1	1	1

O&M = orientation and mobility
Eat = eating
Com = communication
Play = playing with toys
Vis = visual skills
Hear = hearing skills
Toilet = toileting
Disc = discipline
+ = objective totally accomplished
+- = objective partially accomplished
0 = no change from baseline behavior

Three Year Totals for Parent Objectives Based on the PAN

	O&M	Eat	Com	Play	Toileting	Sleep
Year 1	9	10	5	3	2	1
Year 2	7	5	4	2		
Year 3	7	7	5	2	2	
Totals	23	22	14	7	4	1

These findings emphasize the need for (1) a transdisciplinary model (involving occupational/physical therapy and communication specialists) for programs serving infants who are visually impaired, and (2) preservice and inservice training which are needed by teachers of infants who are visually impaired.

Developmental Measures

Developmental assessments were used with infants after 9 months of age for the following reasons:

1. To obtain evaluative data.

2. To test the usefulness of selected scales.

3. To familiarize parents with developmental scales which might be appropriate for their individual infants.

The following scales were used when appropriate:

1. A Social Maturity Scale for Blind Preschool Children (Maxfield & Buchholz, 1957)

2. The Reynell-Zinkin Developmental Scales for Young Visually Handicapped Children (Reynell, 1979)

3. Minnesota Child Developmental Inventory (Ireton & Thwing, 1974)

4. Minnesota Infant Developmental Inventory (Ireton & Thwing, 1977)

The usefulness of these and other commonly-used developmental scales has been evaluated and reported previously in the PAVII "How-to" paper on Developmental Assessment.

In application, several considerations limited the use of the four developmental scales:

1. Project staff found that it was not usually appropriate to assess an infant's developmental level when a family was still adjusting to the diagnosis of an infant's handicap.

2. There were few infants under 9 months of age in the standardization samples of the Maxfield-Buchholz and the Reynell-Zinkin Scales for preschool visually impaired children.

3. Available scales were not appropriate measures for most multihandicapped infants.

4. Our sample was small and heterogeneous.

5. The Minnesota Scales were used upon parent request for a measure with "sighted" norms.

6. The nature of a home-based program also influenced the types of assessment tools which were feasible.

7. The main purpose of our assessment was for program development.

The (IEI) Intervention Efficiency Index (Bagnato & Neisworth, 1980) was used to document individual progress based on developmental gains (posttest-pretest) for numbers of months in the project.

$$\frac{\text{Developmental Gain (months)}}{\text{Intervention time}} = \text{IEI}$$

However, the use of the IEI was problematic for the following reasons:

1. Data points had to be individualized; so there was great variation in assessment schedules.

2. Developmental change varies both across skill areas and across infants. As the data indicate, an infant's rate of development is not uniform across domains or over time.

3. Participation in the project is but a single factor in the infant's experience. We could not identify how much progress was due to intervention and what was due to mere developmental growth.

The following two tables show IEIs based on changes in social age on the Maxfield-Buchholz:

Table V 1986-1987 Maxfield-Buchholz IEI Data
N = 13

Infant	Months of Intervention	IEI
FB	4.8	1.5
DC	4.5	1.1
	6.0	0.65
	4.75	0.50
MC	6.0	1.15
	6.0	0.92
CD	6.7	1.01
	4.2	.12
ED	6.37	.84
	5.37	.90
GD	6.1	1.72
RG	5.0	2.11
	5.26	1.0

SG	3.26	1.0
JK	1.8	1.0
LK	12.0	0.25
CL	4.0	1.0
SU	4.7	0.84

Table VI 1987-1988 Maxfield-Buchholz IEI Data

N=6

Infant	Months of Intervention	IEI
RB	4.5	1.2
DC	7.75	1.30
ED	5.00	0.94
GD	13.25	0.50
SU	4.0	0.50
HW	7.5	1.80

The following two scales show change on the Reynell-Zinkin Subscales:

Table VII 1986-1987 Reynell-Zinkin Scales

N = 9

Infants:	FB	MC	DC	ED	CD	RG	JK	AP	SU
Mths. of Interven:	5	6	5	5	5	6	2	6.75	7
Change in months on Subscales:									
SA	6	14	4	5	0	1	3	6	6
SMU	16	3	0	8	0	0	4	10	3
EE	14	13	0	2	0	0	-	0	5
RS	5	2	0	8	0	16	-	6	3
V&EL	24	8	0	18	12	0	4	10	5

Table VIII 1987-1988 Reynell-Zinkin Scales

N = 7

Infants:	RB	ED	GD	RG	AP	SU	HW
Mths.of Interven:	4.5	5	20	12.75	6.75	8	4
Change in months on Subscales:							
SA	0	7	6	22	9	0	6
SMU	3	0	22	6	8	0	6
EE	7	9	23	0	0	7	>5
RS	5	7	25	6	4	2	8
V&EL	3	3	21	9	13	0	3

Subscales:

SA = Social adaptation (social interaction, feeding, dressing)
SMU = Sensory-motor understanding (object manipulation)
EE = Exploration of environment (locomotion)
RS = Response to sound and verbal comprehension (word and phrase recognition)
V&EL = Vocalization and expressive language structure

The following two tables show infant change on the Minnesota Infant Development Inventory and the Minnesota Child Development Inventory.

Table IX 1987-1988 Minnesota Infant Development Inventory

Infants:	RB	NO	HW
Months of Intervention	9	4	8
*Increase in items passed on Subscales:			
Gross Motor	8	5	6
Fine Motor	5	1	1
Language	7	1	4
Comprehension	10	1	8
Personal-Social	8	0	3

Table X 1987-1988 Minnesota Child Development Inventory

Infants:	ED	RG	AP
Months of Intervention	10	9	6.5
Change in months on Subscales:			
General Development	6	7	3
Gross Motor	4.5	16	15
Fine Motor	1.5	13	3
Expressive Language	4.5	11	12
Comprehension-Conceptual	4.5	13	3
Situation Comprehension	1.5	15	18
Self Help	4.5	5	15
Personal-Social	5	12	1

Project Staff Intervention Priorities

Project staff developed priority lists to promote individualized service delivery and to evaluate whether or not service delivery goals were met. Service delivery included: home visits, accompanying parents on medical visits, providing developmental information, resources, intervention strategies as well as individual family needs. Two additional priorities emerged: transitions to other programs and interagency collaboration.

Transition Procedures

1. Infant assessment review.
2. Interagency contact/coordination.
3. Locating placement options.
4. Visiting programs with parent.

5. Providing parent with information for evaluating program options, developing IEP, educational rights.
6. Goal Development with new program/IEP process.
7. Follow-up after infant has transitioned to new program.

Interagency Collaboration Steps

1. Contact agency (ies).
2. Interagency meeting or program visit
3. Information exchange re: infant
4. Develop mutual goals/ coordinate service delivery
5. Implement # 4 / follow-up

Table XI
Service Delivery Objectives and Degree Accomplished

Infant	Transition	Int. Col.	HV	POP	MV	IEP	Screen	I/R
RB	1-7	1-4	+	+	+	+	+	+
MC	1-7	1-5	+				+	
DC	1-7	1-3					+	
ED	1-7	1-5	+	+	+	+	+	+
GD		1-5	+				+	
RG	1-3		+		+		+	
LK	1-7	1-5	+	+	+	+	+	+
AL	#3,#5	1-3	+				+-	+
CM			+		+		+	+
NO	1-3	1-5	+		+		+	
JR		1-3	+-	0		0		
AP	1-7	1-2	+			+	+	
SU	1-7	1-5	+		+	+	+	
HW		1-5	+	+		+	+	+
Totals	10	12	13	5	7	7	12	

Int. Col = Interagency Collaboration
HV = regular home visit schedule
POP = Parent Observation Protocol/video
MV = medical visits
IEP = developing and implementing the IEP
Screen = completing screenings and assessments
I/R = providing specific information and resources
+ = objective completely accomplished
+- = objective partially accomplished
0 = objective not worked on

Child Factors

N=28 Medical. During the past three years, 17 infants were hospitalized for surgery (heart, cleft lip or palate repair, gastrostomy, cornea transplant, retinal reattachment, other eye surgery) or other medical interventions (seizures, glaucoma check). In addition, 6 infants had recurring ear infections.

Some infants were medically fragile, prone to life threatening episodes and needed frequent hospitalizations, others were medically complicated and recovered quickly from frequent medical interventions.

N=20 Behavior.
Number of infants who had sleep difficulties = 2
Number of infants who initiated social interaction = 16
Nondiscriminating social behavior = 2
Reaction to intervention strategies:
- avoiding/protesting = 4
- minimal response/neutral = 2
- accepting = 6
- engaging = 8

Family Factors
A number of life cycle and complicated social events occurred for families during the past three years: marriage (3), divorce or separation (3), births (4), relocation within project service area (7), moving out of project service area (4), parent concerns about sibs behavior (4), involvement with lawsuits (2), death of project infant (2), death of a close family member (1), drug-related issues (5). These data emphasize the need for programmatic flexibility and team effort.

Under the direction of the project psychologist, Dr. Cathy Groves, project staff evaluated staff perception of parental coping strategies (infant concerns) as an indicator of parental loci of control.

Coping Strategies
1. Ability to set limits for self.
2. Ability to partialize tasks.
3. Ability to seek and use help
4. A sense of humor
5. Ability to handle ambiguity

Locus of control

Internal indicators:
- sense of control, predictability, power, self perception as active causal agent in environment.

External indicators:
- sense of helplessness, difficulty learning or processing reality and assimilating information, sees self as not very effective, passive recipient in environment.

Table XII
Parent Use of Coping Strategies

Parent	Limits	Partialize	Help	Humor	Ambiguity	L of C
1.	Yes	No	Yes	Yes	No	Internal
2.	No	No	?	No	No	External
3.	No	Yes	Yes	Yes	No	Internal
4.	Yes	Yes	Yes	No	No	Internal
5.	No-Yes	No-Yes	Yes	Yes	No-Yes	Ext-Int
6.	Yes	Yes	Yes	Yes	Yes	Int-balance
7.	No-Yes	Yes	Yes	No-Yes	Yes	Int-balance
8.	No-Yes	Yes	Yes	Yes	Yes	Internal
9.	Yes	Yes	Yes	Yes	No-Yes	Internal
10.	No-Yes	No-Yes	No-Yes	Yes	No	Ext-Int
11.	Yes	Yes	Yes	No-Yes	Yes	Internal
12.	No	Yes	Yes	No	No	External
13.	Yes	Yes	No	No	No	External
14.	No	Yes	Weak	No	No	External
15.	No	No	No	No	No	External
16.	Yes	Yes	Yes	No	Yes	Internal
17.	Yes	No	No	No	No	External
18.	Yes	No	No	No	No	External
19.	No	No	No	No	No	External
20.	No	No	Weak	No	No	External
21.	No	Yes	Yes	No	No	External

Yes-No = change over time from Yes to No or vice versa
Ext-Int = change over time from internal to external
Int-balance = change from being "too internal" to a balance o: seeing self as a causal agent given environmental variables.

Parent Change

The Objective Rating Scale was used in 20 cases to evaluate the usefulness of the project developed Parent Observation Protocol, a parent training procedure using video feedback. The intent of the procedure was to increase parents' use of helpful strategies (as indicated by "y") with their babies. As indicated in the table below, all parents showed a remarkable trend in the desired direction with one exception #2, Year 1. Home visits occurred after this mother came home from work and she did not focus on the instructional aspects of the video. Parents reported a high comfort level with the video procedure, were interested in obtaining a "video album" of their infant's early years, and used the video record to share their experiences with family members.

Table XIII Parent Change as Measured on the Objective Rating Scale

Year 1 (1985-1986)
N= 11
* raters

	Baseline y/n/na	%agree	Intervention y/n/na	%agree
1. C & F				
c*	9/10/1		13/7/0	
d	11/8/1	(3)	15/5/0	(2)
g	13/6/1	80%	15/5/0	90%
2. A & M				
c	16/3/1		16/4/0	
d	16/3/1	(0)	16/4/0	(0)
g	16/3/1	100%	16/4/0	100%
3. J & D				
c	3/17/0		13/7/0	
d	3/17/0	(0)	14/6/0	(1)
g	3/17/0	100%	13/7/0	95%
4. E & C				
c	13/7/0		19/1/0	
d	14/6/0	(1)	20/0/0	(1)
g	13/7/0	95%	20/0/0	95%
5. A & E				
c	10/10/0		18/1/1	
d	13/7/0	(3)	18/1/1	(0)
g	12/8/0	85%	18/1/1	100%
6. M & SA				

c	14/5/1		16/4/0	
d	14/5/1	(3)	17/3/0	(1)
g	13/6/1	85%	17/3/0	95%
7. P & R				
c	9/11/0		15/4/1	
d	10/10/0	(1)	17/2/1	(2)
g	10/10/0	95%	17/2/1	90%
8. C & J				
c	17/1/2		20/0/0	
d	17/1/2	(0)	20/0/0	(0)
g	17/1/2	100%	20/0/0	100%
9. J & LA				
c	16/3/1		16/3/1	
d	17/2/1	(2)	16/3/1	(1)
g	18/1/1	90%	15/4/1	95%
10. D & C				
c	7/13/0		17/3/0	
d	7/13/0	(0)	17/3/0	(3)
g	7/13/0	100%	18/2/0	85%
11. L & A				
c	14/5/1		18/1/1	
d	14/5/1	(0)	18/1/1	(0)
g	14/5/1	100%	18/1/1	100%

Year 2 (1986-1987)
N = 5

	Baseline	%agree	Intervention	%agree
1. A & E				
c	17/3/0		18/1/1	
d	18/1/1	(2)	18/1/1	(0)
g	18/1/1	90%	18/1/1	100%
2. E & C				
c	14/5/1		17/3/0	
d	14/5/1	(0)	18/2/0	(1)
g	14/5/1	100%	17/3/0	95%
3. D & G				
c	16/3/1		20/0/0	
d	16/3/1	(1)	20/0/0	(0)
g	17/2/1	95%	20/0/0	100%
4. J & LA				
c	15/4/1		17/2/1	

d	15/4/1	(0)	17/2/1	(0)
g	15/4/1	100%	17/2/1	100%
5. M & S				
d	14/6/0	(1)	18/2/0	(1)
g	15/5/0	95%	19/1/0	95%

Year 3 (1987-1988)
N = 4

	Baseline	%agree	Intervention	%agree
1. T & H				
d	17/2/1	(1)	19/1/0	(0)
g	18/1/1	95%	19/1/0	100%
2. D & R				
d	18/2/0	(2)	20/0/0	(0)
g	19/0/1	90%	20/0/0	100%
3. J & L				
d	12/7/1	(0)	20/0/0	(0)
g	12/7/1	100%	20/0/0	100%
4. A & E				
d	18/1/1	(0)	20/0/0	(0)
c	18/1/1	100%	20/0/0	100%

Staff Evaluation of the Project Process and Experience

Early intervention programs requires time, flexibility, individualization to meet family needs.

What we do and what we see is a small part of a "family's "big picture".

Because of the intense and intimate nature of this work, programming has to be a team effort which is supported by a mental health consultant.
For the team process to work, the service delivery team has to be a manageable unit.

A three year project is challenging, exciting, and concentrated.

An advantage of the PAVII Project were proposal writers directed and coordinated the project and other project staff were identified, program had a well-grounded theoretical framework, and objectives were clearly defined. The project worked because of a fine blend of theoretical and clinical knowledge.

We meet parents when they are stressed and overwhelmed. We need to evaluate whether or not we need to be directive and base our

decision on individual parent styles.

There may be a "sensitive time" for offering parent's mental health service (an individual session with psychologist to clarify issues, parent support group), i.e. the earlier the better.

Integrated Playgroup

See Appendix for charts on quantitative evaluation.

N= 12 parents of visually impaired infants
Parents of visually impaired children indicated that what they wanted for their babies was interaction with sighted peers but what they wanted for themselves was to have the opportunity to be with parents of other visually impaired babies and to have the opportunity to observe the development of other visually impaired babies. The integrated playgroup model met both of these needs simultaneously.

1. Parent responses regarding ways in which they feel their child benefited...
... playing singing, self-help.
... listening to other children. Having Mom and brother there.
... new experiences. His brother learns how to play with blind children.
... socialize with other children.
... hard at first, but then she learned to love being with the other children.
... learning to play with her peers.
... learning to communicate with other children.

2. Parent responses regarding ways in which they feel they benefited...
... great gross motor equipment to play on.
... meeting other children who are visually impaired.
... talking with other parents of children who are visually impaired and knowing I wasn't alone.
... seeing my child handle new situations.
... getting ideas for playing with my child.
... finding out that all children are messy eaters at first.

N= 30 parents of sighted infants
Responses of parents of sighted infants indicated a strong commitment to the value of the integrated experience in building their child's values, sensitivity, tolerance and acceptance of individual differences. For themselves, they indicated an appreciation of the development of the visually impaired babies and an interest in more information about visual impairment and the PAVII Project.

1. Parent responses regarding ways in which they feel their

sighted child benefited...
... observed and accepted different behavior.
... broadened his horizons.
... invaluable because its the real world.
... he learned that everyone is different.
... a blind person is still a <u>whole</u> person.
... the opportunity to discover differences in kids- sighted and blind- and then get on with things.
... is able to understand that some children are "special" directly and emotionally by interacting with them.
... she will learn to be sensitive to others' problems.

2. Parent responses regarding ways in which they feel they benefited...
... I have observed that visually impaired children are just as active, frisky, explorative - normal in every way.
... raised my awareness and made me feel more comfortable around visually impaired children.
... taught me how to approach visually impaired children.
... marveled at the progress of some of the visually impaired infants.
... remind myself to teach my child to be sensitive.
... teach my son not to discriminate (e.g. tease, look down on) others.
...amazed at how they overcome their handicap.
... having them around helps us <u>totally</u> accept them as normal people.
... they balance out the group and provide diversity.
... helps me understand the difficulty a visually impaired child has doing the same things a sighted child does with ease.
... I have been very impressed by the parents of the kids and the progress the kids make.
... easier to look at the <u>person</u> not the impairment.

<u>Parent Group</u>
N=7

See Appendix for evaluation form concerning parents' perception of the group process, issues and effects.

Parent responses regarding:
1. Most helpful aspects of the group...
...like another family, share hurting and laughing
...enjoyed the weekly sense of peace I felt when I went
...no one judged me, even if they didn't agree, everyone offered solutions
...meeting other parents, having an experienced facilitator who could identify issues

2. Most important areas addressed by group...
...how to raise a child, prematurity, blindness, developmental

delays
...grieving, "am I doing enough for my child?"
...expressing feelings, fears, guilt over rejection of our child, marital problems, clear advice on communication, role playing
...being told that we are having normal, legitimate feelings
...how we're affected by other people's reaction to our children

3. Group leader's effectiveness...
...very, very understanding person, let's us put our feelings on the table, and then gives her opinion
...wonderful, very effective, kept us on target
...encouraging and lovingly honest, great memory

4. Suggested changes...
...I wouldn't change anything, we were all going through the same experience
...I wish a few more people, especially fathers would come

PARENT PROGRAM EVALUATION
N = 29

Parents were asked to rate the usefulness of project activities and to evaluate the services they had received (see Appendix for % of responses).

Parent responses regarding:

1. What did you like or find most helpful about
- home visits
"learning how to deal with home situations, being able to talk to someone who understands, getting ideas about what to do"

- parent group meetings
"meeting other parents, looking at ourselves objectively, opportunity to let go of feelings and to work on family and personal problems"

- play group sessions
"seeing child enjoy self in another setting, having a lot to do, interacting with peers, getting stimulation from peers and staff"

- family fun days
" good food, company and activities, feeling at ease being out with people who understand and accept my child, socializing with other families"

2. What did you dislike or find <u>least helpful about</u>
- home visits
"nothing, everything was wonderful, staff being late for appointments, tired after working all day so couldn't give my full attention"
- parent group meetings

"needed more time to talk to parents"
- play group sessions
"mothers of sighted infants"
- family fun days
"too infrequent, I felt lonely, at first, because my husband wasn't there"

3. What did you find helpful about PAVII's transition support when your child is going to another program?
" Visiting programs with me, identifying the type of learning environment that my child needs, staff participation in IEPs"

4. What did you learn from reviewing videotapes of you and your child?
" how much he had progressed and changed over the months, ideas on how to work with him and what to do next, strengthened my instincts, made me aware of what I'm doing, what needs to be changed, that we are making progress even though it seems slow"

5. What did you learn about completing assessments on your child?
"next phase of development to look for, how he compared with other children his age, what to do next, to stop worrying, I should be happy with her as she is instead of comparing her to other kids, where she is developmentally and specific areas to work on"

6. How could PAVII be improved?
"It's perfect, I'm very pleased, superior program, could have been more than 3 years, needed until child is 5 years old"

7. Other comments or suggestions?
"Sad other parents coming along won't have PAVII, I feel a loss that PAVII is ending.

IV. DISSEMINATION

Rationale

1. Goal of HCEEP model demonstration projects is to develop procedures/products and to disseminate this information.
2. Programs serving infants with visual impairments need information on how and what to do.
3. Importance of a transactional model for early intervention is recognized.

What we did:

Disseminated information at several levels and through a variety of ways:

WHERE
1. At home

- host agency
- other agencies
- parents

2. Throughout California
>47 programs and agencies (recorded requests)

3. Nationally
39 other states (>106 programs)

4. Internationally

13 other countries (>31 programs)

HOW
1. Conference presentations 6, 4, 7 = 17
   (poster sessions = 2)
2. Inservice training 1, 3, 15 = 19
3. University class presentations 5,0, 7 = 12
4. Newsletter notices re: PAVII 7
5. Submitting manuscripts to journals 3+
6. Conference proceedings 2+
7. Developing materials
8. Seeking publication source
9. Informal contacts
10. Attending conferences/workshops

What we learned:
There is a need for and interest in methods and materials for working with parents and visually impaired infants.

IV. DISSEMINATION ACTIVITIES
8/87-7/88

Conference Presentations

8/87...Family and Disability Conference, San Francisco State University, San Francisco, CA.

10/87...British Columbia Conference for Parents and Professionals of Deaf-Blind Children, Vancouver, Canada

3/88...California Transcribers and Educators of the Visually Handicapped, Irvine, CA.
...CAL-TASH (The Association for Persons with Severe Handicaps), Oakland, CA.
...Best Practices Symposium, Blind Babies Foundation, San Francisco State University, San Francisco.

4/88...Minnesota Statewide Vision Conference, Brainard, MN

5/88...Florida Conference of Educators serving the Visually

Impaired, Tampa, FL.

7/88...AER (Association for the Education and Rehabilitation of the Blind and Visually Impaired), Montreal, Canada

Inservice Training and Other Presentations

Classes
8/87...Medical students, Langley Porter Psychiatric Institute, University of California Medical Center, San Francisco, CA

Dept. of Special Education, San Francisco State University:
10/87...Visually Impaired Education
11/87...Early Childhood Special Education (2)
2/88...Visually Impaired Education
4/88...Early Childhood Special Education (2)

Inservices
9/87...Child Development Center, Boise, ID
12/87...Infant/Preschool Meeting, Sacramento, CA
1/88...Alameda County Child Protective Services: Child/Parent Re-unification Program, Petaluma, CA
...Sonoma County Infant Program for Visually Impaired
...North Bay Regional Center (Sonoma, Napa, Solano Counties), Napa, CA.
...University of California Follow Up Clinic, San Francisco
...Consortium for the Education of Visually Impaired Infants & Preschoolers
...Child Development Center, Boise, ID.

4/88...Easter Seals Therapy and Learning Center, San Francisco
...San Francisco Special Infant Services, San Francisco Unified School District
...Sonoma Development Center, Eldridge
...Family Retreat, Washington State Programs for Deaf-Blind Children, Pilgrim Firs, WA.
...Child Development Center, Boise, ID.

5/88...Sonoma County Staff of Visually Impaired Program, Sonoma, CA

6/88...Child Development Center, Boise, ID.

OTHER DISSEMINATION ACTIVITIES

Publishers
11/87...Contacted LINC Resources re: publishers
12/87...Sent out letters of inquiry and description of PAVII materials to 22 publishers
2/88...Received 4 letters of interest
6/88...Negotiated with the American Printing House for the Blind, Louisville, Kentucky for publication of materials in 1988.

This publisher was selected primarily because materials would be free to programs serving children with visual impairments under the federal quota system.

Other Agencies
2/5/88
Sent letters regarding PAVII end-of-project service plans and availability of inservice training on PAVII methods and materials:

- BBF Administration and home counselors
- Child Development Center, Children's Hospital, Oakland
- Easter Seals, San Francisco
- Family Service Agency, San Francisco
- Golden Gate Regional Center, San Francisco
- Marin County Infant Program for Hearing Impaired
- Poplar Center, San Mateo
- San Francisco Hearing and Speech Center Program for Hearing Impaired Infants
- San Francisco Special Infant Program
- Sonoma County Infant Program for Visually Impaired

Manuscripts in Preparation or Submitted

Friedman, C.T.
..."Criteria for selecting preschools for children with impairments" submitted to Exceptional Parent 1/88
..."PAVII Project: A model for integrating infants with visual impairments into community programs" submitted to Journal of Visual Impairments and Blindness 1/88

Chen, D., Hanline, M.F., & Friedman, C.T.
..."From playgroup to preschool: Facilitating early integration experiences" submitted to Child: Care, Health & Development 1/88, being revised 5/88

Chen, D.
..."Integrating the infant who is deaf-blind into family routine" In the Proceedings of the International Association for the Education of Deaf Blind Children, Poiters, France, July 1987.

..."Early intervention begins at home: Methods from the PAVII Project". In the Proceedings of the Florida Conference of Educators serving the Visually Impaired, Tampa, FL, May 1988 in press.

Requests for materials

1. Alaska
Special Education Service Agency, Blind/Visually Impaired - Infant Learning Program, Anchorage

2. Arizona
- Foundation for Blind Children, Scottsdale, AZ
- Northern Arizona University, Institute for Human Development, Project Apache, Flagstaff

3. California
- Anaheim City School District, Anaheim
- ARC, Exceptional Parents, Fresno
- Atwater Park Center, Los Angeles
- Baby Lady Developmental Programs, Glendora
- Blind Children's Center, Los Angeles
- Butte County Office of Education, Director of Special Education Programs, Oroville
- California School for the Blind, Fremont
- California State University, Los Angeles, Early Childhood Special Education Program, Visually Impaired Program
- Children's Hospital, Oakland
- Coleman School, Visually Impaired Preschool, Orangevale
- Contra Costa County Infant Program, Pittsburg
- Dept. of Children's Services, Commerce
- Family Institute for Blind Children, Los Angeles
- Family Service Agency, San Francisco
- Far Northern Regional Center, Chico
- Foundation for the Junior Blind, Los Angeles
- Fresno County Office of Special Education
- Hueneme School District, Oxnard
- Irvine Therapy Services
- John Tracy Clinic, Los Angeles
- Leffingwell School, Whittier
- Lighthouse for the Blind, San Francisco
- Merced County Supt. of Schools, Program for Visually Impaired, Merced
- Mendoncino County Infant Program, Redwood Valley
- Mono County Office of Education, Bridgeport
- Monte Vista School, Infant Development Program, Redding
- Monterey Infant Development Program, Monterey
- North Bay Regional Center, At-Risk Project, Santa Rosa
- Oakland VH Program
- Parent Infant Program, Shingletown
- Parker Hearing & Speech Institute, Torrence
- PDIPP (Personnel Development for Infant Preschool), CA State Dept. of Education, Sacramento & Pasadena
- Porterville Learning Complex, Porterville
- Richardson Child Development Center, Bakersfield
- RISE (Resources in Special Education), CA State Dept. of Education, Sacramento & Los Angeles
- San Diego County, Office of Education, Hope Infant Program
- San Diego State University, Early Childhood Special Education -

- Santa Clara County, Orientation & Mobility Program
- Santa Cruz County, Public Health Nursing Services, Santa Cruz Program
- San Jose State University, Severely Handicapped Program
- Sacramento County Office of Education, Visually Handicapped Program, Sacramento
- Sonoma County Office of Education, Visually Impaired Infant Program, Sonoma
- Sonoma County Agency for Infant Development, Sonoma
- Valley Children's Hospital, Fresno
- Valley Mountain Regional Center, Stockton

4. DC
- American Council of the Blind, Washington, DC
- Office of Special Education & Rehabilitative Services

5. Florida
- Exceptional Student Education, Visually Impaired Program, Tallahassee
- Exceptional Student Education, Visually Impaired Program, Escambia County School District, Pensacola
- Florida Instructional Materials Center, Tampa
- Lighthouse for the Blind of the Palm Beaches
- University of Florida, Dept. of Special Education, Gainesville

6. Georgia
- Association for Retarded Citizens of Georgia, National Early Childhood Technical Assistance System.

7. Illinois
- Multihandicapped Program, Northwestern Illinois Association

8. Louisiana
- CBARC, Shreveport, LA
- Louisana Dept. of Education, Office of Special Education, Baton Rouge, LA.
- Human Development Center, Louisiana State University, New Orleans
- Louisiana School for the Visually Impaired, Baton Rouge
- Vision Outreach Program, Arcadia, LA

9. Kansas
- Hope Preschool Family Services, McPherson County Diversfied Services, McPherson

10. Kentucky
- Early childhood program for special needs children, Jefferson County Public Schools, Louisville
- Kentucky School for the Blind, Louisville
- Murray State University, Dept. of Special Education, Murray
- University of Kentucky, Dept. of Special Education, Early Childhood/Deaf-Blind Program, Lexington

- Visually Impaired Preschool Services, Louisville

11. Maryland
- Charles County Board of Education

12. Maine
- University of Southern Maine, Human Services Development Institute, Project AIMS, Portland

13. Maryland
- Early Childhood Learning Center, Vision Services, Rock View Elementary School, Kensington
- Maryland Committee for Children

14. Massachusetts
- Boston Aid to the Blind, West Roxbury
- Boston College, VH Program, Boston
- Caroll Center for the Blind, Newton
- International Institute for Visually Impaired, Auburndale
- Perkins School for the Blind, Deaf-Blind Preschool, Watertown

15. Michigan
- Detroit Public Schools, Early Intervention Program for Visually Impaired, Detroit
- Society for the Blind, Detroit
- Visually Impaired Program, Cowa: na
- Visually Impaired Program, Royal Oak

16. Minnesota
- Austin Public Schools, Austin
- Benton-Stearns Special Education Coop., St. Cloud
- Center for Child & Family Studies, St. Cloud State University, St. Cloud
- District 742 Community Schools, Westwood Elementary, St. Cloud.
- Hiawatha Valley Special Education Coop, Vision Impaired Program, Winona
- Little Falls Middle School, Little Falls
- Paul Bunyan Inter-District Special Education Cooperative, Brainerd
- Rochester Public Schools- Visually Impaired Program, Dept. of Special Education, Rochester
- St. Paul Public Schools, Program for the Visually Impaired
- Wasioja Area Special Education Coop, Visually Impaired Program, Zumbroto

17. Mississippi
- Mississippi University Affiliated Programs for Persons with Developmental Disabilities, University of Southern Mississippi, Hattiesburg, MS.

18. Missouri
- Delta Damma Foundation, Manchester

19. Montana
- School for the Deaf & Blind, Missoula

20. Nebraska
- Lincoln Public Schools, Program for the Visually Impaired, Lincoln
- Special Education Program, University of Nebraska, Ohama
- Special Programs, Beatrice

21. New Jersey
- Commission for the Blind and Visually Impaired, Dept. of Human Services, Paterson
- New Jersey Commission for the Blind and Visually Impaired, Old Bridge & Camden
- Dept. of Education Early Intervention Technical Assistance

22. New Mexico
- New Mexico Preschool for the Visually Handicapped, Albuquerque,
- Resource Center Inc., Grants

23. New York
- Blind Association of WNY, Buffalo
- Blind work Association, Buffalo
- Central Association for the Blind, Utica
- Visually Impaired Program, Board of Cooperative Educational Services, Monroe County, Fairport
- Children's Learning Center, Preschool Special Education Program, Olean
- Early Intervention Program, Roosevelt/St Lukes Hospitals, New York
- Jewish Guild for the Blind, New York
- Lighthouse (S.W.A.B), Syracuse
- National Center for Vision and Child Development, New York
- New York Institute for Special Education, Bronx
- New York State Commission for the Blind, Hempstead
- New York State Resource Center for the Visually Impaired,
- Resource Center for Visually Impaired, Batavia
- Teachers College, Columbia University, NY

24. North Carolina
- Child Development Center, Frank Portor Graham, Chapel Hill
- NC Dept. of Human Resources, Preschool Program, Gov. Morehead School, Raleigh
- Visually Impaired Program, McIver School, Greensboro
- Visually Impaired Program, Highpoint

25. North Dakota
- Family Care Center, Dakota Midland Hospital, Aberdeen

26. Ohio
- Cincinnati Association for the Blind, Cleveland

27 Oklahoma
- Child Study Center, Oklahoma Teaching Hospitals, Oklahoma City

28. Oregon
- Coos Bay Visually Impaired Program, Coos Bay
- TASH TA, Monmouth

29. Pennsylvania
- Berks County Intermediate Unit, Preschool Special Education, Reading
- Blind & Visual Services, Commonwealth of Pennsylvania, Philadelphia
- Capital Area Intermediate Unit Visually Impaired Program, Camp Hill
- Central Pennsylvania Special Education Regional Resource Center, Harrisburg
- Community Programs for Retarded People, ARC Allegheny, Pittsburg
- Orientation & Mobility Program, Bethel
- St. Lucy Day School for Visually Impaired Children

30. Rhode Island
- Warick

31. South Carolina
- SC School for the Deaf and the Blind, Parent-Infant Program, Spartenburg

32. South Dakota
- School for the Visually Handicapped, Aberdeen

33. Tennessee
- Human Development & Learning, Early Intervention Program, East Tennessee State University, Johnson City
- TN Services for the Blind, Goodlettsville

34. Texas
- Early Childhood/Special Education, University of Texas, Austin
- Education Service Center, Services for Visually Handicapped Students, Houston
- Mental Health and Mental Retardation Authority of Harris County, Infant Programs, Houston
- Texas Commission for the Blind, Visually Handicapped Children's Program, Austin
- Texas Dept. of Mental Health and Retardation, Early Childhood Intervention Program, Austin
- Texas Education Agency, Austin

35. Utah
- Insite Model, Logan

- Ski-HI, Utah State University, Logan

36. Vermont
- Vermont Association for the Blind and Visually Impaired, Brattleboro

37. Virginia
- Alleghany Highlands Community Services Board, Clifton Forge
- Virginia Dept. of the Visually Handicapped, Richmond

38. Washington
- Coos Educational Service, District, Coos Bay, WA
- Infant Program, Deaf-Blind Center, Seattle
- Spokane Public Schools, Visually Impaired Dept., Spokane
- University of Washington Child Development and Mental Retardation, Experimental Education Unit

39. Wisconsin
- Dept. of Special Education, University of Wisconsin, Madison
- Wisconsin School for the Visually Handicapped, Preschool Program, Jamesville

OTHER COUNTRIES

1. AUSTRALIA

2. BELGIUM
- Brussels
- Brugge

3. CANADA
- Children's Hospital, Vancouver
- Infant development programme of British Columbia, Vancouver
- Canadian National Institute for the Blind, Vancouver, B.C., & Ottawa, Ont.
- Provincial Resource Programme for Deaf-Blind, Richmond, BC
- Institut Nazareth et Louis-Braille, Longueuil, Quebec
- Saskatchewan Special Education Branch, Regina
- School of Optometry, University of Waterloo, Waterloo, Ont.
- W. Ross Macdonald School, Brantford

4. DENMARK
- Vadum
- Kalundborg

5. ENGLAND
- Family Centre, London
- National Perinatal Epidemiology Unit, Radcliffe Infirmary, Oxford
- Poolemead Centre, Bath
- Royal School for the Deaf, Exeter
- Royal School for Deaf Children, Margate

- Whitefield School, London

6. FRANCE
- Chevreuse
- Poitiers
- St Felix de Villadeix
- St. Benoit

7. HONG KONG
- China Baptist Theological College

8. ITALY

9. JAPAN

10. NETHERLANDS
- Lendegreef
- Instuut voor Doven, St Michielsgestel

11. NORWAY
- Tyllingsaklen

12. SWEDEN
- Orebro

13. SWITZERLAND
- Zurich

V. Continuation Plans

The Blind Babies Foundation will investigate ways in which to institutionalize certain aspects of the PAVII Project. Home counselors will be implementing the use of the Parent Assessment of Needs and other PAVII materials. Gail Calvello, will be going back to the Blind Babies Foundation and serve as the transition coordinator for families. Interest has been expressed in beginning integrated play groups in various geographical locations. The Easter Seals program for infant with special needs has contacted the San Francisco Observation Class (used by the PAVII Project) regarding integration opportunities. In the fall, the Fresno County Office of Special Education will be using the Parent Assessment of Needs and the Parent Observation Protocol in a mentor teacher special project with visually impaired infants and preschoolers.

APPENDICES

A. Playgroup evaluation Questionnaire
- Parents of Visually Impaired Infants
- Parents of Sighted Infants

B. PAVII Parent Group Evaluation

C. Parent Program Evaluation

D. Publication Letter from American Printing House for the Blind

Appendix A

PLAYGROUP EVALUATION QUESTIONNAIRE

For the past 2 1/2 years participants in PAVII (Parents and Visually Impaired Infants) Project, a federally-funded project for infants with visual impairments, have participated in the Thursday afternoon Child Observation Class at Claire Lillienthal School.

As part of our evaluation procedure we would appreciate it if you would take a few moments to fill out this questionnaire. Please rate the statements below on a five point scale according to the following criteria:

1. Definitely disagree.
2. Probably disagree.
3. Not sure.
4. Probably agree.
5. Definitely agree.

Circle your choice.

Parents of Sighted Infants

N=32

dis-agree		not sure		agree
		13.3%	36.7%	50%
		4	11	15
1	2	3	4.	5

A. POSSIBLE BENEFITS.

1. Helps toddlers with visual impairments learn play and social skills from sighted toddlers.

		3.3%	16.7%	80%
		1	5	24
1	2	3	4.	5

2. Helps parents and their sighted children understand and accept people who are visually impaired.

	3.3%	13.3%	33.3%	50%
	1	4	10	15
1	2	3	4	5

3. Helps parents of toddlers with visual impairments learn more about how sighted children develop.

	3.3%	6.7%	20%	70%
	1	2	6	21
1	2	3	4	5

4. Provides an opportunity for parents of visually impaired toddlers and parents of sighted toddlers to meet and interact with each other.

	3.3%	6.7%	30%	60%
	1	2	9	18
1	2	3	4	5

5. Helps to prepare nonhandicapped children for the real world.

N= 32 Signed Infants

	dis-agree		not sure	agree
		3.3% 1		36.7% 11	60% 18
	1	2	3	4	5
B. POSSIBLE DRAWBACKS					
1. Sighted children imitate inappropriate behavior of children who are visually impaired.	53.3% 16	23.3% 7	20% 6	3.3% 1	
	1	2	3	4	5
2. Parents of children with visual impairments feel that most other families do not share or understand their concerns.	6.7% 2	23.3% 7	36.7 11	26.7% 8	6.7% 2
	1	2	3	4	5
3. Parents of children with visual impairments are upset by the differences between their children and sighted children.	3.3% 1	10% 3	16.7% 5	60% 18	6.7% 2	3.3% 1
	NR	1	2	3	4	5
4. Parents of sighted children feel uncomfortable around parents of children with visual impairments.		43.3% 13	26.7% 8	16.7% 5	10% 3	3.3% 1
		1	2	3	4	5
5. Parents of visually impaired children feel uncomfortable around parents of sighted children.		16.7% 5	23.3% 7	53.3% 16	3.3% 1	3.3% 1
		1	2	3	4	5

PLAYGROUP EVALUATION QUESTIONNAIRE

For the past 2 1/2 years participants in PAVII (Parents and Visually Impaired Infants) Project, a federally-funded project for infants with visual impairments, have participated in the Thursday afternoon Child Observation Class at Claire Lillienthal School.

As part of our evaluation procedure we would appreciate it if you would take a few moments to fill out this questionnaire. Please rate the statements below on a five point scale according to the following criteria:

1. Definitely disagree.
2. Probably disagree.
3. Not sure.
4. Probably agree.
5. Definitely agree.

Circle your choice.

Parents of Visually Impaired Infants

N=12

	dis-agree		not sure		agree
A. POSSIBLE BENEFITS.					
1. Helps toddlers with visual impairments learn play and social skills from sighted toddlers.			2 16.7%	1 8.3%	9 75%
	1	2	3	4	5
2. Helps parents and their sighted children understand and accept people who are visually impaired.			1 8.3%	3 25%	8 66.7%
	1	2	3	4	5
3. Helps parents of toddlers with visual impairments learn more about how sighted children develop.	1 8.3%			5 41.7%	6 50%
	1	2	3	4	5
4. Provides an opportunity for parents of visually impaired toddlers and parents of sighted toddlers to meet and interact with each other.		1 8.33%		4 33.3%	7 58.3%
	1	2	3	4	5
5. Helps to prepare nonhandicapped children for the real world.			4 33.3%	2 16.7%	6 50%
	1	2	3	4	5

N = 12 VI Info

	dis-agree		not sure		agree
8. Helps to prepare children with visual impairments for the real world.			1 8.3%	2 16.7%	9 75%
	1	2	3	4	5
B. POSSIBLE DRAWBACKS					
1. Sighted children imitate inappropriate behavior of children who are visually impaired.	6 50%		2 16.7%	1 8.3%	2 16.7%
	1	2	3	4	5
2. Parents of children with visual impairments feel that most other families do not share or understand their concerns.	3 25%	1 8.3%	1 8.3%	3 25%	4 33.3%
	1	2	3	4	5
3. Parents of children with visual impairments are upset by the differences between their children and sighted children.	2 16.7%	4 33.3%	2 16.7%	3 25%	1 8.3%
	1	2	3	4	5
4. Parents of sighted children feel uncomfortable around parents of children with visual impairments.	3 25%	1 8.3%	4 33.3%	1 8.3%	3 25%
	1	2	3	4	5
5. Parents of visually impaired children feel uncomfortable around parents of sighted children.	5 41.7%	3 25%	1 8.3%	3 25%	
	1	2	3	4	5

1 NA 8.3%

Appendix B

PAVII Parent Group Evaluation

developed by Cathy Callan Groves, Ph.D
Group Facilitator

Evaluating a group is not easy because much of what is experienced in a group is not readily identified and measured. With the goal of identifying factors that contribute positively and/or negatively to the group experience, we are asking that you respond to the items below by rating the statements on a scale from 1 (Definitely Disagree) to 5 (Definitely Agree). Please Circle the number which best describes your response to the statement about your experiences in the group.

Did you attend the weekly afternoon group for parents whose children were involved in the PAVII Project?
(Please Circle) YES NO

If you <u>did not</u> attend these group meetings, please list the reasons you were unable or did not choose to attend.

If you <u>did</u> attend these group meetings, please circle the number which best describes your response to the statement about your experiences in the group.

N=7

1=Definitely Disagree 3=Neutral or Not Applicable 5=Definitely Agree

<u>Group Process</u>

1. I felt safe discussing my feelings in the group.
2. I felt that my concerns were understood by the group.
3. I could relate to the issues and feelings brought up by the other group members.
4. The group was an important part of my experience in the PAVII Project.
5. The group was structured enough for me.
6. The group had enough of a focus for me.
7. I liked bringing up what was on my mind at the time of the group rather than having a planned agenda.
8. It was important to me that the group was made up of parents whose children had blindness /visual impairment in common.
9. There was an accepting atmosphere in the group.
10. I sometimes felt the group was judgmental and tried to push their views on me.
11. I was uncomfortable with some of the feelings and issues brought up in the group.
12. I could bring up issues or feelings in the group that I couldn't with friends or some family members.
13. I could bring up issues or experiences that really concerned or bothered me in the group.
14. I sometimes worried about how what I said or how I felt affected people.

Item	DD		N		DA
1				2	5
2				2	5
3				2	5
4					7
5				1	6
6				1	6
7				1	6
8		1			6
9				1	6
10		5	1	1	
11		4	1	1	1
12		1		1	5
13				1	6
14		3	1	2	1

Issues

I feel discussion of the following issues was helpful:

1. Issues concerning the range of <u>feelings</u> that occur in the process of raising my blind/visually impaired child.
2. Issues concerning the common <u>experiences</u> that occur in the process of raising a blind/visually impaired child.
3. Issues concerning my marital relationship.
4. Issues concerning my other children.
5. Issues concerning my relations with friends and/or extended family.
6. Issues concerning the non child-centered aspects of my life.
7. Issues concerning child development, child behavior, and child rearing.
8. Issues concerning discipline with a blind/visually impaired child.
9. Issues concerning the experiences surrounding my child's birth or those related to the diagnosis of my child's condition(s).
10. Issues relating to interactions with the various professionals involved in the care of my child.
11. Issues concerning the various resources and agencies involved with my child.

Item

#		DD		N		DA
1						7
2						7
3					1	5
4			3			4
5		1	1			5
6		1		1	1	4
7					1	6
8				1	1	5
9						7
10					4	6
11		1			1	5

Effects

1. It was good to know there was a place I could talk every week.
2. I learned from the experiences presented by other parents.
3. It felt good to get some of the things I discussed off my chest.
4. I sometimes left the group feeling worse than when I came.
5. I sometimes got new understandings or insights about my feelings and behavior.
6. I made contacts with other parents that I hope to continue outside the group.
7. Other parents were valuable sources of support.
8. Other parents were valuable sources of information.
9. I sometimes came away from the group with some new strategies for dealing with my situation.
10. I was able to use the group for working through or gaining understanding into some of the problems facing me.
11. Finding that other parents have gone through similar phases, experiences, and feelings was helpful to me.
12. Participating in the group contributed to my learning about myself and my child.

#		DD		N		DA
1						7
2					1	6
3						7
4		3	1	1	1	1
5					2	5
6		2			3	2
7					2	5
8					3	4
9					2	5
10					1	6
11					1	6
12					1	6

6/1/88

Appendix C

Dear Parents:

We need your evaluation to prepare our final report to the U.S. Office of Education. Your response will help in developing programs which meet the needs of families.

PARENT PROGRAM EVALUATION

Total N=29

A. Here is a list of activities offered by PAVII. For each activity in which you participated, please check the box which describes your feelings.

Year I N=9, Year 2 N=11, Year 3 N=9

ACTIVITY	Total N	Very Useful %	OK %	Not Useful %	Not Used %
1. Home visits	29	83	17		
2. Play group	28	57	18		25
3. Parent participation days at play group	20	45	15		40
4. Parent support group (Thursday afternoon)	29	45	14	3	38
5. Parent education meetings (evenings at Recreation Center)	16	37.5	12.5		50
6. Child care for parent education meetings	8	75			25
7. Developing objectives for your child	28	93	35	35	
8. Listing weekly home learning activities on index cards (developing and/or)	22	77	5		18
9. Reviewing those weekly home activities	20	55	5		40
10. Being videotaped	29	76	17		7
11. Reviewing and discussing videotape	29	86	7		7
12. Questionnaire on child's developmental needs (PAN)	29	65.5	34.5		
13. Review and update of PAN at beginning of program year	20	75	25		
14. Review of child's assessments	27	81.5	18.5		
15. Books and materials distributed	29	86.2	10.4	3.4	

ACTIVITY	Total N	Very Useful %	OK %	Not Useful	Not Used %
16. Being accompanied to medical appointments	27	89	7		4
17. PAVII Staff visits to your child's other program (s)	20	55			45
18. Family day "social" event	20	45			55
19. Help with transition to other programs/IEPs.	9	89			11

B. Please check how you feel about our schedule

	N=	JUST RIGHT %	TOO MANY %	TOO FEW %
1. Your home visit schedule	29	90	7	3
2. Parent education meetings (evening)	14	57	14	29
3. Parent group meetings (Thursday)	17	82	12	6
4. Parent participation sessions in play group	10	90	10	
5. Family Fun Days	4			100
6. Numbers of child assessments and questionnaires	29	83	10	7
7. Number of video sessions	26	69	12	19

	N=	JUST RIGHT %	TOO LONG %	TOO SHORT %
8. Length of home visit (1 - 1 1/2 hrs)	29	93	7	
9. Length of parent group meetings (1 1/2 hrs)	19	79	10.5	10.5
10. Length of parent education meetings (2 hrs)	7	86		14
11. Length of video taping session (5-10 mins)	26	92	8	

American
Printing House
for the Blind
Incorporated
1839 Frankfort Avenue
Mailing Address:
P.O. Box 6085
Louisville, Ky. 40206-0085

502 895-2405
TWX 810 535-3449

July 6, 1988

Deborah Cher, Ph.D.
Project Director
PAVII Project
50 Oak Street
Room 102
San Francisco, CA 94102

Dear Deborah:

As we discussed by phone, the American Printing House for the Blind's Educational Research and Development Committee met recently and approved for production the PAVII materials.

At this time, we can not determine when the materials would be available through APH. The materials first need to undergo expert reviews and editing.

I look forward to continuing to work with you on the PAVII materials.

Sincerely,

Sheri Moore
Research Scientist
Department of Educational Research

SM/gb