DOCUMENT RESUME

ED 378 754 EC 303 652

AUTHOR Rule, Sarah; And Others
TITLE The Integrated Outreach Project. Final Report.
INSTITUTION Utah State Univ., Logan. Center for Persons with Disabilities.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Early Education Program for Children with Disabilities.
PUB DATE [94]
CONTRACT H024D10034
NOTE 251p.
AVAILABLE FROM Outreach Division, Center for Persons with Disabilities, Utah State University, Logan, UT 84322-6845 (large print, audio, diskette or braille copies available on request).
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC11 Plus Postage.
DESCRIPTORS *Disabilities; Early Childhood Education; *Early Intervention; Educational Practices; Experiential Learning; Graduate Study; Higher Education; Inclusive Schools; *Inservice Teacher Education; Instructional Improvement; Mainstreaming; *Outreach Programs; *Rural Education; School Personnel; Teacher Education; Teacher Effectiveness; *Technical Assistance; Workshops

ABSTRACT

This report describes activities of the Integrated Outreach Project, which provided workshops and follow-up technical assistance to 248 early intervention personnel in rural areas of Utah, Idaho, Arizona, and Wyoming. Over the 3-year period, the project directly benefitted 1,183 children with disabilities and 810 typically developing peers. A training cycle of entry, contracting, action-taking, and ongoing evaluation was developed, implemented, and found to be effective and efficient in producing improved practices. Forty-five introductory and on-site workshops were given and evaluated as good or excellent by the participants. The primary focus of these workshops was to respond to the needs of teachers while the secondary focus was to promote developmentally appropriate educational practices emphasizing naturalistic instruction in inclusive settings. Project staff assisted local education agencies and programs in developing programs in the areas of mainstreaming, social integration, agency cooperation, and transition. Curriculum and assessment materials were developed and disseminated. Graduate courses in least restrictive environment and naturalistic instruction were coordinated with Utah State University. Train the trainer workshops were also provided in Utah and Idaho. A Collaborative Consultation Manual was developed and disseminated. Appendices include data on participant evaluation of workshops, program effectiveness, curriculum samples, and data collection forms. (Contains 32 references.) (DB)

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The Integrated Outreach Project

Final Report

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024D10034
CFDA: 84.024D

Sarah Rule, Ph.D.
Project Director

Sebastian Striefel, Ph.D.
Project Co-director

Melody Martin, M.Ed.
Project Coordinator

Betty Taylor, M.S.
Training Specialist

Marlene Deer, M.Ed.
Training Specialist

University-Affiliated
Center for Persons with Disabilities
Utah State University
Logan, UT 84322-6800
(801) 797-1981

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The Integrated Outreach Project
Final Report

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APPENDICES

Summary

The Integrated Outreach Project (IOP) has provided workshops and follow-up technical assistance to rural areas in the states of Utah, Idaho, Arizona and Wyoming. By helping 248 early intervention personnel to implement effective and appropriate services, the Project directly benefited 1,183 children with disabilities and 810 typically developing peers during the three year project period. These figures were over double the numbers projected in the original proposal.

The training cycle of entry, contracting, action-taking and ongoing evaluation proved to be user-friendly and efficient in producing improved practices. Forty-five introductory or on-site workshops were given and evaluated as good or excellent by the participants. The primary focus in the workshops and on-site technical assistance was to respond to the needs of the teachers and their teams. A secondary focus was to promote developmentally appropriate educational practices for children with disabilities with an emphasis on naturalistic instruction in inclusive settings.

Project staff assisted local education agencies and child development programs in the use of various components of the four model and demonstration projects and two previous outreach projects. Frequently disseminated components included the assessment procedure in the Let's Be Social curriculum, the MESA-PK (Mainstreaming Expectations and Skills Assessment: Preschool and Kindergarten) from the Functional Mainstreaming for Success (FMS) Project, and the Prioritized IEP Objectives data collection form developed in the Integrated Outreach for Utah Project.

Project staff attempted to improve insight and practices of the teachers and instructional assistants. Some teachers completed Special Education 584, a "Practicum in Least Restrictive Environment," with IFSP or IEP plans, and received credit from Utah State University. Many more were subsequently linked to the Special Education 556 course, "Practicum in Improvement in the Schools: Naturalistic Instruction," by the IOP coordinator. Finally, the Project co-sponsored summer workshops with the Department of Special Education. These were offered for credit.

In addition to providing training and technical assistance to direct service personnel, Project staff provided "Train the Trainer" workshops for early childhood special education consulting personnel in Davis County, Utah and for the South Central Region of Idaho Head Start in Twin Falls, Idaho. Training included the provision of manuals. Information was disseminated to other individuals through workshops at the Division for Early Childhood conference in St. Louis in 1991; the Utah Preschool Conference in Salt Lake City, Utah; at a statewide special education developmental disabilities conference in Billings, Montana; at the Utah federation of the Council for Exceptional Children (CEC); and at the National Division for Early Childhood conference in Washington, D.C. in 1992; at the Utah Preschool Conference and the Region VII Head Start Conference in 1993; and at the National Council for Exceptional Children Conference in Denver and the Utah Preschool Conference in Salt Lake City in 1994.

Finally, the Collaborative Consultation Manual was written as a culmination of the Project. Its purpose is to provide a

description of the process IOP used to enable other similar efforts, for example, by school districts trying to establish inclusive practices through teacher/consultant support and by classroom teams attempting to serve preschool children with disabilities in a more efficient manner. This and products produced by model programs are available for distribution at cost from the Outreach and Dissemination Division at the University-Affiliated Center for Persons with Disabilities at Logan, Utah.

Integrated Outreach Project

NEED

The Integrated Outreach Project was instigated by personnel at the Center for Persons with Disabilities (CPD) at Utah State University (USU) in response to the needs of local school districts who were trying to implement Public Laws 99-457 and 101-476 mandating that intervention services be provided for young children with disabilities aged 3-5 by appropriately-qualified personnel. Qualified early childhood special education certified teachers were not usually available. Therefore, districts were hiring special education teachers from elementary school levels and/or former kindergarten teachers. Many times these teachers were groping for intervention methods and materials. Often agencies provided no curriculum, so each teacher had to devise his/her own or seek help from another source such as Head Start or a private preschool and adapt them as necessary for children with disabilities. Administrators and teachers in the intermountain region of Wyoming, Utah, Idaho and Arizona were seeking some form of inservice training and help. This project was designed to fill that need.

The CPD had conducted four model and demonstration projects related to just such curriculum needs. (These projects are described in detail on pages 7-21 under the title "Model and Demonstration Projects.") The projects had created an information base including field-tested curriculum and instructional procedures available for dissemination. Therefore, the Project was written, funded, and implemented.

OVERVIEW

The purpose of the Integrated Outreach Project (IOP) was to provide districts with assistance in staff development of early childhood special education personnel. The goal of this assistance was to help provide quality services to young children with disabilities and their families in the least restrictive environment. IOP personnel provided assistance to 26 districts and agencies in the states of Arizona, Idaho, Utah and Wyoming during the three years of the Project (see Table 1). The Utah State

Table 1. IOP Participant Districts and Agencies

1991-1992	1992-1993	1993-1994
	AZ: Colorado City SD[a]	AZ: Cedar Unified School District
ID: Buhl SD Jerome SD Kimberly SD Twin Falls SD	ID: Bear Lake County Cassia County Preston SD	ID: Bear Lake County Richfield School Dist. S. Central Idaho Head Start Program
UT: Davis County SD Grand County SD San Juan County SD	UT: Iron County SD Kane County SD Murray SD Wayne County SD	UT: Carbon County SD Emery County SD
WY: Lincoln-Uinta CDA[b] Sweetwater CDA		WY: Child Dev. Services of Fremont Co. C.H.I.L.D. Project Shoshone/Arapahoe Early Intervention Shoshone/Arapahoe Head Start

[a] SD = school district.

[b] CDA = child development association.

Office of Education: Services to Students At Risk Section provided partial support for the project by funding travel to serve participants in Utah districts.

The Integrated Outreach Project was funded from October 1, 1991 to September 30, 1994. During this time IOP assisted over 248 preschool special education classroom team members in development and improvement of services to more than 1,100 young children with disabilities. Additional demographic information is shown in Table 2.

Table 2. IOP Participants in Technical Assistance and Staff Development

State	Teachers			Instructional Assistants			Related Service Providers			Students with Disabilities			Typically Developing Peers			Total Enrollment		
	91-92	92-93	93-94	91-92	92-93	93-94	91-92	92-93	93-94	91-92	92-93	93-94	91-92	92-93	93-94	91-92	92-93	93-94
Arizona	0	2	3	0	7	5	0	2	2	0	44	28	0	4	36	0	59	74
Idaho	6	8	2	10	10	4	10	4	2	159	129	74	93	19	248	278	170	330
Utah	7	6	2	18	10	12	7	6	2	105	78	56	92	58	12	229	158	84
Wyoming	14	0	11	22	0	37	10	0	7	271	0	239	70	0	178	387	0	472
Total/Yr	27	16	18	50	27	58	27	12	13	535	251	397	255	81	474	894	387	960
Totals	**61**			**135**			**52**			**1183**			**810**			**2241**		

OBJECTIVES FOR THE PROJECT

1. Assist each participating district or agency to design a staff development and technical assistance agenda that met the district's needs in providing services to young children with disabilities.

2. Provide staff development workshops and classroom technical assistance to encourage preschool staff to provide and improve services to children in the most inclusive environment appropriate.
3. Monitor and evaluate on-site implementation of model procedures in each district's preschool classrooms.
4. (Year Three only) Teach others about the methods and materials used in IOP to allow them to continue the staff development in provision of services in inclusive settings after the end of the three year funding period.

Model and Demonstration Projects

The Integrated Outreach Project was based upon the results achieved by four model and demonstration and two outreach projects funded at the Center for Persons with Disabilities. These projects include the Functional Mainstreaming for Success Project (FMS), the Preschool Transition Project (PTP), the Multi-Agency for Preschoolers Project (MAPPS), the Social Integration Project (SIP), the Social Integration Outreach Project, and the Integrated Outreach for Utah Project (IOU). The IOU Project combined model components for dissemination in Utah. The PTP and FMS projects had previously been replicated in Utah and the MAPPS and SIP models had been replicated in several states. It was feasible to incorporate the models into a single outreach project because each demonstration project addressed inclusive service delivery, preparation of teams of personnel who served preschoolers with

disabilities, and family involvement. However, each focused upon somewhat different preschool populations and on different settings. Each developed different service methods, curricula, and training procedures to address inclusion. Combining the models offered districts the means to implement a continuum of service options that (a) met the needs of children with a variety of disabilities, (b) were applicable to communities differing in size and available resources, and (c) addressed the differing service needs of families. For example, the SIP and PTP projects served children in existing, community-based day care centers; FMS was a model for using a "reversed" mainstreaming approach. The MAPPS project served rural early intervention centers including Head Start. The FMS model addressed primarily children who have severe to moderate disabilities. The SIP and MAPPS programs address children in the severe to mild range and many of the children served by the PTP pr gram had mild disabilities. All projects served children from a variety of racial and cultural backgrounds. The model components and the products available to support their dissemination and implementation are shown in Table 3. Effectiveness data for these four models is included in Appendix C.

The Integrated Outreach for Utah Project demonstrated that model components could be successfully disseminated using a system of individual teacher assistance plans. Staff negotiated with local education agencies to provide services and develop individual technical assistance agreements with each participating staff member to identify those components that each would implement. Through a system of workshop training followed by intensive

Table 3. Integrated Outreach Components and the Model-Produced Products to be Incorporated Into Each

INTEGRATED OUTREACH PROJECT COMPONENTS	PRODUCTS FROM ORIGINAL MODELS			
	FMS (Children with severe-moderate disabilities, reverse mainstreaming)	**MAPPS (Variety of disabilities, rural services)**	**SIP (Children with moderate-mild disabilities; community-based day care centers)**	**PTP (Children with mild-moderate disabilities; community-based agencies)**
1. <u>Assessment</u>. Model-developed assessments plus commercially available criterion and norm-referenced instruments	Mainstream Expectation Skills Assessment (MESA)	MAPPS workshop "Assessing young children with disabilities"	Social skill rating and ranking	Survival skill probes
2. <u>Organization of service delivery in a variety of settings</u>. Planning services, choosing appropriate school and community-based settings, identifying collaborating agencies and personnel	●Administrator checklist ●Administrative planning forms ●Teacher needs assessment ●"Teacher Expectations and Assistance for Mainstreaming Manual" ●"Directory of Local Training Resources" ●Options for Mainstreaming"		Site selection profile "A Guide for Negotiating Placement in Community-based Settings"	*A Guide for Administrators of Preschool Special Education Programs* "Day Care"

Table 3 (Continued).

INTEGRATED OUTREACH PROJECT COMPONENTS	PRODUCTS FROM ORIGINAL MODELS			
	FMS (Children with severe-moderate disabilities, reverse mainstreaming)	**MAPPS (Variety of disabilities, rural services)**	**SIP (Children with moderate-mild disabilities; community-based day care centers)**	**PTP (Children with mild-moderate disabilities; community-based agencies)**
3. Service Delivery.				
Emphasis on service provided by interdisciplinary teams in the least restrictive environment	Service delivery description			
Personnel Preparation (workshops and on-site follow-up)	"Guidelines for Teacher Prompting and Praise"	Workshops-child development, behavior management evaluation	*Microsession Training and Transfer* *Coincidental Teaching* *Basic Skills Manual*	
		"Organizing, Conducting and Evaluating Workshops"		
Curricula for use in classrooms for normally developing children and those with disabilities		*Curriculum and Monitoring System* CAMS-Social Emotional Curriculum CAMS-Pre-academic Skills CAMS-Self-Help Skills CAMS-Motor Skills CAMS-Receptive Language CAMS-Expressive Language	*Let's Be Social*	
Peer preparation	"Peer Preparation of Preschoolers in Mainstream Settings"			
Individual Education Plans	Eligibility criteria checklist			Transition IEP forms
Peer tutors	"Mainstream Teachers' Guide for Peer Tutoring"			
Planning	Weekly lesson plan forms	"A Guide to Preschool Program Planning and Evaluation"		
	Functional group guidelines			

Table 3 (Continued).

INTEGRATED OUTREACH PROJECT COMPONENTS	PRODUCTS FROM ORIGINAL MODELS			
	FMS (Children with severe-moderate disabilities, reverse mainstreaming)	**MAPPS (Variety of disabilities, rural services)**	**SIP (Children with moderate-mild disabilities; community-based day care centers)**	**PTP (Children with mild-moderate disabilities; community-based agencies)**
4. Parent Involvement.				
Advocacy training				Parent Handbook
IEP Development	Child Profile			
Intervention		*Parent Intervention Education*	*Let's Be Social Home Program*	
Parent support	Parent Mainstream Questionnaire Parent Brochure			
Child Find		*"What's Wrong with My Baby?"*		
5. Transition.				
Readiness	MESA CEO (Classroom Environment Observation System)			
Survival Skill Training				*Skills for School Success*
Peer preparation	Puppet show Buddy system			
Interagency collaboration				"Preparing for Transition: A Guide for Administrators of Preschool Special Education Programs"

Table 3 (Continued).

INTEGRATED OUTREACH PROJECT COMPONENTS	PRODUCTS FROM ORIGINAL MODELS			
	FMS (Children with severe-moderate disabilities, reverse mainstreaming)	**MAPPS (Variety of disabilities, rural services)**	**SIP (Children with moderate-mild disabilities; community-based day care centers)**	**PTP (Children with mild-moderate disabilities; community-based agencies)**
6. Evaluation*.				
Student progress		Preschool Internal Evaluation Summary	Microsession monitoring system	
Staff satisfaction			Teacher attitude survey	
Training outcomes	Mainstream workshop evaluation			
Model implementation		Classroom environment observation		

*See also sample forms in Appendix G.

individual technical assistance, staff monitored component implementation (see sample agreements in Appendix E and data collection forms in Appendix G) and provide continuing individual assistance as required. While this training system was labor intensive, requiring monthly visits (at a minimum) to each participating classroom, it addressed the most important outcome of training--the translation of training content into classroom practice. Without the intensive technical assistance, what was put into practice after personnel attend workshops would be largely a matter of chance.

Functional Mainstreaming for Success (FMS). The FMS model (Striefel, Killoran & Quintero, 1990) demonstrated procedures for the instructional and social inclusion of preschoolers aged 3 to 6 whose disabilities ranged from moderate to severe. The project staff developed (a) assessment procedures for determining the type of inclusion most suitable for each child and for matching the child's needs with general education teacher expectations, (b) activities for functional grouping of children with and without disabilities, (c) procedures to prepare parents, staff, and typically developing children (as well as those with disabilities) for inclusive settings, and (d) procedures to identify and provide necessary support for general preschool teachers as they receive children with disabilities. The Project demonstrated the effectiveness of full reverse mainstreaming (integrating typically developing children into formerly self-contained classrooms to achieve a 50:50 ratio of these children to those with disabilities) and partial mainstreaming (in which children with disabilities

participated in selected activities with typically developing children). A variety of materials and assessment instruments were developed and evaluated. Many of these are listed in Table 3.

A total of 178 children with disabilities, 1,780 typically developing children, 146 parents and 262 staff members participated in development and implementation of the model. The results of the project indicated that the progress of children in inclusive classrooms was superior to that of children in partially mainstreamed classrooms. Generally, children in inclusive settings achieved as many or more objectives with fewer individual instruction sessions than did children in self-contained classrooms during 1985-86 (Striefel, Killoran, & Quintero, 1987).

In 1986-87 children were matched on the basis of chronological age, mental age, and gender and assigned to partially or totally inclusive settings. Children were administered the Battelle Developmental Inventory, the Developmental Programming for Infants and Young Children (DPIYC), Preschool Developmental Profile, the social and language subtests of the Program and Assessment and Planning Guide, and the "Mainstreaming Expectations and Skill Assessment for Preschool and Kindergarten" (MESA-PK). The children with disabilities in both settings made gains; however, the children in the inclusive classrooms made greater gains. Most differences were statistically significant. Typically developing children in these classrooms also made gains. On all measures of social interaction, children in the inclusive class were superior to those in the partially mainstreamed class (Striefel et al., 1987).

Parents of both typically developing and children with disabilities expressed satisfaction with the program. Similarly, staff ratings of the programs were positive.

Staff monitored the transition of 16 children who "graduated" from the program in 1985-86. Seven were placed in self-contained programs; 9 entered regular kindergarten. At the end of the school year all remained in regular education. Similarly, 9 of the 16 children who graduated in 1987 were placed in regular kindergarten and 2 were to be placed in resource rooms. Only 5 were placed in self-contained settings (Striefel, Killoran, Allred, Hyer, Campbell, & Nelke, 1987).

Social Integration Project. The purpose of the Social Integration Project was to promote the inclusion of children with disabilities into early education programs. Model components included: (1) service delivery--child find, screening and assessment, development of individual education programs, liaison with specialists such as speech or occupational therapists, and classroom management; (2) basic developmental skill building; (3) Let's Be Social (Killoran, Rule, Stowitschek, & Innocenti, 1982)--a 26-unit social skills training curriculum; (4) home support (e.g., the Let's Be Social Home Program [Innocenti, Rule, Killoran, Schulze, & Stowitschek, 1987]); (5) microsession training--a set of procedures to transfer instructions from teachers to other personnel including aides and parents; and (6) coincidental teaching--making use of naturally occurring opportunities to teach young children with disabilities. Teaching was provided through placement in inclusive settings and supplemented when necessary

through coincidental teaching or microsessions (small group or individual teaching sessions) (Rule, Stowitschek, & Innocenti, 1986).

The Social Integration Project served a total of 31 children with disabilities aged 3 through 5. Their disabilities ranged from severe multiple disabilities to behavioral disorders. An evaluation of the effectiveness of the original SIP model indicated that children made statistically significant pre/post gains in cognitive and developmental skills as measured by both a normative test (e.g., Stanford-Binet or McCarthy Scales) and a criterion-referenced test. In order to determine whether these gains were comparable to those experienced in other education programs or with other preschool children, the test scores of project children were compared to those of (1) children with comparable disabilities matched in developmental age but served in self-contained settings, (2) children with disabilities matched in chronological age and integrated into Head Start Programs, and (3) typically developing children matched in chronological age and served in nonintegrated day care programs. Analysis of covariance was used to adjust for pre-test differences. The post-test scores of children in the SIP model were comparable to those of children with disabilities in other groups; project children's test scores on the criterion-referenced test were exceeded by the typically developing children (Rule, Stowitschek, Innocenti, Striefel, Killoran, Swezey, & Boswell, 1987).

Costs of services provided by SIP were compared to the costs of serving children in self-contained preschool programs in Utah.

The cost to serve children for up to 10 hours per day in the SIP model was $14.95 per day. The cost to serve children for 2-1/2 hours per day in self-contained programs was $18 to $25 per child per day.

Parents of children with disabilities and day care staff who participated in the project were surveyed to determine their satisfaction with the program. Parents rated services as good or excellent. All child care teachers said they would recommend inclusion of children with disabilities to teachers in other child care centers and that they thought that inclusion was beneficial to both typically developing and children with disabilities (Rule, Killoran, Stowitschek, Innocenti, & Striefel, 1985). These results were replicated in subsequent years.

During the three years of SIP Outreach Project activity, the full model was replicated in child care centers in Utah. Follow-up of 58 model "graduates" in 1987 indicated that 61% continued to be served in inclusive classrooms. Some of these children were in 5th grade. Training in model component replication was provided to more than 50 agencies in eight states. Project-produced training materials are available to this project (e.g., the Manual of Strategies for Instruction of Preschoolers with Disabilities in Inclusive Settings; Microsession Instruction and Transfer Workshop; Coincidental Teaching workshop; and the SIP Manual for Negotiating Placement of Preschoolers with Disabilities in Community-Based Day Care Centers (Rule, Fiechtl, & Killoran, 1987).

MAPPS. The Multi-Agency Project for Preschoolers (MAPPS) was designed to facilitate the efforts of several agencies to identify

and provide systematic educational programs for infants and children with disabilities in a three state region. Project staff developed CAMS, the Curriculum and Monitoring System (Casto, 1979) to teach critical skills to preschool children with disabilities in the areas of receptive language, expressive language, preacademic skills, motor development, self-help skills and social-emotional development. Participating service delivery systems faced the need to provide intervention in rural and remote areas. Consequently, project staff developed programs to train parents to act as the primary interventionists for their very young children and a model for including children with disabilities into existing preschool programs.

Normative and criterion-referenced pre-post tests were used to document gains of children enrolled in the model. Statistically significant gains on the Bayley Scales of Infant Development (Mental and Motor Scales) (Bayley, 1969) were reported for 60 infants aged 0 to 3. Statistically significant changes (gains) from pre- to post-testing were obtained from standard scores on the Peabody Picture Vocabulary Test, the Biery Visual Motor Interpretation Test, and the Assessment of Children's Language Comprehension (Foster, Gidden, & Starkey, 1973) when 60 children aged 3 to 5 were tested. A comparison group of 160 children from classrooms into which children with disabilities were included was tested during the intervention period. They showed gains in standard scores, but their pre- to post-test changes were not statistically significant. The data were submitted to the Joint

Interagency Coordinating Council for review (Casto, 1980) and approved in June, 1980.

Further data on program efficacy were collected in 1984 from a Head Start population in Medford, Oregon. Fifty children with developmental delays aged 3 to 6 were matched on chronological age and on the CAMS preacademic test scores. Children were then randomly assigned to participate either in the CAMS curriculum or the regular Head Start curriculum. Post-tests were administered after 16 weeks. The CAMS participants performed significantly better on the post-test (Casto, Peterson, & Lauritzen, 1986).

In nine years of operation, the MAPPS Outreach Project provided staff development and technical assistance to agencies in several states. These include early intervention programs, child care centers and Head Start sites.

Preschool Transition Project. The purposes of the Preschool Transition Project (1984-87) were: (a) to determine the academic and classroom survival skills necessary for young children with disabilities to succeed in kindergarten and first grade and to assist 4-year-old children with disabilities to acquire these skills; (b) to assist parents in acting as advocates for their children with disabilities and to enhance their children's social skills development at home and in the community; and (c) to develop administrative procedures to assure that when children reached school age, necessary information about them reached receiving school districts and their future classroom teachers.

Project staff produced and evaluated the Skills for School Success curriculum (Fiechtl, Innocenti, & Rule, 1987) in the model

and a replication site. It was designed to teach skills such as learning in large and small groups, completing tasks independently, and working or playing appropriately with materials of choice. The performance of 17 participating children (10 at the model site, 7 at a replication site) whose disabilities ranged from severe behavioral disorders to mild mental retardation was evaluated by direct observation in the model classroom and by general preschool teachers' ratings in child care classrooms for typically developing children. Children's pre- to post scores, reported by general preschool teachers, increased on the Kindergarten Survival Skills Checklist (Vincent, Salisbury, Walter, Brown, Gruenwald, & Powers, 1980). Both direct observational probe data and a teacher-completed checklist conducted in a model classroom indicated that most of the 17 children mastered the 9-skill complexes comprising the curriculum; (one child in the replication site participated for only nine weeks and did not master most of the skill areas) (Rule, Fiechtl, & Innocenti, 1990).

Parents rated the project highly. Their reports indicated that 9 of 10 'graduates' at the model site were placed in inclusive settings when they reached school age. Two have since been placed in self-contained classes.

In addition to the Skills for School Success curriculum, project staff produced materials to assist parents in the advocacy and transition process (Parent Handbook, Innocenti, 1987); a guide for staff to assist parents (Helping Parents to be Informed Advocates for Their Children with Disabilities, Innocenti, Rule, & Fiechtl, 1987a); and a booklet for administrators (Preparing for

Transition: A Guide for Administrators of Preschool Special Education Programs, Innocenti, Rule, & Fiechtl, 1987b).

The Integrated Outreach for Utah Project. This project assisted over 150 multidisciplinary team members in 16 school districts in Utah to develop and implement services for approximately 850 preschoolers with developmental disabilities. There were several indicants of the Project's effectiveness (see Appendix D for summary data and Appendix E for data forms): (a) knowledge changes, based upon pre- and post-tests of participants' mastery of workshop content; (b) observational data of performance changes based upon each participant's individual technical assistance plan; (c) participants' satisfaction with services as measured by Likert-type rating scales; and (d) participants' continued implementation of components after training has ended.

Process for Accomplishing Each Objective

1. **Assist each participating district or agency to design a staff development and technical assistance agenda that met the district's needs in providing services to young children with disabilities.**

Initial contact was made with each participating district through the superintendent, special education director or preschool coordinator as appropriate to each district. The Project was described verbally, written information was made available to the district as needed, and a time was set for a second contact. During the second contact project staff determined if the district was going to participate, then went on to discuss the strengths and needs of the district and a schedule of workshops, if district-wide workshops were requested by the district. Also, a time was set for

a large group introductory meeting with the district's preschool personnel if suitable to district demographics.

After the Project was introduced to the district personnel, the Project consultants worked individually with each participant to determine the objectives that each wished to pursue during the year. Suggestions for objectives were offered to participants from the topic areas covered by components from the four model and demonstration projects.

The continuum of curricula and procedures developed by the four model projects allowed local districts and individual participants to select components that addressed specific staff development needs. The topic area(s) chosen were written into a Teacher Assistance Agreement (TAA) that was used to guide the interactions between the consultant and the participant through the year.

2. Provide staff development workshops and classroom technical assistance to encourage preschool staff to provide and improve services to children in the most inclusive environment appropriate.

Using the Teacher Assistant Agreement for direction, model project components were presented either in workshops or individual sessions to satisfy the need for assistance. Table 4 provides a summary of presentations and technical assistance visits throughout the three years of the Project.

In addition to the workshops and technical assistance provided to individual districts, Project personnel collaborated with the Department of Special Education to provide summer workshops. District personnel were encouraged to attend. In 1993 Michelle

Table 4. Workshop Presentations and Technical Assistance

Year	# Workshops	# Persons Attending Workshops	# TA Visits	# Persons Receiving TA
1991 (Oct-Dec)	8	333	6	30
1992	23	401	34	118
1993	12	149	31	113
1994 (Jan-Sept)	12	262	4	41

Taylor and Adrienne Frank of the Child Development Resources Institute in Lightfoot, Virginia presented a workshop entitled "Services for Families: Service Coordination and Home Intervention," in which there were 23 participants. In June of 1994 Dr. Lee Snyder-McLean, Director of the Schiefelbush Institute of Life Span Studies at the University of Kansas, presented a workshop entitled "Early Communication: A Transactional Approach and Implications for Intervention," in which 75 people participated.

3. Monitor and evaluate on-site implementation of model procedures in each district's preschool classrooms.

Depending on the goal and objectives selected by the teacher, a variety of observational assessments were used to determine the participants' mastery of the skills and techniques used. Evaluations were competency-based (sample observation forms are shown in Appendix G), with the consultant providing verbal and written feedback on areas of expertise and areas of the objective that needed additional attention.

4. Teach others about the methods and materials used in IOP to allow them to continue staff development in the provision of services in inclusive settings after the end of the three year funding period.

Over the life of the Project, the staff developed and refined a system of collaborative consultation that allowed them to work efficiently and effectively with the participants. As a component of the final year activities, staff wrote the Collaborative Consultation Manual, which describes the process of collaborative consultation and details how the Integrated Outreach Project has interpreted that process. Also included are all forms and procedures used for the exchange of information between project staff and participants. (A copy of the manual is available from the Outreach Division, Center for Persons with Disabilities, Utah State University, Logan, UT 84322-6805.)

Another means of disseminating information and techniques of the Project was presentations made by Project staff at regional and national conferences and conventions. These presentations are summarized in Table 5.

Table 6 on the following page summarizes problems that IOP personnel encountered in the course of providing training and technical assistance. How personnel addressed these challenges is also described.

Table 5. Regional and National Presentations

Session Title	Conference/Location	Number Attending	Length (hours)
Teacher Directed/Child Directed Instruction	Care Enough to Share Team Building Conference, Salt Lake City, UT	20	1
Incorporating IEP Objectives Into Small Group Instruction	Council for Exceptional Children Div. of Early Childhood Conference, St. Louis, MO	280	1.5
Incorporating IEP Objectives Into Circle Time Activities	Utah Statewide Preschool Conference, Salt Lake City, UT	150	1.5
Target IEP Objectives and Document Student Progress in Inclusive Settings	Utah Federation, Council for Exceptional Children Fall Conference, Park City, UT	25	.75
Incorporating IEP Objectives Into Circle Time--Poster Presentation	Council for Exceptional Children Division of Early Childhood Conference, Washington, DC	150	2
Collaborative Consultation and the Preschool Educator	Utah Statewide Preschool Conference, Salt Lake City, UT	25	1.25
Collaborative Consultation: Working to Meet the Needs of Young Children with Disabilities in Head Start Classrooms	Region VII Head Start Conference, Park City, UT	26	1.5
Collaborative Consultation	Utah Statewide Preschool and Early Intervention Conference, Salt Lake City, UT	30	1.5
Collaborative Consultation: Working Together to Meet the Needs of Young Children in Inclusive Settings	Annual Council for Exceptional Children Convention, Denver, CO	75	1.5

Table 6. Problems Encountered

Methodological and Logistical Problems	How Resolved
Methodological	
1. Instructional Assistants (IAs) considered as "aides" to only do routine tasks and nothing related to development of children. Some teachers even had the idea that the "aides" should not know the objectives for a child because of "privacy" issues.	Was a problem in workshops as well as technical assistance in the classroom. Consultants worked with teachers and IAs, as a team discussing, for example, how both could work on a prioritized objective and collect data. Later we also encouraged team planning with input by the Instructional Assistants, occasional role reversal, etc. If agreeable to the teacher, we did some training of IAs on topics such as extending and facilitating children's language.
2. Inclusion was mostly an administrative issue and decision.	Therefore, our role was sometimes one of encouraging reverse mainstreaming and coordination with Head Start, community child care groups, and/or the local kindergarten. Use of peer buddies and tutors also led to more sharing across general/special education lines.
3. Lack of involvement and direction from some district administrators or special education directors in setting the stage for IOP to work.	If no district theme or explanation was forthcoming, consultants would make extra efforts to meet the needs of the teachers and keep the administration informed; or try to work cooperatively with them to increase support of what the teacher was trying to accomplish.
4. Lack of time and commitment by teaching team to collect data and do tracking.	We provided an easy-to-use form and system to collect data. Demonstration and collecting on only one or two children at first helped. We also tried encouraging Instructional Assistants to take data or parent volunteers to help out during small groups so a teacher could take data.
Logistical Problems	
1. Distance--a problem.	"Workshop in a Box" was one attempted solution. A box or envelope of handouts, overheads, and suggested readings was sent to individual teachers prior to the conference call workshop date. The conference call equipment was sent, also. The call was an opportunity for the teachers to discuss in a structured format a topic of mutual interest and gain insight into each other's ideas for solutions. Another was making phone calls or sending more information half way through each month.
2. Travel restricted during the winter months by weather or budget.	Videotaping in the classroom was used as an alternate method. First the tapes were viewed by the classroom team. Next, they sent comments and questions with the tape to IOP. We would observe and then write a review or make a telephone call with our input. This worked well in most cases. Many teachers said they wanted to continue videotaping for their own use in evaluating themselves as well as being able to observe reactions of children in a different way.
3. Time for adequate consultation with teacher or team on day of visit.	Some had other school duties to do in 10 or 15 minutes. Others needed to go home for children there. We did our best while there, then sent more information in written form or made a phone call.
4. Limitation of work at any one site to one year.	Sometimes one year was enough, but often there were further requests or needs. In two districts where consultants were called to come back, they did and found that it really helped to follow through. Follow-up achieved better results, greater satisfaction.

PROJECT IMPACT

Products

1. Workshop Manual--Assessment to IEP to Programming; Melody Martin

2. Workshop Manual--Social Skills and Coincidental Teaching: Perfect Partners for Success; Betty Taylor

3. Collaborative Consultation Manual; Betty Taylor, Melody Martin, Sarah Rule and Sebastian Striefel

4. Handout booklets for workshops:

   a. "Incorporating IEP Objectives Into Circle Time Activities"
   b. "Providing Coincidental and Individualized Instruction in the Preschool Classroom"
   c. "Providing Coincidental Instruction in the Preschool Classroom"
   d. "Social Skills and Coincidental Teaching: Perfect Partners for Success"
   e. "Transitioning from Infant to Preschool and from Preschool to Kindergarten"--USU Summer Workshop
   f. "Collaborative Consultation: Meeting the Needs of Young Children with Disabilities in Head Start Classrooms"
   g. "Social Skills and Coincidental Teaching: Perfect Partners for Success in the Preschool Classroom"--for South Central Idaho Head Start
   h. "Individualizing Instruction and Coincidental Teaching of IEP Objectives"
   i. "IEP Infusion: Imbedding IEP Instruction Into Child-Directed and Teacher-Directed Small Group Table Activities"
   j. "From Assessment to IEPs to Programming"

Dissemination Activities

All of the above products were used to disseminate information. Technical Assistance Agreements, phone conference calls, "Workshop in a Box," the exchange of videotape and responses, and all the workshops and presentations listed in Table 4, page 23, and Table 5, page 25, shared information either at the local, state, or national level.

Publications

The Collaborative Consultation Manual is available at cost ($15.00)) from:

Outreach, Development & Dissemination Division
Center for Persons with Disabilities
Utah State University
Logan, UT 84322-6805
Phone: 801-797-1991

Taylor, Betty. (August, 1994). "Teaming, the Key to Successful Inclusion." Early Childhood Report.

Products produced by the original model and demonstration projects are available through the Outreach Division, Center for Persons with Disabilities, and are listed in the Product Catalog. This can be obtained at no cost by calling (801) 797-1991.

Indicators of the Project's Effects on the Field of Early Education

The IOP Project's collaborative consultation process was designed with ongoing and outcome-based evaluation. Almost every workshop included measured knowledge gain and evaluation of presentation forms. The evaluation of presentations included numerical ratings of 1 (poor) to 5 (excellent). Ratings on these were at an average of 4.5. The technical assistance was rated at the end of each year by the teachers who received it. The columns most often marked were "Helpful," "Very Helpful," and "Somewhat Helpful," in that order. (See Tables on Evaluations in Appendix A.)

Results from a series of follow-up telephone interviews with participants at the end of the three-year IOP Project is the most recent overall evaluation. This series of interviews was done with a cross-section of administrators and teachers with whom IOP worked either three years ago, two years ago, or within the past year. A

summary of the results of this evaluation is included in Appendix B.

The respondents were particularly pleased with the characteristics of IOP workshops and technical assistance. Most of the respondents indicated and emphasized that training was "tailored to their needs" or "addressed their concerns." Other comments indicated flexibility and openness of the trainers. Others said the trainers were "supportive," "concerned," "excellent," and "nurturing." One said, "... it was all positive, and it was kind of like she did more than just suggest, she motivated us to change."

Training was cited as "beneficial," "positive," "helpful," and "extremely valuable," all indicating it was worthwhile. According to six out of ten respondents, the training was timely, whether it happened by chance or was sought.

According to these interviews, the greatest effect was at the program and provider levels with community, family, and child levels limited to specific cases. However, the influence at the program and provider level would certainly impact the children, although this was not measured per se.

In the area of program administration, respondents cited information gathered from workshops, forms, and other resource materials, and various types of technical assistance as "just what we needed." Respondents indicated specific needs that were addressed in the area of program strategies. Help was given on addressing IEP objectives, tracking progress, developmentally appropriate materials and activities, classroom and program

reorganization, assessments, and writing lesson plans. Program quality was noted with reference to growth in number of students served, speeding up the process, strengthening their programs, and systematic ways of addressing individual needs. Also, many said they are continuing to use ideas and practices gained through IOP.

Competence and growth in teaching skills by individual providers was cited by many. Some specific areas of insight mentioned were coincidental teaching, writing and implementing IEPs, and data collection. Provider communication was enhanced as noted by several respondents: "Part of the value was just bringing us together as an entire staff and helping us plan together," "We did more team planning."

Respondents indicated that satisfaction with IOP training stemmed from the chance to talk over their concerns with the IOP trainers on a one-to-one basis. Furthermore, they extended this type of action with their own teams.

In summary, the goal to assist remote, rural areas in Utah and the surrounding states in the provision of effective and appropriate services to young children with disabilities was achieved. The first three objectives were accomplished at all sites. The fourth objective, that of training new trainers, was completed at two sites.

Impact on Inclusion

As the Project progressed, inclusion was more rigorously advocated by national and state agencies. Many local special education directors and LEA units were in the throes of deciding how to organize for inclusion. Therefore, staff experienced a wide

range of district efforts and challenges as they worked in the schools.

Although making administrative changes to assure inclusion were beyond the scope of the Project, staff could lend support where it was needed or requested. Following are a few examples of the Project's influences on inclusion:

1. The activity-based, naturalistic instruction taught through coincidental teaching workshops helped teachers see how typically-developing classmates could assist and benefit children with disabilities, especially in the area of language development by example and interaction. Many times staff also had the opportunity to talk with related service personnel to encourage their working with a small group in the classroom instead of the one-to-one, pull-out sessions which were common.

2. Staff encouraged all efforts made by teachers to involve friends from the kindergarten classes or local private day care facilities. Also, staff encouraged peer buddies and reversed mainstreaming whenever possible. Usually the motivation for success in self-help, social and academic skills was greatly enhanced, leading to a greater acceptance of inclusion by the teachers.

3. During Year Three, when more teaching teams and inclusive settings were in place, IOP had a major impact by encouraging classroom team meetings that involved the general education teacher, special education teacher/consultant, related service providers, and paraprofessionals to review and monitor progress by

children on IEP objectives and to plan for the next week's activities.

4. The Collaborative Consultation Manual, written as a culmination of this Project, is available as a resource for anyone interested in developing skills in consultation and conducting team meetings to achieve successful inclusion.

APPENDIX A

TABLES INDICATING PARTICIPANT EVALUATIONS OF WORKSHOPS & TECHNICAL ASSISTANCE

APPENDIX A

Workshop and Technical Assistance Tables

Following are tables from year-end reports on evaluations of workshops and technical assistance in support of summary statements made on page 28.

Table 1: Workshop Evaluations (End of Year Report - 1991-92)

Location	% Evaluations rating workshops as :				% who now use or plan to use the workshop information
	very useful	*useful*	*somewhat useful*	*not useful*	
Davis District, UT	72	20	4	4	95
Grand & San Juan Counties, UT	66	33	0	0	100
LUCDA, WY	66	33	0	0	100
SWCCDA, WY	28	51	20	0	97
Twin Falls area, ID	41	47	12	0	89

Table 2: Technical Assistance Evaluations (End of Year Report - 1991-92)

Location	% Evaluations rating Technical Assistance as:				% who now use or plan to use the information received during TA
	very helpful	*helpful*	*somewhat helpful*	*not helpful*	
Davis District, UT	85	15	0	0	100
Grand & San Juan Counties, UT	28	55	17	0	100
LUCDA, WY	63	38	0	0	100
SWCCDA, WY	35	26	39	0	84
Twin Falls area, ID	27	59	14	0	93

Table 3: Workshop Evaluations (End of Year Report - 1993-94)

Location	% Evaluations rating workshops as:				% who now use or plan to use the workshop information
	very useful	*useful*	*somewhat useful*	*not useful*	
Carbon County ESCE staff	25	50			100
Davis School Dist. ESCE staff	33.3	33.3	33.3		100
Child Dev. Services Fremont Co., WY	20	20	60		(no entries)
Shoshone-Arapahoe Early Intervention and CHILD Project staff	25	62.5	12.5		100
South Central Idaho Head Start staff	75	25			75

Table 4: Technical Assistance Evaluations (End of Year Report - 1993-94)

Location	% Evaluations rating technical assistance:				% who now use or plan to use the information received during TA
	very helpful	*helpful*	*somewhat helpful*	*not helpful*	
Carbon County ESCE staff	25	62.5		12.5	93.7
Shoshone-Arapahoe Early Intervention and CHILD Project staff		71.4	28.6		76.2

Table 3: Workshop Evaluations (End of Year Report - 1993-94)

Location	% Evaluations rating workshops as:				% who now use or plan to use the workshop information
	very useful	*useful*	*somewhat useful*	*not useful*	
Carbon County ESCE staff	25	50			100
Davis School Dist. ESCE staff	33.3	33.3	33.3		100
Child Dev. Services Fremont Co., WY	20	20	60		(no entries)
Shoshone-Arapahoe Early Intervention and CHILD Project staff	25	62.5	12.5		100
South Central Idaho Head Start staff	75	25			75

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Shoshone-Arapahoe Early Intervention and CHILD Project staff		71.4	28.6		76.2

APPENDIX B

SUMMARY OF IOP SERVICE THEMES AT VARIOUS LEVELS AND TRAINING CODES TELEPHONE SURVEY

IOP Themes

Center for Persons with Disabilities
Utah State University
Logan, Utah

Community Level

O-Comm-Supp (2 respondents - 2 entries)

IOP training encouraged community participation in the program. *IOP#2* entry stated specific activities and participants (i.e., life skills class, grandparents day, and volunteer programs) that resulted from the IOP training received.

Program Level

N-Prog-Adm (5 respondents - 6 entries)

Three respondents indicated that their programs were expanding services to include students with and without disabilities. They specified a need for technical assistance to help them make their programs work (e.g., inclusion, transition, curriculum, and teaming).

Other respondents addressed other specific issues concerning administrative responsibilities and need for providers in rural or remote areas to get more information.

O-Prog-Adm (4 respondents - 5 entries)

Respondents cited that information gathered from workshops, forms and other resource materials, and other types of technical assistance impacted their program administration.

Quote from *IOP#2*: "There were needs for the workshops, and it provided a way for me to se those workshops happen, and to see that training happen for the teacher, and some of it was in areas of expertise that were not my areas, but which IOP could really be more, meet those needs better."

N-Prog-Strat (7 respondents - 7 entries)

Two respondents related specific program strategy needs (e.g., training, technical assistance) to program expansions. For example, *IOP #2* said, "We wanted to integrate the services for all the kids. We needed some help with, we requested some technical assistance to help with mainstreaming and integration, the transition involvement that went with moving the kids out of the program and into the program." Other needs that were brought up were more specific such as curricular needs, organizing programs, data collection, writing and implementing IEPs and IFSPs.

O-Prog-Strat (8 respondents - 14 entries)

Respondents indicated several specific needs that were addressed through the IOP training. Some of the outcomes include addressing IEP goals, tracking progress, developmentally-appropriate materials and activities, classroom and program reorganization, assessments, and writing lesson plans. IOP #2 suggested that one of their teachers learned how to conduct in-house seminars with the help of one of the IOP trainers.

N-Prog-Qual (1 entry)

IOP #1 Lines 78-79: "No, it was just a general, I've done this for quite a while, but I know there are areas I can improve in, so whatever you see, please give me input."

O-Prog-Qual (5 respondents - 7 entries)

Issues that were brought up include growth in number of students served, speeding up process, strengthening their programs, and systematic ways of addressing individual needs. Four respondents mentioned continuing their use of ideas gained from the training indicating the value and quality of what they had learned.

Provider/Staff/Teacher Level

O-Prov-Ind (1 entry)

IOP #3 Lines 97-99: "I think the main things is the help that we've been able to make the transition into kindergarten, and the teacher's more aware of children's problems and how to help more in the classroom, they don't have to always send them out."

N-Prov-Fam (2 respondents - 2 entries)

Both respondents suggested that providers need to be more aware of families and their needs, to collaborate and communicate more with the families, and find ways to involve families more in the program.

O-Prov-Fam (3 respondents - 3 entries)

All three respondents discussed the changes in their programs to involve the families more. *IOP #9* indicated that as a result of their training with IOP, they were more in tune in meeting the needs of their students and knowing what the parents wanted for their own kids. Both *IOP #2* and *IOP #8* talked about their respective parent programs that were organized as a result of the IOP training. *IOP #8* also discussed how they recognized a need to communicate more with parents, thus are publishing a newsletter.

O-Prov-Comm (4 respondents - 6 entries)

All four respondents indicated that IOP training helped them to work together with their respective team members and collaborate more in planning activities. IOP #6 sums this thought up when she said, "...part of it was just bringing us together as an entire staff and meeting one another, and they were good, I appreciated them."

N-Prov-Teach (3 respondents - 6 entries)

The three respondent brought up specific concerns regarding their teaching. Both *IOP #2* and *IOP #10* indicated a need for training their staff and parents (e.g., aides, volunteers, and specialists). *IOP #1* focused specifically on themes and data collection.

O-Prov-Teach (8 respondents - 14 entries)

All eight respondents indicated that with the IOP training, they had a deeper insight into specific things such as coincidental teaching, writing and implementing IEPs, and data collection. Most suggested that they were able to work towards solutions with outcomes benefiting children. Some also suggested that they planned more as a staff as a result of the training.

O-Prov-Sat (5 respondents - 10 entries)

Respondents indicated that their satisfaction stemmed from the chance to talk over concerns with the IOP trainers on a one-to-one basis. Furthermore, they extended this type of interaction with their own teams. They discussed their achievements and concerns, as well as planning together.

Family Level

N-Fam-Know (1 entry)

IOP #7 Lines 73-75: "It impacted us by thinking that we need to do, like, newsletters, and send info home to the parents, in school, and you know, which one..."

O-Fam-Know (2 respondents - 2 entries)

Both respondents discussed parent and family activities that were carried out as a result of the IOP training. Some of the activities include parent night and grandparents day.

N-Fam-Sk (2 respondents- 2 entries)

Two family needs identified by the respondents were the need for helping parents be better teachers at home and how they could be trained as volunteers in the program.

O-Fam-Sk (2 respondents - 3 entries)

Both respondents suggested that the IOP training resulted in teaching families, specifically parents on meeting their children's needs. *IOP#2* also said that they were able to start a parent advisory council with the help of IOP.

O-Fam-Sat (1 entry)

IOP #7 Lines 79-80: "...better progress, meeting more of their IEP goals, we're getting more favorable responses from the parents."

Child Level

N-Ch-Pro *(1 entry)*

IOP #3 Lines 79-82: "I remember one time one of them came up and I had a boy who would leave the centers, wandering around and just going quickly from one center to the other, and they suggested putting a ner on him, and that really solved the problem."

O-Ch-Pro *(2 respondents - 2 entries)*

Both respondents discussed how the training helped them address specific child needs. Working specifically on child change was not an emphasis in IOP, but it often resulted from conversations with the trainees.

Training Codes

Characteristics of Training

T-resp *(9 respondents - 23 entries)*

This was obviously the keynote to IOPs approach because there were 23 responses which fit in this category. Most of the respondents emphasized that the training was tailored to meet their needs or addressed their concerns. Other ideas expressed indicated flexibility and openness of the trainers. *IOP #10* said, "I think Mrs. Taylor was very easy to work with. I think she was very concerned, and she was always here when she promised, and I think she went out of her way to research materials."

T-qual *(9 respondents - 21 entries)*

Three respondents said that the IOP training had a positive impact on their training. Others suggested that the trainers were supportive, concerned, excellent, nurturing. IOP #7 said, "...it was all positive, and it was kind of like she did more than just suggest, she motivated us to change."

T-worth *(5 respondents - 6 entries)*

All four respondents described the IOP training as worthwhile when they said that the training was, "beneficial," "positive," "helpful," "extremely valuable."

T-time *(6 respondents - 7 entries)*

All six respondents indicated that the training came at the right time whether it was by chance or was sought. *IOP#8* said it best when she said, "...we feel like we stretched and changed because we met at the right time."

Types of Training

T-type *(8 respondents - 14 entries)*

Two types of training were predominantly used by IOP, workshops and on-site technical assistance (e.g., samples from other sites, hand-outs, observation, and looking at assessment tools). One respondent also indicated that videotaping her teaching and getting feedback was very helpful. She added that she planned to use it again for her own purposes.

Involvement in Training

T-involv *(4 respondents - 9 entries)*

Responses revealed that it was mostly classroom teachers and staff who participated in the IOP training. *IOP#2* indicated that they also had family and community members involved in the training.

Problems with Training

T-prob *(6 respondents - 10 entries)*

Problems indicated by the respondents were generally logistical issues. Most respondents suggested that their own lack of time or overwhelming responsibilities in school or at home, prevented them from participating fully with the IOP training.

Additionally, the weather posed as a problem because there were times when the trainers were unable to visit the sites. One respondent also indicated that at times, their present needs or priorities were not congruent with the IOP training.

Suggested Evaluation Strategies

Eval-obs *(3 respondents - 3 entries)*

Two respondents indicated that a follow-up observation of their program is one way of evaluating the impact of IOP. *IOP#2* said that "A lot of times, things don't get on paper that someone could see." One respondent indicated that observing a video of the classroom activity during training was very helpful.

Eval-int *(3 respondents - 3 entries)*

Respondents suggested structured interviews similar to the one conducted for this specific survey (over the phone). They also indicated that individuals can talk about things and that it saves more time.

Eval-oth *(5 respondents- 5 entries)*

Respondents suggested several ways to evaluate the impact of IOP on programs, these include collecting baseline and after training data, doing a follow-up on the programs, and conducting a survey. *IOP#8* suggested "...more of a narrative type of where we were versus where we are now..." by individuals involved in the program.

Additional Codes

Program Level

N-Prog-Gen *(2 respondents - 2 entries)*

Respondents expressed the need to have the IOP training extended over a year, possibly two or three years.

Provider/Staff/Teacher Level

N-Prov-Gen *(2 respondents - 2 entries)*

The need of isolated, rural area teachers for information and technical assistance brought to them is expressed.

O-Prov-Gen *(1 entry)*

IOP #10 Lines 58-60: "Well, we felt there was a need for training our early childhood specialists, and I think that she did that, and they had a whole series of meetings, and I felt we had good results from that."

APPENDIX C

EFFECTIVENESS DATA

MODEL PROGRAMS

TECHNICAL REPORT NO. 67

The Social Integration Program

SARAH RULE
JOSEPH J. STOWITSCHEK
MARK INNOCENTI
SEBASTIAN STRIEFEL
JOHN KILLORAN
KAREN SWEZEY
CRAIG BOSWELL

Abstract

The Social Integration Program (SIP) provides mainstream services to handicapped children enrolled in day care centers. The program includes four components: (a) special education services (such as assessment and IEP development), (b) basic developmental skill training, (c) social skills training, and (d) home support. In addition to regular day care staff, children are served by a part-time special educator, assisted by a part-time aide and consulting specialists as necessary.

Program evaluation has included: (a) pre-post comparisons of children's skill development; (b) multiple comparisons of SIP children with nonhandicapped children and with comparably handicapped children enrolled in self-contained programs and other mainstream programs (Head Start); (c) staff and parent ratings of satisfaction with the program; and (d) comparison of the costs of SIP with self-contained service. The results indicated that SIP children made statistically significant changes (gains) on educational and developmental tests and mastered a high proportion of IEP objectives. When compared to comparably handicapped children in other programs, SIP children (a) achieved similar scores on developmental and educational tests, (b) attained similar social skill ratings by parents and teachers, and (c) were observed to engage in similar amounts of freeplay interaction with nonhandicapped peers. Nonhandicapped children obtained higher scores than SIP children on educational tests and on social skill ratings by teachers. Both parents of SIP children and day care staff expressed satisfaction with the program. The costs of the SIP program were lower than those of self-contained service to handicapped children.

The Social Integration Program

Paper accepted for publication

Education and Treatment of Children, Spring, 1987

The Social Integration Program: An Analysis of the Effects of Mainstreaming Handicapped Children into Day Care Centers[1]

Sarah Rule, Joseph J. Stowitschek, Mark Innocenti,
Sebastian Striefel, John Killoran, and Karen Swezey[2]
Developmental Center for Handicapped Persons
Utah State University
and
Craig Boswell[3]
Developmental Day School, Layton, Utah

[1]This project was supported by grant number G008100249 from the Office of Special Education and Rehabilitative Services, U.S. Department of Education. No official endorsement by the Office or Department should be inferred.

[2]Sarah Rule is Co-principal Investigator of the Social Integration Outreach Project, Developmental Center for Handicapped Persons, Utah State University, Logan, Utah 84322-6805. Joseph J. Stowitschek is Professor of Special Education and Director of Outreach and Development; Mark Innocenti is Coordinator, Preschool Transition Project; Sebastian Striefel is Professor of Psychology and Director of Clinical Services; John Killoran is Coordinator, Education Unit, Developmental Center for Handicapped Persons; and Karen Swezey is Special Education Teacher, Utah Social Integration Program.

[3]Craig Boswell is Director, Developmental Day Schools.

Running head: THE SOCIAL INTEGRATION PROGRAM

Abstract

The Social Integration Program (SIP) provides mainstream services to handicapped children enrolled in day care centers. The program includes four components: (a) special education services (such as assessment and IEP development), (b) basic developmental skill training, (c) social skills training, and (d) home support. In addition to regular day care staff, children are served by a part-time special educator, assisted by a part-time aide and consulting specialists as necessary.

Program evaluation has included: (a) pre-post comparisons of children's skill development; (b) multiple comparisons of SIP children with nonhandicapped children and with comparably handicapped children enrolled in self-contained programs and other mainstream programs (Head Start); (c) staff and parent ratings of satisfaction with the program; and (d) comparison of the costs of SIP with self-contained service. The results indicated that SIP children made statistically significant changes (gains) on educational and developmental tests and mastered a high proportion of IEP objectives. When compared to comparably handicapped children in other programs, SIP children (a) achieved similar scores on developmental and educational tests, (b) attained similar social skill ratings by parents and teachers, and (c) were observed to engage in similar amounts of freeplay interaction with nonhandicapped peers. Nonhandicapped children obtained higher scores than SIP children on educational tests and on social skill

ratings by teachers. Both parents of SIP children and day care staff expressed satisfaction with the program. The costs of the SIP program were lower than those of self-contained service to handicapped children.

Introduction

Given currently available data on the results of mainstreaming young handicapped children (Peck & Cooke, 1983), rationales for mainstream program development where legal mandates don't exist are often based on social and economic considerations rather than empirical evidence regarding mainstreaming benefits. These rationales include the need for services to young handicapped children, the costs of providing self-contained service, the need for service hours that correspond to work hours of employed parents, and the logical appeal of exposing handicapped children to peers who display skills that staff and parents would like handicapped children to develop. This article describes an evaluation of the Social Integration Program (SIP), a model early intervention program that has served handicapped children in mainstream day care centers for more than three years. The description includes empirical analyses of service outcomes.

Strain (1981, p. 123) has likened early intervention program development to "ten year olds building plastic model boats." Designing model programs with features expected to make them effective is not enough. After attaching "our idiosyncratic decals to the model," we must ask, "Does it float?" Unfortunately, it is easier to determine that a boat is afloat than a model program. Concerned parties, including families served, intervention staff, and their professional colleagues, may agree neither on what constitutes an effective model program nor

on how efficacy should be measured. Therefore, developers must ask a number of questions: What does the program cost? Do children learn? How do services compare to other programs? Are consumers and providers satisfied with the program? The answers to these questions rely on multiple measures of outcomes. Few model builders have enough time, money, and clients to answer all questions to everyone's satisfaction. The attempts of the SIP developers to demonstrate that their model floats are described in this paper.

The reasons for developing a model program to mainstream handicapped preschoolers into day care settings were several. First, in states in which there is no legal mandate to serve handicapped preschool children, many children are unserved. Although the Utah State Office of Education reported in March 1982 that 2,247 handicapped preschoolers received some type of service from one or more agencies, this number is much smaller than the number of handicapped children that should exist according to estimates of handicapping conditions based on the 1980 census. If 6.5% of Utah preschoolers were handicapped, 12,348 should have been served. If only 2.95% were handicapped, 5,604 preschoolers would have received services. Had all handicapped children been identified and served in self-contained programs (at $18 to $25 per child per day in state-funded programs) the costs of service would have greatly exceeded service agency budgets.

Even if budgets permitted, existing services could not meet

the needs of all children and families. Most, if not all, preschool services for handicapped children in Utah and elsewhere operate from two to four hours per day. This means that if a handicapped child is part of a single-parent family or a family in which both parents work, some arrangements must be made to locate care for the child for the remainder of the parents' work day and some means found to transport the child between service providers. Finding a source of care is not easy since many day care centers do not serve handicapped children and few home providers are trained to serve children with special needs.

Program Description

Model developers assumed that, given appropriate support from special educators and specialists, mainstream day care teachers could (a) serve handicapped children and (b) encourage their development through the use of effective intervention procedures. Thus, fewer specialists would be required to serve children, the costs of services would be lower than self-contained service, and full day service would be available to handicapped children.

Model developers were faced with the task of blending intensive instruction and intervention procedures for the handicapped found to be effective in other contexts (Moore, Fredericks, & Baldwin, 1981) into the context of group instruction and unstructured activity characteristic of day care centers. Wherever possible, they tried to avoid reinventing the wheel by incorporating already-tested procedures and curricula (e.g.,

DISTAR reading). The model components and procedures are described below.

Model Components

The model included four components: (a) special education services such as child find, screening, assessment, IEP development, classroom management and liaison with specialists; (b) basic developmental skill programs; (c) social skill training; and (d) home support. Component staffing and services are described below.

Special education component. A part-time special educator, assisted by a part-time aide, was responsible for delivery of special education services. These included: locating children to be served, screening and assessing children, developing individual educational plans (IEP's) in conjunction with parents, planning instructional programs to address IEP objectives, and teaching day care staff to implement educational programs and to manage handicapped children. Specialists (physical therapists, speech therapists, psychologists, and occupational therapists) evaluated, consulted, and developed programs which could be implemented by the special educator, mainstream teachers, or aides.

Basic skills component. The special educator was responsible for providing or monitoring instruction to children in areas such as language, motor, self-help, and preacademic skills. Children's program needs were defined according to the results of criterion-referenced testing using the Program Planning and Assessment

Guide for Developmentally Delayed and Preschool Children (Striefel & Cadez, 1983a). After assessment, skills that children had not mastered were indexed to the appropriate objectives in the Guide. If the objectives could be met through ongoing group instructional activities in the classroom (total integration), the special educator simply monitored progress. If, however, no suitable instructional activities were part of the mainstream curriculum, the special educator wrote or selected appropriate instructional programs. Programs were delivered either through microsessions or coincidental teaching (see below). Microsessions were conducted individually or with small groups of children. Lasting 5 to 15 minutes, the sessions incorporated a planned instructional sequence including specific cues for desired teacher behavior, planned consequences for children's behavior, and a progress monitoring system. They were directed toward short-term objectives targeted in children's IEPs. Regular classroom teachers, aides, or the special educator conducted the microsessions.

Coincidental teaching sessions were short programs designed to be delivered by the regular teacher in the classroom at times or on occasions when a skill would naturally be applied. For example, shoe tying was taught after nap as children dressed or when a child presented herself to the teacher with a shoe untied. Session plans included specific skill steps, specific numbers of step repetitions, and a measurement system. Like Hart and

Risley's (1975) description of incidental teaching, the sessions were not necessarily prescheduled, and teachers used graduated prompting if desired responses were not forthcoming. Unlike Hart and Risley's sessions, they were not always child-initiated and usually addressed self-help rather than language skills. Planning and monitoring forms for coincidental teaching and microsessions were from Direct Teaching Tactics for Exceptional Children: A Practice and Supervision Guide (Stowitschek, J. J., Stowitschek, C., Hendrickson, & Day, 1984) and Serving Children and Adolescents with Developmental Disabilities (Striefel & Cadez, 1983b).

Social skills component. Social skills were addressed through Let's Be Social (Killoran, Rule, Stowitschek, Innocenti, Striefel, & Boswell, 1982; Stowitschek, Killoran, Rule, Innocenti, Striefel, & Boswell, 1982), a 26-unit curriculum designed to increase social interaction through daily whole-group "warm-up" sessions and coincidental teaching sessions (instruction in a specific skill on the occasion when it should be applied, such as saying "hello" upon entering the classroom for the first time that day). The two types of teaching activities were designed to give children opportunities to practice skills both through role play (during warm-ups) and in natural situations. The effectiveness of coincidental teaching was evaluated before the practice was included in the curriculum (Stowitschek, Czajkowski, & Innocenti, 1982). Skills were selected on the basis of literature indicating that certain behaviors are likely to produce interaction with

peers (Tremblay, Strain, Hendrickson, & Shores, 1981; Asher & Taylor, 1981), available skill training programs (Goldstein, Sprafkin, Gershaw, & Klein, 1980), and informal observation of children.

Home support components. Home support included: (a) informal group meetings with speakers and discussion of topics of parent interest (e.g., language training) and (b) formal training in using the home Let's Be Social curriculum (Innocenti, Rule, Killoran, Stowitschek, Striefel, & Boswell, 1982; Innocenti, Rule, Stowitschek, Striefel, & Boswell, 1983). Parental participation was voluntary. The skills addressed in the home curriculum were the same as those addressed in the school curriculum. Home activities included: (a) home lessons--discussion and demonstration of skills taught at school, (b) home rehearsals--role play of skills, and (c) coincidental teaching--instruction in use of the skill during naturally-occurring occasions. The special education teacher and parent coordinator held a workshop to discuss the Let's Be Social Home Curriculum and demonstrate teaching skills to parents. Then, the coordinator made a home visit to observe and give feedback to parents as they conducted instruction. The coordinator made phone calls to monitor program implementation and to problem solve. (There is no longer a parent coordinator position in the program. Instead of making home visits and phone calls, the teacher initiates short parental contacts when parents deliver or pick up their children at the day

care center.)

Teacher training procedures. Teachers received an orientation to the model and a description of coincidental teaching and microsessions during a one day workshop. A series of one and one-half hour workshops describing topics such as exceptionalities, classroom management, and instructional processes was held during the first six weeks of model implementation. When individual programs were to be conducted, a microsession training and transfer procedure (Stowitschek & Killoran, 1983) was employed. First, the special educator modelled the instructional program for the regular classroom teacher. After one to two sessions of observation, the regular classroom teacher took over successive parts of the program, beginning with simple procedures (data collection) and culminating with the entire program. The special educator took data on the teacher's implementation and gave feedback during the transfer. The special educator was available for informal consultation on any topic at the teachers' request, and requests were frequently made. In addition to observing microsessions, the special educator monitored programs by making regular checks of students' records to see the results of microsessions and coincidental teaching sessions and by making frequent unscheduled classroom visits.

Children Served

During the first three years of model operation, 31 children were served. They ranged in age from 3 through 5 years and included 21 males and 10 females. Their families ranged in socioeconomic status from single parents receiving public assistance to self-employed professionals. Two children were from minority groups. Their handicapping conditions (according to Utah Department of Education Guidelines) and mean chronological and mental ages at entry, as measured by the Stanford Binet Intelligence Scale (Merrill, 1973), McCarthy Scales of Children's Abilities (McCarthy, 1972), or Bayley Scales of Infant Development (Bayley, 1969), are shown in Table 1. Children's handicaps ranged from speech and language problems to severe multiple handicaps. Handicaps were diagnosed from results of the norm-referenced tests previously mentioned and from the criterion-referenced Program Planning and Assessment Guide for Developmentally Disabled and Preschool Children (Striefel & Cadez, 1983a). Recent reports from other agencies were also considered in the diagnostic process.

Insert Table 1 about here

Children were served in ten classrooms in three day care centers (The Developmental Day Schools) located within a 20-mile radius in an urban-suburban area in Utah. Each classroom maintained a maximum 1 to 15 teacher-student ratio. Most were staffed by two adults with a shift change occurring after mid-day.

One to three handicapped children were placed in each classroom; handicapped children constituted 10% or less of the total school enrollments. Children were placed in classrooms with children matched to their developmental rather than their chronological ages to maximize the probability that the regular mainstream day care activities would be appropriate to their developmental skills. It was hoped that this would also minimize any stigmatization due to their handicapping conditions and maximize the probability of interaction between handicapped children and their nonhandicapped peers. Peck and Cooke (1983, p. 9) wrote that current research suggests "that small developmental differences between handicapped and nonhandicapped children are associated with minimal social discrimination." Guralnick (1981, p. 86) reported that "social interaction increases as a function of the similarity of the developmental levels of the children."

"'Does it float?'"

In an effort to determine if the SIP model effectively and economically served children, multiple indicants were examined: (a) children's behavior as measured by criterion and norm-referenced tests, direct observation, and mastery of individual education plan (IEP) objectives; (b) mainstream teachers' attitudes as measured through attitude scales; (c) comparisons of the costs of model service delivery with the cost of current alternatives; (d) comparisons of children's behavior with that of other handicapped and nonhandicapped children; (e) nonhandicapped

children's sociometric ratings of their handicapped classmates; and (f) parents' ratings of services. The data presented were collected during the project's second year with the following exceptions. The sociometric ratings were done during the third year of the project. Measures of child progress were made every year, and the results from the first and third year, though not reported, replicated those of the second year. Parent ratings were similar for each of the three years, as discussed later.

The 15 children enrolled during the models' second year included 14 who met the Utah criterion for being developmentally disabled (a year or more delay in 3 areas of functioning, such as receptive and expressive language, learning, mobility, self-direction). The fifteenth child had severe speech and language problems. All children showed cognitive delays, as indicated by mental ages that were below their chronological ages. Mental ages were measured using the Stanford Binet, Bayley, or McCarthy Scales, depending on the child's developmental level. Four children had delays of two or more years, eight had one or more years' delay, one had a nine months' delay and one a three months' delay.

Educational Results

The progress of children served by the model was evaluated in three ways: by the proportion of IEP objectives children mastered, by pre-post changes on norm-referenced tests and by pre-post changes on criterion-referenced tests. Although

mastery of IEP objectives can be influenced by the complexity of objectives and subobjectives, and no assumption can be made that objectives are equal in difficulty, it is a required educational measure. Children's programs are determined by their progress through objectives. The 15 children attempted 703 IEP objectives and mastered 582 or 82%. The fewest objectives were mastered in the areas of reading and math (70% and 67% mastered respectively). These academic areas are not always addressed at the preschool level.

Normative pre and posttests administered to children with an inter-test interval of six or more months included the Bayley, Stanford-Binet, McCarthy Scales, and the Hiskey-Nebraska Test of Learning Aptitude (Hiskey, 1966). While these measures may be criticized because of the instability of IQ in preschool children (Peck & Cooke, 1983), the fact that similar scores do not imply equivalent functioning across ability areas (Bricker & Sheehan, 1981), and the fact that different tests were required due to the disparity of children's mental ages, they do provide a common referent for examining developmental gains. A t-test for dependent measures was applied to mental age estimates derived from the test scores of the 15 handicapped children enrolled during the project's second year. There was a statistically significant difference between pre and post scores ($t = -3.76$; $p < .002$; pretest mean = 34.5; posttest mean = 40.9).

Children's combined scores in the receptive language,

reading, and motor areas on the test derived from the Program Planning and Assessment Guide indicated a statistically significant pre-post gain using a t-test for dependent measures ($t = -3.65$; $p < .003$; pretest mean = 38.1; posttest mean = 47.7). Since children's educational programs were based upon the objectives in the Guide, this measure was important in establishing the extent to which targeted objectives were met.

Comparative Evaluation

The three measures mentioned above indicated that handicapped children did, indeed, learn in a mainstream day care setting. The question remained whether or not they learned as much as they would have in another setting. To address this question, a multiple-measure comparison was made of children in the SIP model with three other groups of children: (a) handicapped children in self-contained special education preschool classrooms, (b) handicapped children in other mainstream settings (Head Start), and (c) nonhandicapped children enrolled in a day care center (not one that SIP-model children attended). Comparative measures included (a) normative tests yielding mental age or equivalent scores, (b) the criterion-referenced test already described, (c) the California Preschool Social Competency Scale (Levine, Elzy, & Lewis, 1969) completed independently by teachers and parents, and (d) direct observation of children's social interaction with children and adults during both freeplay and teacher-directed activity. Testing procedures are described below. Because

children were tested and observed in their schools, the testers were not blind to groupings.

Matching. Given that children were not randomly assigned to treatments, an effort was made to match children in the SIP model with children from the other settings. Twelve SIP children were matched with children in self-contained programs on the basis of mental age, chronological age, and handicapping condition. (No match was found for the other three SIP children, and they are not included in the comparison.) The mental ages of the children in each matched pair, as measured by the same normative tests, were no more than six months' different. The chronological ages of children in ten of the twelve pairs differed by four months or less. The age differences of the remaining two pairs were six and nine months, respectively. All children met the Utah Division of Services for the Handicapped guidelines for handicapping conditions. The matches in handicapping condition were based on the AAMD classification system (Grossman, 1983). Classifications were the same for eight of the twelve pairs. In one pair of children, the self-contained child's classification did not fit the AAMD system, while the SIP child was classified as "mild". In three pairs, the SIP child was classified as less handicapped than the self-contained child (e.g., "mild" versus "moderate").

A comparison was made between nine children in the SIP model and nine handicapped children served by Head Start (permissions could be obtained to test only nine handicapped Head Start

children). The SIP-Head Start children were matched on the basis of chronological age. Differences in ages were six months or less in seven SIP-Head Start pairs of children and eight months in two pairs. Children in the SIP model could not be closely matched to Head Start children on the basis of mental age. In six of the nine pairs of children, the mental age of the Head Start child was six to twelve months higher than the SIP child.

Comparisons were made between 13 SIP children and 13 nonhandicapped children matched only in chronological age. (Two nonhandicapped children moved between pre and posttesting.) All nonhandicapped children were classified on normative tests as being of normal to superior intelligence.

Administration of tests. Normative measures yielding mental age equivalents included the Stanford Binet Intelligence Scale, the McCarthy Scales of Children's Abilities, the Bayley Scales of Infant Development, and the Hiskey-Nebraska Test of Learning Aptitude. The same test was administered to each child in the matched pair with one exception in the SIP-Headstart comparison and three exceptions in the SIP-nonhandicapped comparison. All tests were administered by the senior author or by graduate students in psychology who had completed courses on intelligence testing and supervised internships. All were experienced at giving the tests.

The criterion-referenced test was administered by the senior author or adults trained to give the tests. Tests were given on a

one-to-one basis. (The administration manual can be obtained from the senior author.) A sample of ten children (one from Head Start and three from each of the other groups) was retested within three days of posttest completion to check for test-retest reliability on the criterion-referenced test. The Pearson Product Moment correlation (r) between total scores was .99.

The teachers and parents who rated children on the California Preschool Social Competency Scale were given a written explanation of ambiguous items. Staff turnover and reassignment in all settings made it impossible to ensure that the same teacher administered pre and posttests. Therefore, caution is required in interpreting the results.

Direct observation. Interaction of children with peers and adults was observed during freeplay and teacher-directed activities on four different days (usually within a ten school day period) both at the beginning and at the end of the school year. (Because self-contained special education preschools did not have extended freeplay periods, no freeplay observational data are reported for those children.) Teacher-directed activity (individual or group activity) was held constant during pre and post observation. Data were recorded for six minutes per observation using ten-second continuous intervals. Both adult-child and child-child interaction were recorded using Tremblay, Strain, Hendrickson, and Shores' (1981) definition of interaction. Interaction included both vocal and gestural interchanges. Each

type of interaction could be scored only once per interval.

Prior to the study, observers were trained to a criterion of .80 interobserver agreement (agreements divided by agreements plus disagreements for intervals in which interaction was scored) over three consecutive days. An agreement was scored only if both observers agreed on the occurrence of a given type of interaction within an interval. When the study began, interobserver agreement was assessed on 25% of the observations in each setting. During the observations at the beginning of the school year, mean interobserver agreement was .86 (range .50 to 1.0) during freeplay and .88 (range .5 to 1.0) teacher-directed activity. During observations at the end of the year, mean agreement was .92 (range .68 to 1.0) during freeplay and .90 (range .63 to 1.0) during teacher-directed activity.

Comparative Evaluation Results. SIP and handicapped children in Head Start and self-contained settings performed similarly on developmental and educational tests and obtained similar social skill ratings. The investigators used an analysis of covariance to determine whether or not there were between-group differences on posttest scores; this statistic adjusts for initial between-group differences when pretests are used as the covariate. Table 2 shows the F-ratios, degrees of freedom, and probability level for the seven measures. No statistically significant differences were found between SIP and handicapped children in self-contained settings on adjusted posttest scores except that

children in self-contained settings had more interaction with adults during teacher-directed activity. No statistically significant differences were found between children in the SIP program and children in Head Start on any measure. These results suggest that the SIP model was as effective as other programs in serving handicapped children.

Insert Table 2 about here

Comparisons of handicapped children in the SIP model with nonhandicapped children indicated that nonhandicapped children (a) made greater educational gains as measured by the criterion-referenced test, (b) were rated higher socially (on the California Preschool Social Competency Scale) by their teachers, (c) and interacted more with their peers during teacher-directed activities. There were no statistically significant differences between groups in mental age, parent ratings of social skills, or amount of adult-child interaction. Finally, there were no differences between handicapped and nonhandicapped children in the amount of interaction with peers during freeplay.

Acceptance by Peers

During the third year of model operation, a sociometric study was conducted to assess whether handicapped children were accepted by their peers. Raters were 22 nonhandicapped children in three classrooms in which the six SIP children were enrolled. (Raters included all nonhandicapped children for whom parental permission

to participate could be secured and who were present on at least one of the three days during which ratings were solicited). According to the Project PRIME procedure cited by Asher & Taylor (1981), children were asked to sort pictures of their classmates into one of four piles: (a) a happy face pile designating friends or "like," (b) a neutral face indicating classmates they felt were "okay," (c) a sad face indicating they didn't like the classmate, or (d) a question mark indicating they "didn't know" the classmate. Results are shown in Table 3. Both rankings within the class and ratings indicated that most children were accepted by peers. Four received all positive ratings. Although one was ranked 14th out of 17 children, 57% of his ratings were in the happy face ("like") category. One child was ranked at the bottom of her class and received a majority of low ratings. She was the most severely handicapped child enrolled that year. The most popular handicapped child had Down's syndrome. His high ratings suggested that visibility of handicap was not necessarily associated with rejection by classmates.

Insert Table 3 about here

Cost Comparisons

The results of the evaluation indicated that the handicapped children made progress and that their gains were comparable to those of handicapped children in other programs. A comparison of the educational costs of the SIP model, including the special

educator's salary, extra materials, teacher travel between centers, phone calls and copying, specialists' services, and normal day care costs indicated that the model cost $14.49 per child per day to implement. Self-contained special education preschool costs in the State of Utah ranged from $18 to $25 per child per day. As indicated in Figure 1, SIP children had access to service for up to 12 hours per day at a lower cost than 2 1/2 hours of service in self-contained settings. Although no SIP child actually stayed longer than 10 hours daily, the costs would have remained constant for up to 12 hours of service.

No comparison of SIP and Head Start costs was made due to the variations in service costs between Head Start agencies. An interview with the director of one agency participating in the comparative study indicated that the costs of nine programs in one region varied by as much as $1,000 per child per year. However, a gross estimate of that agency's current annual cost per handicapped child, made by dividing its budget by the number of handicapped children served, suggested that Head Start's cost per handicapped child is higher than SIP's cost but lower than the current Utah cost for self-contained service (S. Noble, Personal Communication, April 14, 1986).

The analysis of costs included only actual expenditures. For single parent families and families in which both parents worked, the availability of service to handicapped children for a full day, rather than the 2 1/2 hours available in self-contained

services in the state, produced benefits that were not analyzed. For example, Schweinhart and Weikart (1981) included parent release time in their analysis of the benefits of the Perry Preschool Program. Such a calculation would have shown the relative costs and benefits of the program to be even more favorable.

Insert Figure 1 about here

An additional cost-saving to society has occurred as children graduate from the SIP model. Eleven of the eighteen "graduates" were mainstreamed in public schools. Some received resource help and two attended regular classes for one half of the day and special education classes for the other half. Some graduates were in second grade at the time of this writing. The costs of their mainstream services are less than the costs of self-contained service would have been.

Teacher Opinion

Teachers' responses to mainstreaming are important in determining whether mainstreaming is practical. Suggestive data are available from this Project. The attitudes of 20 of the 30 day care teachers who participated in the model were measured at the end of the second year. (Ten teachers had resigned during the two years and could not be located.) Attitudes were measured using Likert-type Scales (Rule, Killoran, Stowitschek, Innocenti, Striefel, & Boswell, 1985). The results indicated that although

teachers said teaching handicapped children was more work than teaching nonhandicapped children, all felt that mainstreaming was beneficial to both handicapped and nonhandicapped children. When asked if they would advise other day care centers to include handicapped children, one teacher was neutral and 19 said they would encourage or strongly encourage other centers to include them. Most (19 of 20) said training in model procedures had improved their teaching skills and their skills in teaching nonhandicapped children (18 of 20).

Parental Participation and Satisfaction

During the second year of the project, 14 families participated in training to use the Let's Be Social curriculum at home. Home training is important in view of evidence that while increased social interaction may generalize from the training setting to other mainstream activities (Strain, 1983), social interactions do not necessarily generalize across settings (Berler, Gross, & Drabman, 1982) unless training occurs across settings (Shafer, Egil, & Neef, 1984). Parental reports indicated that they did undertake home teaching. The 14 families who participated in social skills training reported that they conducted a mean of eight coincidental teaching sessions per week with their children. The twelve families using home rehearsals reported doing about two per week, and the ten families using home lessons reported a mean of about one lesson per week. The reliability of the reports is unknown; they suggest, however, that

many parents will attempt to support teacher efforts at school.

To obtain parental opinions regarding SIP model services, short (five or six question) surveys were administered during each year of the program. Questions concerned quality of services, interaction with staff, input into IEP, and satisfaction with the program. A total of 20 of the 31 questionnaires were returned. With three exceptions, all responses to each question were "good" or "excellent." The three exceptions were "average" ratings.

In the three years that have elapsed since this evaluation, parental participation has varied across the original model and two new sites. Although parental ratings of satisfaction with the program have remained high in all sites, parental participation in social skills training has been lower in the new sites. This may be a function of the higher number of single parent families in the newer sites. No analysis has been conducted across sites to isolate effects on children of different levels of parental participation.

Discussion

The results of this evaluation suggest that mainstreaming can be a viable, cost effective educational procedure for at least some children. Each of the procedures used to measure model outcome had its limitations, as discussed in the previous section. Nevertheless, the various measures indicated that the children served progressed and compared favorably with their handicapped

counterparts in other programs. SIP children: (a) completed a high percentage of their IEP's; (b) made statistically significant pre to posttest changes on educational and developmental tests; (c) achieved scores similar to their handicapped counterparts on developmental and educational tests and on social skill ratings; (d) engaged in similar levels of social interaction with nonhandicapped peers as handicapped children in other mainstream programs; and (e) were accepted by their nonhandicapped peers. In addition, staff and families of SIP children were satisfied with the program, and its cost was less than that of self-contained service.

There are several qualifications, however. First, all children in the program were ambulatory and therefore physically able to participate in the same activities as nonhandicapped children at school. This may have influenced the attitudes of teachers and peers. Second, the age of the children made it possible to minimize differences by placing children with developmentally comparable peers. This is feasible only in preschool; a four-year-old child in a three-year-old class is not unduly noticeable and even a four-year-old in a two-year-old class attracted little attention from peers. The situation would, however, be very different if a ten-year-old were placed in a second grade classroom.

A third consideration is that these children were mainstreamed into day care centers that included academic

instruction (e.g., DISTAR Reading) in the curriculum. The notion of teaching specific skills was not foreign to teachers as it might be in a center emphasizing only socialization. Whether the training and monitoring procedures would be sufficient to support intensive instruction in programs with different philosophies is open to question. The model is currently being replicated in two non-academically-oriented centers, and results to date indicate that staff adapt to systematic instruction. Further investigation will be necessary to draw conclusions about this issue.

Finally, mainstreaming in this model did not mean placing the child in a classroom and leaving the teacher virtually alone. Consistent with the notion that mainstreaming should entail a collaborative effort between special educators and "regular" classroom teachers (Salend, 1984; Fenrick, Pearson, & Pepelnjak, 1984), the model incorporated extensive interaction and consultation. Though one special educator served two schools, this teacher was available to teachers about every other day. Many microsessions were taught in regular classrooms, and the special educator was frequently in the classrooms and offered support (consultation, problem solving, modelling of procedures) whenever requested. Hands-on training was offered every time a child completed an instructional objective and began a new program. This kind of support is unusual in day care centers and probably in most attempts at mainstreaming, even though teachers have reported they would be favorable to mainstreaming given

support and training (Shotel, Iano, & McGettigan, 1972; Gickling & Theobald, 1975).

Conclusions

The SIP staff attempted to address a number of questions about the efficacy of the model. The evaluation results were consistent with effects of other early intervention programs demonstrating that early intervention can benefit young handicapped children (Weiss, 1981; Bricker, Bruder, & Bailey, 1982). Within the methodological limitations of the analysis, the results indicated that mainstreaming as practiced in the SIP model was an effective means of service delivery. The SIP model for mainstreaming preschoolers includes the following components: (a) special education services ranging from child find and assessment through development of IEP's in conjunction with parents; (b) basic skill development, addressed insofar as is possible through mainstream activities, supplemented with short, intensive instructional sessions directed toward individual objectives; (c) social skills training for handicapped children and their normally developing peers; and (d) home support--providing parents with a program and training to enable them to teach social skills at home. SIP provides support to mainstream staff by placing a part-time special educator, an aide, and consulting specialists as necessary to provide services which are not rendered in the normal course of day care activity.

Reports in the literature about the results of mainstreaming

have been termed "inconclusive" (Salend, 1984, p. 409). This is, doubtless, because mainstreaming is not an entity but a set of procedures, as Peck and Cooke (1983) have noted. Different procedures are implemented by different mainstream programs. Although suggestions about which procedures are effective have been made (Salend, 1984; Guralnick, 1981), it will be necessary to empirically analyze the effects of procedures, separately and collectively, to determine which are effective, for which students, and under what circumstances. The SIP analysis represents an effort to look at overall program outcomes. Future analyses need to examine specific procedures (e.g., staff training, curriculum, teaching format) to allow model variations and replications, each of which may be expected to "float".

References

Asher, S. R., & Taylor, A. R. (1981). Social outcomes of mainstreaming: Sociometric assessment and beyond. Exceptional Education Quarterly, 1, 13-34.

Bayley, N. (1969). Bayley scales of infant development. New York: The Psychological Corporation.

Berler, E. S., Gross, A. M., & Drabman, R. S. (1982). Social skills training with children: Proceed with caution. Journal of Applied Behavior Analysis, 15, 41-53.

Bricker, D., Bruder, M. B., & Bailey, E. (1982). Developmental integration of preschool children. Analysis and Intervention in Developmental Disabilities, 2, 207-222.

Bricker, D., & Sheehan, R. (1981). Effectiveness of an early intervention program as indexed by measures of child change. Journal of the Division for Early Childhood, 4, 11-27.

Fenrick, N. J., Pearson, M. E., & Pepelnjak, J. M. (1984). The play, attending, and language of young handicapped children in integrated and segregated settings. Journal of the Division for Early Childhood, 8, 57-67.

Gickling, E. E., & Theobald, J. T. (1975). Mainstreaming: Affect or effect. Journal of Special Education, 9(3), 317-328.

Goldstein, A. P., Sprafkin, R. P., Gershaw, N. J., & Klein, P. (1980). Skillstreaming the Adolescent. Champaign, IL: Research Press Co.

Grossman, H. J. (1983). Classification in mental retardation. Washington, DC: American Association on Mental Deficiency.

Guralnick, M. J. (1981). Programmatic factors affecting child-child social interaction in mainstreamed preschool programs. Exceptional Education Quarterly, 1, 71-91.

Hart, B., & Risley, T. R. (1975). Incidental teaching of language in the preschool. Journal of Applied Behavior Analysis, 8, 411-420.

Hiskey, M. S. (1966). Hiskey-Nebraska test of learning aptitude. Lincoln, NB: Union College Press.

Innocenti, M., Rule, S., Stowitschek, J. J., Striefel, S., & Boswell, C. (1983). Let's be social home liaison manual. Logan, Utah: Outreach and Development Division, Exceptional Child Center.

Innocenti, M., Rule, S., Killoran, J., Stowitschek, J. J., Striefel, S., & Boswell, C. (1982). Let's be social parents' manual. Logan, Utah: Outreach and Development Division, Exceptional Child Center.

Killoran, J., Rule, S., Stowitschek, J. J, Innocenti, M., Striefel, S., & Boswell, C. (1982). Let's be social. Logan, Utah: Outreach and Development Division, Exceptional Child Center.

Levine, S., Elzy, E. F., & Lewis, M. (1969). California preschool social competency scale. Palo Alto, CA: Consulting Psychologists Press, Inc.

McCarthy, D. (1972). Manual for the McCarthy Scales of Children's Abilities. New York: Psychological Corporation.

Merrill, M. A. (1973). Stanford Binet intelligence scale. Boston: Houghton Miffin, Inc.

Moore, M. G., Fredericks, H. D. B., & Baldwin, V. L. (1981). The long-range effects of early childhood education on a trainable mentally retarded population. Journal of the Division for Early Childhood, 4, 93-110.

Peck, C. A., & Cooke, T. P. (1983). Benefits of mainstreaming at the early childhood level: How much can we expect? Analysis and Intervention in Developmental Disabilities, 3, 1-22.

Rule, S., Killoran, J., Stowitschek, J. J., Innocenti, M., Striefel, S., & Boswell, C. (1985). Training and support for mainstream day care staff. Early Child Development and Care, 20, 99-113.

Salend, S. J. (1984). Factors contributing to the development of successful mainstreaming programs. Exceptional Children, 50, 409-416.

Schweinhart, L. J., & Weikart, D. P. (1981). Effects of the Perry Preschool Program on youths through age 15. Journal of the Division for Early Childhood, 4, 29-39.

Shafer, M. S., Egel, A. L., & Neef, N. A. (1984). Training mildly handicapped peers to facilitate changes on the social interaction skills of autistic children. Journal of Applied Behavior Analysis, 17, 461-476.

Shotel, J. R., Iano, R. P., & McGettigan, J. F. (1972). Teacher attitudes associated with the integration of handicapped children. Exceptional Children, 38, 677-683.

Stowitschek, J. J., Czajkowski, L., & Innocenti, M. (1982, May). Systematic programming for incidental teaching of social skills. Paper presented to the Association for Applied Behavior Analysis Annual Conference, Milwaukee.

Stowitschek, J. J., & Killoran, J. (1983). Supervisor microsession training manual. Unpublished manuscript.

Stowitschek, J. J., Killoran, J., Rule, S., Innocenti, M., Striefel, S., & Boswell, C. (1982). Let's be social teachers' guide. Logan, Utah: Outreach and Development Division, Exceptional Child Center.

Stowitschek, J. J., Stowitschek, C., Hendrickson, J. M. & Day, R. M. (Eds.) (1984). Direct teaching tactics for exceptional children: A practice and supervision guide. Rockville, MD.

Strain, P. S. (1983). Generalization of autistic children's social behavior change: Effects of developmentally integrated and segregated settings. Analysis and Intervention in Developmental Disabilities, 3, 23-34.

Strain, P. S. (1981). Conceptual and methodological issues in efficacy research with behaviorally disordered children. Journal of the Division for Early Childhood, 4, 111-124.

Striefel, S., & Cadez, M. (1983a). Program planning and assessment guide for developmentally disabled and preschool children. Springfield, IL: Charles C. Thomas, Inc.

Striefel, S., & Cadez, M. (1983b). Serving children and adolescents with developmental disabilities in the special education classroom: Proven methods. Baltimore: Paul H. Brookes Publishing Company.

Tremblay, A., Strain, P. S., Hendrickson, J. M., & Shores, R. (1981). Social interactions of normally developing preschool children: Using normative data for subject and target behavior selection. Behavior Modification, 5, 237-253.

Utah Council for Handicapped and Developmentally Disabled Persons (1983). Utah Developmental Disabilities State Plan: Three year plan 1984, 1985, 1986. Report to Region VIII, OHDS, DHHS.

Weiss, R. S. (1981). INREAL intervention for language handicapped and bilingual children. Journal of the Division for Early Childhood, 4, 40-51.

Table 1

SIP Children's Handicaps at Program Entry According to Utah Office of Education Guidelines

Handicap	Number of Children[a]	Mean Chronological Age (CA)[b]	Mean Mental Age (MA)[c]	Mean IQ or GCI[d]
Severely Multiply Handicapped	3	4-5	2-1	<50
Severely Intellectually Handicapped	6	4-1	2-2	<50
Intellectually Handicapped (mild to moderate)	15	4-4	3-1	64
Communication Disorder	3	4-0	3-4	77

Note. Twenty-six children met the State of Utah's Developmental Disability/Mental Retardation Policy Manual criteria for eligibility for services

[a]Four children are not included; one failed to achieve a basal test score and three had mild or undiagnosed handicaps. [b]Numbers represent years and months. [c]General cognitive index from McCarthy Scales of Children's Abilities

Table 2

Results of Analysis of Covariance Comparing Posttest Scores of Children Enrolled in SIP Model with Other Groups of Handicapped and Nonhandicapped Children

	SIP with handicapped children in self-contained classes (n = 12)[a]		SIP with handicapped children in Head Start (n = 9)[b]		SIP with nonhandicapped children in day care (n = 12)[c]	
MEASURE	F	p	F	p	F	p
Mental Age	.06	.81	.08	.78	.70	.41
PAPG	.73	.40	.03	.88	4.74	.04*
Teacher Californias	.47	.50	.38	.55	5.4	.03*
Parent Californias	.93	.35	.28	.61	.03	.87
Freeplay Child Interaction Teacher Directed	---	---	.77	.39	2.72	.11
Child Interaction Freeplay Adult Interaction Teacher Directed	.26	.62	.27	.61	4.39	.05*
Adult Interaction	---	--	2.72	.12	.07	.80
Teacher Directed Adult Interaction	10.88	.004*	2.21	.16	.01	.91

Note. There was no free play in self-contained settings.

[a]df explained = 2, residual = 19. [b]df explained = 2, residual = 15.

[c]df explained = 2, residual = 21.

*statistically significant

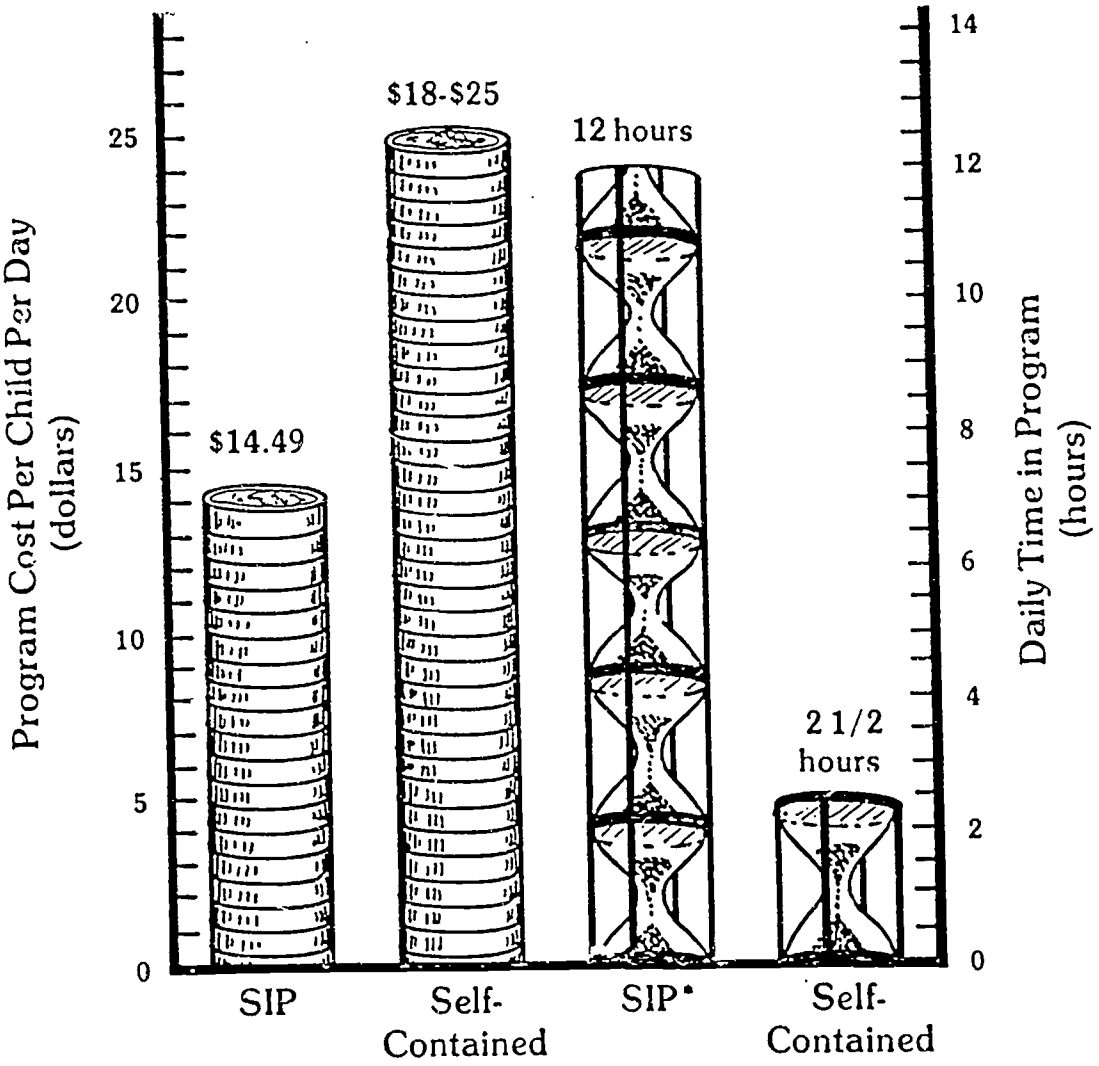
Table 3

Sociometric Ratings and Rankings of Handicapped Children by Nonhandicapped Classmates

Class	Raters	Children Rated		Rank of handicapped children (1 is highest rank)	Positive Ratings ("okay" or "like") of handicapped children
		Non-handicapped	handicapped		
	n	n	n		
1	5	9	1	4th (tie)	100%
2	9	11	1	12th	38%
3	8	13	4	2nd (tie)	100%
				6th (tie)	100%
				9th (tie)	86%
				14th (tie)	57%

Figure Captions

Figure 1. Costs and daily program time available to children in SIP model and Utah self-contained preschools for handicapped children.



*Range of daily attendance for handicapped children was 3-10 hours.

Description of Model and Effectiveness Data

Description of FMS Total and Partial Reverse Mainstreaming Approaches.

The student in a special education self-contained classroom rarely has contact with non-handicapped peers. In response to this situation, the FMS Total and Partial Reverse Mainstreaming approaches were developed. The FMS Total Reverse Mainstreaming model classrooms are non-categorical, i.e., children with mild-to-severe handicaps and children without handicaps attend the same classes. In the mainstreamed classrooms, 1/2 of the children have handicaps and 1/2 of the children do not have handicaps. Children are taught in large and small groups, and service goals for children with handicaps are addressed within these groups, unless a child's progress indicates that they need one-to-one intervention. One-to-one sessions are kept at a minimum, so that the child can still participate in other activities where language, social, and group attending skills can be developed and practiced. Within groups, FMS staff assist in training teaching personnel to use effective prompting and praising procedures, strategic grouping of children in the classroom for learning groups, and peer buddies to facilitate social interactions. Parents are encouraged to be active in the classrooms, and to express their concerns about mainstreaming. Parents are provided written material to answer their questions about the mainstreaming process.

The FMS reverse mainstreaming classrooms are staffed by a teacher and two aides. However, children who need one-to-one therapy also need a speech and language pathologist, a behavior specialist, and a motor specialist, on a consultative basis. Individual programs vary according to each child's

needs, and are met through college students, parents, and volunteers who are solicited to conduct programs under the supervision of specialists and/or the classroom teacher. In a classroom where the handicapping conditions of the children range from mild-to-moderate, few, if any, one-to-one sessions are needed and the need for additional personnel is minimal. In classrooms where 8 or more children with moderate-to-severe handicapping conditions are being served, an average of 5-6 adults may be needed in the classroom when one-to-one sessions are being conducted.

Children who are not yet ready for Total Reverse Mainstreaming (e.g., those who lack attending skills or are aggressive) are involved in partial Reverse Mainstreaming, as appropriate to the needs of the individual child as determined by the child's IEP team.

Effectiveness of the FMS Total Reverse Mainstreaming Approach.

During the developmental phases of the FMS Model, various procedures and materials were field tested on different populations (i.e., parents, teachers, children with and without handicaps), feedback and direct observation data were collected, and procedures and materials were revised and field tested again. This process continued until the procedures and materials could readily be used to achieve the desired outcome. Information on the number of parents, teachers and children impacted during development of the FMS Model are presented in Table 1.

Table 1

Number of Parents, Teachers and Children Involved in the Development of the FMS Model

	Children With Handicaps	Children Without Handicaps	Parents of Both Children W/ & W/O Handicaps	Teachers & Support Staff
Total Reverse MS	48	47	99	15
Partial Reverse MS	48	46	10	15 + 3 Aides
Transition	66	100	8	21
Community Awareness Activities -Pupperty -Parent Programs, etc.	N/A	1198	22	24
Buddy System (FMS Components)	14	49	N/A	13
Teacher Training (Workshop)	N/A	N/A	N/A	50
Sub-Totals	176	1440	139	141

N/A = Not Applicable

In the later half of fiscal year 1985-86, and again in the fall of 1986 (fiscal year 86-87), field testing of the Total FMS Model (including Total and Partial Reverse Mainstreaming and Transitioning) was conducted. Field testing of the Total Model is still on-going and will continue for the rest

of this fiscal year. However, the data collected to-date provide evidence that the FMS Model is effective. A summary of that evidence is provided in the sections that follow.

Effectiveness with Children. The progress on IPP objectives of 11 children who have participated in FMS Total Reverse Mainstreaming in fiscal year 1985-86 is summarized in Table 2. Children were grouped by handicapping condition. Microsessions were 10 to 15 minute, one-to-one sessions conducted by an adult with one child.

Table 2

% Objectives Achieved in Each Placement and Corresponding Number of Microsessions

Handicapping Condition	$\bar{X}$ % Objectives Achieved			$\bar{X}$ Number Micro-Sessions Per Week		
	Self-Contained	Main-streamed	% Diff.	Self-Contained	Main-streamed	Diff.
IH (n=4)	36.5 Range = (26-44)	40.8 (33-58)	+4.3	35.3	7.5 (2-16)	-27.8
CD/BD/OH (n=5)	61.4 (43-81)	61.4 (50-72)	0	32	4.6 (0-11)	-27.4
*SIH (n=1)	47	33	-14	38	6	-32
**SMH-A (n=1)	41	22	-19	28	11	-17

* Note: $\bar{X}$ achievement for self-contained SIH children (n=6) is 39%

** Note: $\bar{X}$ achievement for self-contained SMH children (n=3) is 27%

Children with intellectual handicaps (IH) achieved more objectives in the mainstreamed classes with about 1/5 as many microsessions than in the self-contained classroom, where microsessions were more frequent. Children with communication, behavior, and orthopedic handicaps (CD, BD, OH) achieved at the same rate in both settings; but the need for microsessions was very significantly lower in mainstreamed classes. Two children with severe intellectual and severe multiple handicaps decreased in achievement in the mainstreamed classroom; however, their rates of achievement remained comparable to rates of achievement of their non-mainstreamed peers. Also, the dramatic reduction in microsessions may have been too great for these children. In summary, the majority of children in the sample achieved at the same or higher rate in the mainstreamed classroom, while the need for adults to conduct one-to-one sessions was markedly reduced.

A comparison of children with handicaps in self-contained and mainstreamed classes is again being conducted during Year Three, as a part of the FMS Model Demonstration Project's Evaluation Plan. In September, 1986, children with handicaps enrolled in the CHIPP Program were assigned to self-contained classes or mainstreamed classes. Chronological ages, mental ages and gender were matched as closely as possible and non-handicapped peers were recruited to provide age and gender matched peers. The mean chronological age and the range of ages for each classroom, and the mean mental age and ranges of mental ages for each classroom are listed in Appendix A. No statistically significant differences were noted in the mental ages of children with handicaps across all the classes (See Appendix A). The children in all of the classrooms (self-contained and mainstreamed) were observed daily during playtime, using the FMS Social Interaction

Observation System (Appendix B). A summary of the mean percentage of appropriate social reciprocal interactions observed in children in the self-contained and the mainstreamed classroom is summarized in Table 3.

Table 3

Mean ($\bar{X}$)% Reciprocal Social Interactions Between Children With and Without Handicaps

Category of Exceptionality	Self-Contained Classes	Reverse Mainstreamed Classes: Interactions with non-handicapped	Reverse Mainstreamed Classes: Interactions with handicapped
IH	5.5 (n = 4)	16.3 (n = 4)	9.7
OH	15.2 (n = 1)	22.5 (n = 3)	4.8
CD, BD, CD-BD	7.4 (n = 4)	20.2 (n = 6)	11.7
SIH	9.0 (n = 3)	9.0 (n = 6)	8.0
SMH	1.6 (n = 3)	3.1 (n = 4)	12.6

As indicated, children with intellectual handicaps (IH), orthopedic handicaps (OH), behavior disorders (BD), communication disorders (CD), and children who exhibit both difficulties (BD-CD) interacted at significantly higher levels with their non-handicapped classmates in the mainstreamed environment. In the self-contained classroom, the interactions of these children were lower. Children with severe intellectual handicaps (SIH), did not show a difference in their interactions in the self-contained or the mainstreamed classroom. The figures for severely multiply handicapped students (SMH) suggest that these students may be interacting more in the mainstream setting; however, the figures in the mainstream classroom actually represent a high level of interaction for one child and are not indicative of the interactions of all the children with severe multiple handicaps. In response to this last observation, criteria have been established and are being tested for determining the most appropriate placement for children with severe multiple handicaps. These criteria

include attending skills, minimum chronological age of three years, and the ability to follow simple directions. Throughout the second half of Year Three of the FMS Demonstration Project, the validity of these criteria will be tested and will be correlated with child progress data in self-contained and mainstreamed settings. The results from the social skills data, however, indicate that there is a significant benefit for most children with handicaps in a mainstreamed classroom, since they exhibit a higher level of appropriate reciprocal social interactions with non-handicapped peers in their environment. Children with handicaps in the FMS Reverse Model classroom are active participants in their environment and do not socialize exclusively with other children with handicaps.

The progress achieved on IPP objectives by a random sample of one-half of the children with handicaps in self-contained versus Total Reverse Mainstreamed classes is summarized in Table 4. During the first 12 weeks of the 86-87 school year, children with handicaps in mainstreamed classes achieved more objectives than their peers in self-contained classes. Additionally, this rate of achievement was maintained with an average of 21% fewer micro-sessions for children in mainstreamed classes. These data, although not yet as dramatic as the results achieved in the field testing of the Total Model in fiscal year 1985-86, are comparable. The data for 1985-86 were based on a 12-month implementation period with each child having spent 6 months in a self-contained classroom and 6 months in a Total Reverse Mainstreamed classroom. The data on Table 4 are for 2 matched groups of children over a 3-month time period. One group spent the 3 months in one of two self-contained classrooms, and the other group in Total Reverse Mainstreaming classrooms. It is anticipated that the mean percent of

objectives achieved will increase over the next 3 months of field testing and that the differences in progress obtained will be larger over time.

Table 4

Mean Percent of Objectives Achieved in Self-Contained Vs. Mainstreamed Classrooms and the Corresponding Number of Micro-Sessions

Handicapped Condition	$\bar{X}$ % Objectives Achieved			$\bar{X}$ Number Micro-sessions per week		
	Self-Contained	Mainstream	Difference	Self-Contained	Mainstream	Difference
IH	23 (n=4)	26.5 (n=2)	+ 3.5	6.2	2.5	- 3.7
CD/BD/OH	27 (n=2)	28.3 (n=3)	+ 1.3	4.5	2.4	- 2.1
SIH/SMH	17.6 (n=5)	18.9 (n=6)	+ 1.3	9.6	7.2	- 2.4
Total Range	21.4 (0-40)	22.7 (0-43)	+ 1.3	7.5 (0-14)	5.9 (1-18)	- 1.6

Progress in areas of communication and cognitive skills are currently being assessed using a pre- and post-test design. All children were administered the Battelle Developmental Inventory in September, 1986, and again in December, 1986. One-half of the children with handicaps in Total Reverse Mainstreamed and self-contained classes, and one-half of the children without handicaps in the Mainstreamed classes, have been tested. The results, summarized in Table 5, show striking gains in communication and cognitive skills for children with and without handicaps who participated in the FMS Mainstreamed classroom. Test data on motor, personal social, and adaptive behavioral skills are currently being collected.

Table 5

Results of Communication and Cognitive Subtests of the Battelle Developmental Inventory

$\bar{X}$ Age Equivalent and Ranges in Months

	Communication			Cognitive		
Groups of Children	Sept.	Dec.	Diff.	Sept.	Dec.	Diff.
Children without handicaps (n=12)	50 (36-65)	52.25 (42-68)	+2.25m	54.4 (44-68)	60.2 (51-70)	+5.8m
Children with handicaps in mainstreaming (n=12)	26.9 (9-52)	31.6 (13-59	+4.7m*	31.5 (16-54)	33.9 (10-53)	+2.4m
Children with handicaps in self-contained	18.8 (4-48)	19.7 (4-42)	+0.9m	22.2 (1-43)	22 (1-45)	-0.2m

* Significant at the 0.05 level

In summary, Total Reverse Mainstreaming using the FMS Model was effective in terms of child progress on IPP goals, social interactions, cognitive skills, and communication skills.

Effectiveness with Parents. Reactions from parents of children with and without handicaps have been obtained through Parent Satisfaction Questionnaires conducted every three months. Parents were asked to respond to five questions indicating the quality of service that they perceive that their child received; one question about their desire to continue in the program, and to six open-ended questions about reactions to working in the classroom, the strengths and difficulties with the program, recommended changes, and any other concerns or observations. Responses of parents to the five objective questions on the questionnaire are listed in Table 6. Overall, the responses to the program were very positive. A summary of responses to the open-ended questions is presented in Appendix C.

Table 6

Response of Parents

Question	Average Response for Spring and Summer, 1986		
	Parents of Children with Handicaps	Parents of Children without Handicaps	Total Group
How would you rate the education provided to your child through the Mainstream Preschool? 1 Excellent 2 Good 3 Average 4 Fair 5 Poor	1.4	1.2	1.3
If your child received individualized services, how would you rate your impressions of the programming proviced to your child by the Mainstream Preschool staff? 0 Not Applicable 1 Excellent 2 Good 3 Average 4 Fair 5 Poor	1.4	0.4	0.8
How would you rate your interactions with Mainstream Preschool staff? (Only Mainstream Preschool staff, not other DCHP preschool staff). 1 Excellent 2 Good 3 Average 4 Fair 5 Poor	1.6	1.7	1.6
How would you rate your child's social interactions with the other children in the class? 1 Excellent 2 Good 3 Average 4 Fair 5 Poor	1.9	2.0	1.9
Knowing what you now know about the Mainstream Preschool program, please circle one of the following: 1 Glad my child was in the program 2 Wish my child had been in a self-contained program (like the CHIPP classrooms) 3 Wish my child been in a pre-school without other children who have handicaps 4 Don't know or don't wish to answer	1	1	1

Effectiveness with Staff. Feedback on staff satisfaction have also been obtained from participating staff at the end of each quarter. A summary of responses from summer quarter of 1986 is included in Appendix D. Each of the staff in the three FMS Total Reverse Mainstream classrooms were asked to respond to eight questions indicating how much they agreed or disagreed with each statement. Overall, reactions to the FMS Reverse Mainstreaming classroom were extremely positive from all teachers. The particular strengths of the FMS Model noted by staff included the opportunities to group children and for language and social development by children, and for children to learn to attend and work in groups. The

difficulties noted with the Reverse Mainstreaming were the large amount of work to do in such little time (summer session was particularly short), lack of materials (due to agency budget restrictions), and the need to train college students and some classroom aides to conduct the specific activities (particularly behavior management). Recommendations for future activities which were incorporated for fall quarter included screening children without handicaps before entry into the program, organizing class lists and materials at least two weeks before the program begins, and alloting teacher time for paperwork imposed by the evaluation of the model.

Description of FMS Transition Approach.

The FMS Transition approach is based on the premise that a successful transition occurs only when all parties involved are prepared for the new placement, are active participants in the transition process, and continue to have resources and open lines of communication after placement occurs. The process of preparation in the FMS Transition approach begins by identifying a child who is suitable for transition and by identifying a potential receiving site. The child's present teacher then completes a Mainstreaming Expectation and Skills Assessment-Preschool and Kindergarten Edition (MESA-PK) (see Appendix E), indicating the child's relative level of proficiency for a number of behaviors. A potential receiving teacher then indicates whether each behavior on the checklist is critical, desirable, or unimportant in that teacher's classroom. Information from the MESA-PK provides the potential receiving teacher with an initial glimpse of the child, and an opportunity to react to that child's profile. It also provides a special educator with information about the expectations of staff in a receiving environment, and training needs for receiving staff.

A second component of preparation involves use of the Classroom Environment Observation System (CEO) (see Appendix E). The CEO is a checklist to guide an individual who observes in a potential receiving environment, to assure that aspects of that environment relevant to the child's disability are noted. The information from the CEO is used to determine what adaptations in the environment will be needed.

A third component of preparation is the Child's Profile (see Appendix E). The Child Profile is completed by the special educator and provided to the receiving teacher as a brief sketch of critical characteristics of the child. The Child Profile augments the information on the MESA-PK by providing critical details of the child's medical and physiological functioning, specific language or motor strengths and difficulties, and a very brief educational history. The above instruments provide teaching and support staff in both agencies (sending and receiving) with precise, critical information to facilitate transition. As a result of the MESA-PK and CEO, the target child can be better prepared for the change in placement.

Parent preparation is another critical feature of the FMS Transition Approach. Materials developed by the FMS Project that answer the most commonly asked questions about transition are made available to parents (See Appendix F). The parents are expected to assume an active role in the transition process, which includes accompanying the child to the potential receiving setting to acquaint the child with that environment, contributing goals and objectives to facilitate the transition process, and assisting or conducting preparation activities for students (peers) at the receiving site.

The last group for whom preparation must be addressed are the peers in a receiving environment. The FMS Project has developed puppet shows with accompanying discussions to acquaint children with handicapping conditions and to allow them to have opportunities to ask about the new child. Preparation activities in the FMS Transition Model are not assumed to be sufficient for promoting social interactions; rather, they serve as an ice-breaker and to provide information to young children about handicapping conditions. The puppet shows are conducted in the classroom by the teacher, aides, and/or parents. The scripts developed by the FMS Project are included in Appendix G.

Effectiveness of the FMS Transition Approach.

The FMS Project has followed 16 children who have been helped to transition from either a self-contained special education preschool or from the FMS Reverse Mainstream classrooms into public schools. The handicapping conditions of the children who have made transitions range from mild communication disorders and behavioral problems, to severe multiple handicaps with autism. Children have made transitions into a total of ten schools across Cache, Logan, and the Box Elder School Districts.

Effectiveness with Children. Nine of the 16 children (56%) who had handicaps and were in the transition program entered directly into regular public school kindergarten. (All nine were participants in the FMS Total or Partial Transition activities.) Of these children who entered kindergarten, one child had severe multiple handicaps, including autism, and others were children with communicative disorders, behavioral disorders, and orthopedic handicaps. The rest of the children (7) in the sample entered self-contained special education classrooms in their district public schools.

Monitoring of child progress is currently taking place. Preliminary findings indicate that children in regular kindergarten classrooms are demonstrating behaviors which are appropriate for group instruction in kindergarten, but some of the teachers express concern about the childrens' low levels of achievement compared to normal peers. To-date, none of the children who are in a kindergarten placement have been nominated for return to a more restrictive environment.

Evidence of Effectiveness with Parents. Since the parents' evaluations of transition placements are currently being obtained, data are not yet available from all parents about their reactions to the FMS Transition Approach. However, preliminary feedback from parents indicates that the parent information brochure addressing mainstreaming concerns (Appendix F) is viewed by parents as an excellent resource to answer their questions; the early discussions of mainstreaming and preparation utilized by FMS has better prepared parents to advocate for their child's mainstreaming in public school; and having parents assume an active role (e.g., parents conducting peer preparation activities) has resulted in greater communication among parents of children with handicaps, other parents, and their child's teacher.

Evidence of Effectiveness with Teachers and Other Staff. The FMS Transition Approach was used with 8 of the 16 children who entered public school. Information and feedback on the FMS materials (MESA-PK, Child Profile, and CEO) is being collected. Preliminary findings indicate that the MESA-PK is informative and teachers like the opportunity to indicate their expectations for children in their classrooms. The Child Profile has been very well received by teachers who have been polled. They indicate

that the information is brief and very useful, and provides them with critical data on a child which would otherwise be overlooked among the papers in the average cumulative file. Special educators who use the CEO report that it is useful in reminding them of details which would otherwise be overlooked.

Based on indications of the need for preschool programs in rural, remote areas of the intermountain region, the Developmental Center for Handicapped Persons received a grant from the then Bureau of Education for the Handicapped for a three-year demonstration project. The Multi-Agency Project for Pre-Schoolers (MAPPS) was designed to facilitate the efforts of several agencies in identifying and providing systematic educational programs for infants and handicapped children in a three-state region.

The demonstration phase of the Multi-Agency Project for Preschoolers (MAPPS) had as its major accomplishments:

1. The enrollment of previously unserved handicapped infants and preschool children and their parents from rural, remote areas of Utah, Idaho, and Nevada. Services were provided in affiliation with a variety of local service agencies. During the project's third year, 75 handicapped preschoolers received direct services.

2. The development and field testing of the Curriculum and Monitoring System (CAMS) for teaching critical skills to preschool handicapped children. Curricula were developed in receptive language, expressive language, pre-academic skills, motor development, self-help skills, and social-emotional development.

3. The development of mediated programs which train parents to provide the primary intervention for their very young children.

4. The development of a model for mainstreaming handicapped children in rural, remote areas into ongoing preschool programs for normal children.

5. The development of workshops for training personnel in agencies serving handicapped children.

6. The development of products designed to assist agency personnel in planning, conducting, and evaluating preschool programs.

The educational interventions developed by the project were designed to stimulate the establishment of programs and were based upon three assumptions:

Assumption 1: In rural, remote areas, parents represent the best available treatment resource for children from birth to three years of age.

Assumption 2: Parents can be trained to carry out treatment programs if the programs are detailed and precise in nature.

Assumption 3: If daycare is provided with individualized curricula and monitoring, three to five year old children with handicaps can be mainstreamed into regular preschool programs.

The home-based intervention program developed for parents to train their children from birth to 3 years of age consisted of identification and assessment of the child by MAPPS staff members and the training of parents to carry out intervention programs based upon detailed and precise curriculum sequences. MAPPS staff members then monitored the child's progress weekly through telephone calls and home visits. When parents were unable to provide daily programming for their child, or the child failed to progress, local high school students were trained to visit the home and use the appropriate curriculum to teach the child. Parents also participated in monthly workshops conducted by MAPPS staff.

The preschool program for children ages 3 to 5 consisted of the identification and assessment of the child by MAPPS staff members, followed by mainstreaming into an ongoing preschool program for normal preschool children. This center-based approach in contrast with the home-based approach, called for the utilization of preschool programs already in operation. Examples of programs utilized in this component included a Montessori preschool classroom in Pocatello, Idaho, a campus child development laboratory at Utah State University, and a Head Start classroom in remote Monument Valley, Utah. MAPPS staff members prescribed individualized curricula in the child's needed skill areas as requested by parents and teachers and then monitored the child's progress. Five handicapped children were placed in each of the mainstreaming programs.

Effectiveness of Direct Services

The effectiveness of the home-based and center-based programs was documented utilizing both norm- and criterion-referenced tests. The following figures are reproduced from the MAPPS validation document which was reviewed and approved by the Joint Dissemination Review Panel of the Department of Education in June, 1980.

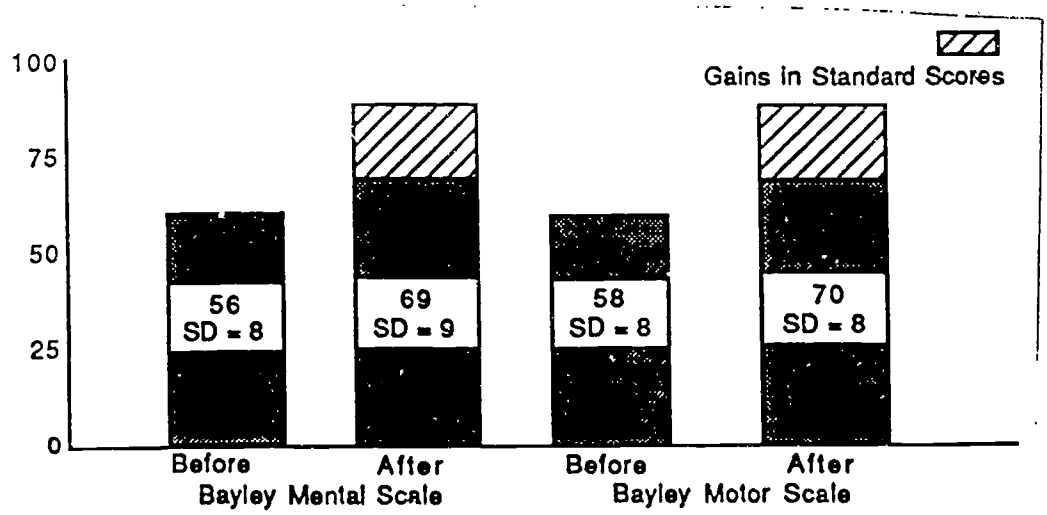


Figure 1. Results of Intervention Program for 60 Children Ages 0-3 on Bayley Scales of Infant Development

From the above figure, it may be seen that the 60 children ages 0-3 had a mean standard score of 56 on the Bayley Mental Scale and a mean standard score of 58 on the Bayley Motor Scale before intervention. After intervention, they had a mean standard score of 69 on the Bayley Mental Scales and a mean standard score of 70 on the Bayley Motor Scales. The pre and post mean differences in standard scores were tested using the t-test for correlated means and found to be significant at the .01 level. Compared with pretest scores, children improved in their area of greatest handicap by 21-28 percent on the average.

From Figure 2 it may be seen that the children in the intervention group had mean standard scores of 55 on the PPVT, 58 on the VMI, and 56 on the ACLC, before intervention. Following intervention, they had standard scores of 65 on the PPVT, 69 on the VMI, and 71 on the ACLC. The differences between pre and post mean standard scores were statistically significant at the .05 level.

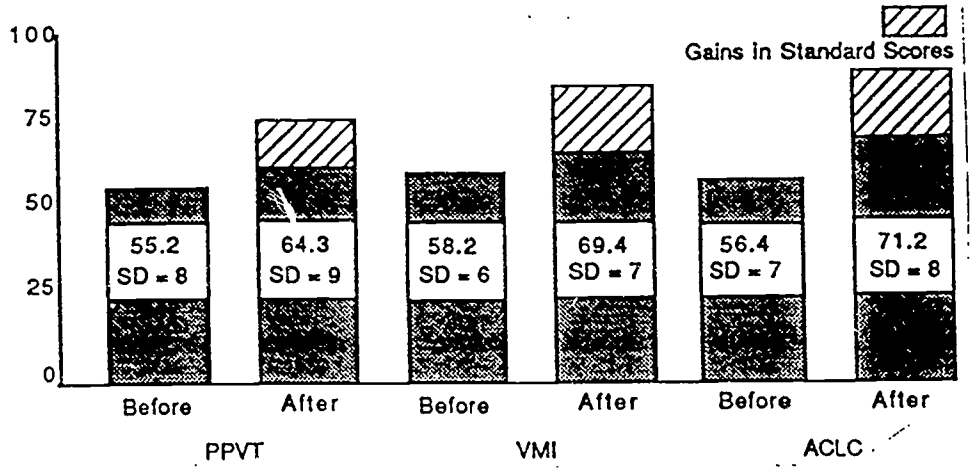


Figure 2. Results of Intervention Program for 60 Children Ages 3-5 on PPVT, VMI, ACLC.

Figure 3 presents data for a comparison group of 160 normal children from preschool classrooms in which the handicapped children were mainstreamed. These data demonstrate that although the comparison group gained on two tests during the intervention period. their mean standard scores did not change significantly.

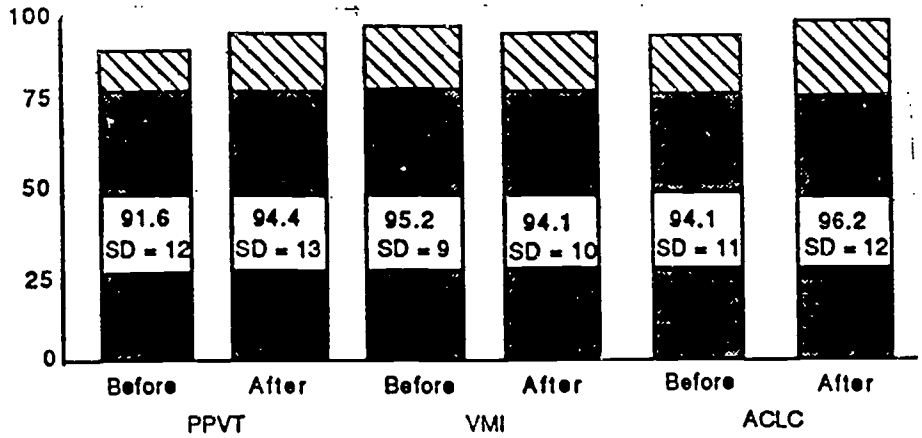


Figure 3. Results for Comparison Group of 160 Children Ages 3-5 on PPVT, VMI, ACLC.

Curricula and Products Developed

Five basic instructional programs were developed by the MAPPS Project and incorporated in a Curriculum and Monitoring System (CAMS) as a response to the need for early intervention programs for young handicapped children. CAMS is a system for providing both home- and center-based intervention programs for children. When appropriate training is provided, CAMS can be used by parents, teachers, and paraprofessionals.

The CAMS system includes:

1. A manual designed to explain the CAMS model and the procedures for using the curriculum programs. Included are the placement tests which ensure that the child is entered at the appropriate level, and photographs of children in the correct bodily positions for learning various motor and self-help skills.

2. Five sequenced curriculum programs with precise teaching instructions so that they may be utilized by persons with varied backgrounds. The five developmental areas are: (a) receptive langauge, (b) expressive language, (c) motor development, (d) self-help skills, and (e) social-emotional development.

3. A slide-tape presentation to introduce the curriculum programs, teach their use, and explain the simple system for scoring the child's responses.

The CAMS programs were published and are now disseminated nationwide. Other products developed during demonstration years include:

1. A series of packaged training workshops in assessment, curriculum development, behavior management, and evaluation. Included in this series is a slide-tape presentation which introduces the curriculum packages developed by the staff and teaches professionals and paraprofessionals how to utilize them in training parents to teach their children.

2. "A Guide to Preschool Program Planning and Evaluation." This paper covers the essentials of planning and evaluating preschool programs and includes the extensive use of examples.

3. "Assessing Young Handicapped Children." This paper covers the essentials of assessing young children. Along with assessment guidelines, the paper has a section on the training of examiners.

4. "Organizing, Conducting, and Evaluating Workshops." This paper gives easy-to-follow directions for doing needs assessments and organizing, conducting, and evaluating workshops.

5. "What's Wrong With My Baby?" This paper is designed to be distributed to physicians in rural areas who encounter young handicapped children. Basic information relating to the counseling of parents is included. This paper was published in the American Family Physician and has had nationwide dissemination.

6. "A Critical Skills Inventory." This report summarizes the results of a survey conducted by the project staff. A sample of kindergarten teachers was surveyed to determine what skills were seen as critical for success in kindergarten.

Evidence of the Effectiveness of the Preschool Transition Project (PTP)

Children

Five children were provided service in the PTP each year between September 1984 and June 1987. A sixth child identified as handicapped but not supported with Project funds, participated in transition activities during Year Three. Children attended for the full day (6 to 10 hours). As shown in Table 1, these children were mainstreamed primarily into the prekindergarten and kindergarten classes at the Day School; one child was placed in the 3-4 year classroom. Children's services were organized according to the Social Integration Program model. A description of this model can be found in Rule, Stowitschek, Innocenti, Streifel, Killoran, Swezey, and Boswell (1984). The Social Integration Model provides guidelines for mainstreaming preschoolers with handicaps while including enhanced learning opportunities in skill areas in which these children exhibit deficits. To provide these opportunities, teachers (regular day care staff and a special education resource teacher) use coincidental teaching and microsessions. Further information about this aspect of the program is presented in Rule, Killoran, Stowitschek, Innocenti, Streifel, and Boswell (1985).

Table 1. Placement of Children in Day Care Classes

	3-4 year old	Pre-kindergarten	Kindergarten
1984-1985	1	2	2
1985-1986		3[a]	2
1986-1987		3[b]	2

[a] One child moved to the kindergarten class in April

[b] One child moved to the kindergarten class in February

Children demonstrated, upon entry into the transition program, significant delays in two or more areas according to Utah Social Services Guidelines. Their handicapping conditions ranged from at-risk to severely intellectually handicapped. Severe behavior problems had been reported and were observed in three of the children. Ten children, had they entered public school in lieu of the program, would have been eligible for special education services either as intellectually handicapped or severely intellectually handicapped according to Utah Office of Education Guidelines (1980).

Evaluation of Placement Success

Twelve children received pre and post intellectual assessments using the Stanford-Binet Intelligence Scale, Form L-M (Merrill, 1973); three children were assessed with the McCarthy Scales of Children's Abilities (McCarthy, 1972). Table 2, on the next page, presents pre and posttest data for each child's giving chronological age, mental age, and deviation intelligence quotient (IQ) or general cognitive index (GCI). The first year, individual child progress varied considerably, but, overall, the children had a mean mental age gain of 1.04 months for each month they participated in the program. This represents a 0.96 mean IQ or GCI gain for each month in the program. All children in the second and third years made significant gains in this area. In the second year, children exhibited a mean mental age gain of 2.4 months for each month of participation in the program. This represents an IQ gain of 3.0 points per month for each month enrolled. In Year 3, children showed a mean mental age gain of 2.0 months per month enrolled or an IQ gain of 1.75 per month.

Table 2. Pre-Post Assessment Data

		Chronological Age[a]			Mental Age[a]			Deviation I.Q.[c]		
Child		Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
Year 1	1[d]	4-5	4-10	5	3-0	3-0	0	55	55	0
	2[d]	5-0	5-4	4	4-0	5-0	12	83	91	8
	3[d]	5-1	5-7	6	4-0	4-0	0	71	74	3
	4	5-4	5-9	5	4-0	4-1	1	65	62	-3
	5	4-10	5-5	7	3-11	5-2	15	70	88	18
Mean[b] Total		4-11	5-4	5.4	3-9	4-3	5.6	68.8	74	5.2
Year 2	1	5-0	5-6	6	4-3	5-4	13	74	90	16
	2	5-0	5-6	6	4-1	5-4	15	71	90	19
	3	5-3	5-9	6	2-11	3-11	12	44	59	15
	4	4-5	5-0	7	3-10	5-5	19	76	99	23
	5	4-7	5-1	6	2-9	4-0	15	48	68	20
Mean Total		4-10	5-4	6.2	3-7	4-10	14.8	63	81	18.6
Year 3	1	4-2	4-9	7	3-8	5-7	23	76	108	32
	2	4-10	5-5	7	4-6	5-10	16	83	100	17
	3	4-5	4-11	6	3-5	3-10	5	66	67	1
	4	4-8	5-2	6	4-8	5-3	7	90	93	3
	5	4-1	4-8	7	3-9	4-10	13	90	93	3
Mean Total		4-5	5	6.4	4	5-1	12.8	81	92.2	11.2

[a] Pre and post are reported in years and months. Gain is reported in months. For example, 4-5 is read as 4 years, 5 months.
[b] Pre and post age scores rounded to the nearest month.
[c] Intelligence Quotient (IQ) from the Stanford-Binet Intelligence Test.
[d] Scores reported are from the McCarthy Scales of Children's Abilities.

The Developmental Profile II by Alpern, Boll, & Shearer (1980) was administered as a measure of adaptive behavior. This instrument was administered through parent report and assesses skills in the physical, self-help, social, communication, and academic areas. The chronological age and age equivalencies in these areas, from pre and post assessments, for each PTP child are presented in Table 3. In year 1, all but one child made gains in all areas. In the self-help area, child #2's score decreased but remained at an age-appropriate level. The per month gain of children varied from a mean low of 1.3 months per month in the program in the self-help area to a mean high of 3.1 months per month in the program in the physical area. In year 2, all children made gains in all areas. The mean monthly gains per month in the program, by area, were: physical 2.6, self-help 2.7, social 2.3, academic 3.7, and communication 2.7. In year 3, all children made gains in all areas with the mean monthly gain per month in the program 1.06 in physical, 2.8 in self-help, 2.2 in social, 2.2 in academic, and 4.2 in communication.

A certified speech and language therapist administered pre and post assessments to each child. This therapist also provided consultation services for child programming throughout the course of the year. Several consultants and, therefore, tests were used during the course of the grant. The tests used during Year One included mental age scores from subtests of the Illinois Test of Psycho-linguistic Ability (ITPA) by Kirk, McCarthy and Kirk (1968) and the Test of Auditory Comprehension of Language (TACL) by Carrow (1973). Test results are presented in Table 4. Overall, children showed a mean gain in expressive language skills of 1.7 months per month in the program, based on the verbal expression subtest of the ITPA, and a mean

Table 3. Assessment Data from Developmental Profile

		Chronological Age[a]			Physical Age			Self-help Age			Social Age			Communication Age			Academic Age		
Child		Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
Year 1	1	4-7	4-11	4	3-4	4-0	4	5-2	5-6	4	4-2	5-0	10	3-4	4-0	8	2-10	4-0	14
	2	5-1	5-4	3	4-6	6-4	22	7-6	5-10	-20	6-8	6-8	0	5-0	5-2	2	5-6	5-6	0
	3	5-4	5-7	3	3-6	4-6	12	3-10	4-2	4	4-4	4-8	4	4-0	4-10	10	4-2	5-2	12
	4	5-7	5-10	3	5-10	5-2	-8	4-6	6-6	24	4-0	5-4	16	3-6	4-2	8	3-8	5-2	18
	5	4-7	5-5	10	3-4	6-6	38	5-2	6-10	20	4-0	5-8	20	2-10	4-10	24	3-4	5-2	22
Mean[b] Total		5-0	5-5	4.6	4-1	5-3	13.6	5-3	5-9	6.4	4-8	5-6	9.6	3-9	4-7	10.4	3-11	5-0	13.2
Year 2	1	5-0	5-7	7	4-10	6-6	20	5-6	7-6	24	5-6	7-0	18	3-10	5-10	24	3-0	5-10	34
	2	4-11	5-6	7	4-4	6-10	30	6-2	7-2	12	5-10	6-2	4	3-0	6-0	36	3-10	6-2	28
	3	5-1	5-9	8	4-10	5-2	4	4-10	6-6	20	3-10	5-4	18	5-2	5-6	4	3-4	5-6	26
	4	4-3	5-0	9	3-2	6-2	36	2-10	4-10	24	2-6	5-10	40	5-2	7-6	28	3-4	7-2	46
	5	4-6	5-2	8	4-0	5-2	12	3-8	5-10	26	3-8	4-4	8	4-4	5-4	12	3-6	4-6	12
Mean Total		4-9	5-5	7.8	4-3	5-11	20.4	4-7	6-4	21.2	4-3	5-9	17.6	3-5	5-10	29.2	4-4	6-0	20.8
Year 3	1	4-3	4-9	6	2-8	3-2	4	5-6	7-6	24	4-8	7-0	28	3-6	6-10	28	4-10	6-8	22
	2	4-11	5-6	7	6-6	6-10	4	5-6	6-8	14	5-4	5-10	6	3-10	7-3	41	5-6	5-10	4
	3	4-5	4-11	6	4-0	5-10	22	4-2	6-0	22	3-6	4-0	6	3-4	4-4	12	3-2	3-6	4
	4	4-9	5-3	6	4-0	3-8	-4	4-4	4-10	6	5-0	5-10	10	3-10	6-10	36	5-10	7-0	14
	5	4-2	4-9	7	3-10	4-6	8	4-10	6-10	24	4-4	6-0	20	3-0	4-6	18	3-2	5-4	26
Mean Total		4-6	5-4	6.4	4-2	4-10	6.8	4-10	6-4	18	4-7	5-9	14	3-6	5-11	27	4-6	5-8	14

[a] Pre and post age scores are reported in years and months. Gain is reported in months.

[b] Pre and post scores are rounded to nearest month.

Table 4. Pre-Post Speech and Language Assessment Mental Age Scores, in Years and Months, on Subtests of the Illinois Test of Psycholinguistic Ability (ITPA) and on the Test for Auditory Comprehension of Language (TACL) for the First Year.

Child	Chronological Age			ITPA																TACL		
				Auditory Reception			Visual Reception			Auditory Association			Auditory Sequential Memory			Verbal Expression					
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
1	4-2	4-10	8	2-1	2-4	3	--*	--*	--	--*	--*	--	2-0	2-5	5	3-4	4-6	14	--[2]	3-2	--
2	4-8	5-3	7	3-5	5-0	19	4-4	4-10	6	4-3	4-3	0	2-10	4-2	16	4-3	5-0	9	4-9	6-4	19
3	4-10	5-5	7	5-4	5-6	2	3-1	3-10	9	3-5	4-7	14	4-8	4-0	-8	5-4	5-4	0	3-8	4-1	5
4	5-1	5-9	8	2-10	3-3	5	4-1	3-10	-3	2-1	2-10	9	2-2	2-2	0	3-1	5-0	23	3-0	3-6	6
5	4-9	5-4	7	2-2	4-1	23	4-1	5-0	11	3-0	3-7	7	5-0	5-6	6	3-1	4-6	17	4-0	5-2	14
Mean Totals	4-8	5-4	7.4	3-2	4-0	10.4	3-11	4-5	5.75	3-2	3-10	7.5	3-4	3-8	3.8	3-10	4-10	12.6	3-10	4-9	11

[1] Pre and post are reported in years and months. Gain is reported in months. Pre and post means are rounded to nearest month.

[2] Test not administered.

* Subtest not administered.

increase of 1.5 months per month in the program in receptive language skills, based on the TACL. Assessment instruments used in the second and third year in this area included the Preschool Language Scale by Zimmerman, Steiner and Pond (1979), the Peabody Picture Vocabulary Test-Revised by Dunn and Dunn (1981), the Denver Articulation Screening Exam by Drumwright (1971), and the Goldman-Fristoe Test of Articulation by Goldman and Fristoe (1969). Results from these instruments for each child are presented in Table 5. Once again, overall child gains were seen in each area assessed. On the Preschool Language Scale, an instrument all children were assessed on, the mean monthly gain per month in the program in year 2 was 1.6 in the auditory comprehension area and 2.6 in the verbal ability area, and in year 3 was 1.4 in the auditory comprehension area and 1.8 in the verbal ability area.

Criterion-referenced tests were used for purposes of child programming. The primary test used for this purpose in year 1 was the Program Assessment and Planning Guide for Developmentally Disabled and Preschool Children (PAPG) (Striefel & Cadez, 1983). This criterion-referenced instrument addresses 19 different skill areas. The PAPG was used to assess, and in some cases, program in the skill areas of gross motor, fine motor, receptive language, social, social language, eating, dressing, toileting, personal hygiene, writing, reading, and math numeration. The pre and post mental ages from these areas are shown in Table 6 on the following page. All children made gains in all areas assessed with the exception of child #3 in the eating skills area. The greatest gains were made in the writing, reading, and math numeration skills areas, which were the skill emphasis areas for PTP. Mean monthly gains per month in the program in these emphasis areas were 1.7, 2.2, and 2.1 respectively.

Table 5. Pre-Post Speech and Language Assessment Data for Years 2 and 3

Child	Chronological Age[1]			Preschool Language Scale[1]						Peabody Picture Vocabulary Test[1]			Denver Articulation Screening Exam[2]			Goldman-Fristoe Test of Articulation[3]		
				Auditory Comprehension			Verbal Ability											
	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
Year 2																		
1	5-1	5-7	6	4-8	6-0	16	4-2	5-11	21	4-1	4-6	5	9	15	8	15	12	- 3
2	4-11	5-5	6	4-3	5-0	9	3-2	5-2	24	3-7	4-4	9	24	44	20	--	--	--
3	5-1	5-8	7	4-5	5-2	9	3-9	4-5	8	2-6	3-0	6	7	15	8	21	10	-11
4	4-4	4-11	7	4-9	5-3	6	4-0	5-9	21	3-7	4-9	14	--	--	--	--	--	--
5	4-7	5-1	6	3-5	4-3	10	2-11	3-8	9	3-0	4-1	13	--	--	--	--	--	--
Mean Total	4-10	5-4	6.4	4-4	5-2	10	3-7	5-0	16.6	3-4	4-2	9.4	13.3	24.7	12	18	11	- 7
Year 3																		
1	4-2	4-10	8	5-0	5-5	5	4-9	6-0	15	4-3	4-11	8						
2	4-10	5-6	8	3-9	4-3	6	3-10	4-7	9	3-10	4-0	2						
3	4-5	5-0	7	3-3	4-7	16	2-10	4-0	14	3-4	4-2	10						
4	4-9	5-4	7	4-10	5-3	5	4-0	4-7	7	4-7	4-10	3						
5	4-2	4-9	7	3-6	5-1	19	2-10	4-7	21	3-1	4-8	19						
Mean Total	4-6	5-1	7.4	4-1	4-11	10.2	3-8	4-9	13.2	3-10	4-6	8.4	13.3	24.7	12	18	11	- 7

[1] Pre and post are reported in years and months. Gain is reported in months. Pre and post means are rounded to nearest month.

[2] Pre and post scores are presented in percentile figures.

[3] Pre and post scores are reported in terms of total errors made.

Table 6. Pre-Post Assessment Mental Age Estimates, in Years and Months, on the Scales of the Preschool Assessment and Planning Guide, Year 1.

Child	Months Pre to Post	Gross Motor			Fine Motor			Receptive Language			Social			Social Language			Eating		
		Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
1	8	3-5	4-0	5	4-4	5-0	6	2-8	2-10	2	2-8	3-1	5	1-6	3-6	24	4-7	5-2	7
2	8	4-4	4-10	6	5-6	5-8	2	2-9	4-10	25	5-3	5-4	1	4-0	4-4	4	5-8	5-11	3
3	7	3-6	4-0	4	4-3	5-2	11	2-9	4-5	20	2-9	3-1	4	3-9	4-0	3	5-4	5-2	-2
4	8	4-5	4-10	5	4-6	5-3	9	2-9	3-0	3	5-0	5-2	2	3-5	4-0	7	4-10	5-1	3
5	8	4-4	4-10	6	4-5	5-3	10	3-8	4-4	8	4-6	5-3	9	3-2	3-9	7	5-8	5-10	2
Mean Total		4-0	4-6	5.2	4-7	5-3	7.6	2-11	3-11	11.6	4-0	4-5	4.2	3-2	3-11	9	5-3	5-5	2.6

Child	Months Pre to Post	Dressing			Toileting			Personal Hygiene			Writing			Reading			Math Numeration		
		Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain	Pre	Post	Gain
1	8	2-7	4-1	18	4-6	5-0	6	4-2	4-5	3	3-0	4-2	14	2-0	2-6	6	2-2	3-2	12
2	8	4-11	5-0	1	--*	6-0	--	4-7	4-11	4	4-5	5-3	10	4-4	5-3	11	3-7	5-2	19
3	7	4-0	4-10	10	4-9	5-0	3	4-6	4-9	3	3-2	4-4	14	2-5	5-1	32	3-0	4-2	14
4	8	4-6	5-0	6	5-0	5-5	5	--*	--*	--	3-6	4-10	14	4-2	5-2	12	3-7	4-11	16
5	8	4-4	5-0	8	4-6	5-0	6	4-0	4-9	9	4-2	5-3	13	3-2	5-3	25	3-6	5-2	20
Mean Total		4-1	4-9	8.6	4-8	5-1	5	4-4	4-9	4.8	3-8	4-9	13	3-3	4-8	17.2	3-2	4-6	16.2

* Scale was not assessed

The Brigance Diagnostic Inventory of Early Development by Brigance (1978) was the primary instrument used for programming in years 2 and 3. The Brigance addresses eleven major areas of development and numerous skills within each area. Although this test is not designed to result in specific age equivalencies, increases in test performance can be loosely correlated with gains in age equivalency. Table 7 presents data from the Brigance for both years. Skill areas in which the majority of PTP children were assessed are presented by area of development. Data indicate whether a child's skill level decreased, remained constant, or increased. Increases are presented as approximate age equivalence gains. Only one child showed a skill decrease in any area assessed; this resulted from the child missing one item that had at pre-test been passed. Overall, children made gains in the majority of areas assessed with many of the children making the largest gains in the fine motor area.

Another measure of child progress is related to the child's Individual Education Plan (IEP). There were two measures of progress referenced to the IEP. One is the number of programs in which a child participates that are directed toward specific goals on the IEP. The other is the actual number of IEP goals that a child masters. Although these measures have limitations when used across sites or teachers, when programs are designed by a single teacher they provide a useful indicant of child progress. Day care staff, the special educator or an aide taught IEP programs in one of three formats: microsessions, coincidental teaching sessions, or regular classroom programming (see Rule et al., 1984, for a more detailed description of these formats). Microsessions are the most teacher intensive of these formats. The number of microsession programs in which PTP children participated during

Table 7. Assessment Data[1] from Brigance Diagnostic Inventory of Early Development on Specific Subtests[2], Listed by Area of Assessment for Years Two and Three

	Decrease		Stayed Constant		Gain (each number represents a child)							
					0-6 months		7-12 months		13-24 months		> 24 months	
	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986
I. Gross Motor												
Standing			3	5	1,4,5	2		4		3	2	
Walking			5	3,5	3	2,4	1,2,4					
Stairs & Climbing					3	2,3		5	2,4	4		
Running					3	5		3,4	2,4,5	2	1	
Jumping			4	2,3	3,5	4,5			1,2			
Hopping						2	3	3,5	1,2,4,5	4		
Ball Bouncing			4	2,4	3	5		3	1,2		5	
Balance Board			3	3,5	2,4	4	1,5			2		
Catching				5	5	3,4		2	1,2,3,4			
II. Fine Motor												
General				3		2,5	3	1,4	1			
Pre Handwriting						3,4	3	2,5	1	1	2,4,5	
Draw-a-person					2	2			3		1,4,5	1,3,4,5
Designs							2,5	1	3,4	2,5	1	3,4
Cutting w/ scissors						1	3	3	2,4		1,5	2,4,5

	Decrease		Stayed Constant		Gain							
					0-6 months		7-12 months		13-24 months		> 24 months	
	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986
III. Speech and Language												
Personal Data						2,5	2	1			4	3,4
Repeats Digits				3					2,5			
IV. General Knowledge and Comprehension												
Body Parts				5	3	1,4	2,4	2	1,5	3		
Colors					2	1,3,4	5		1,3	5	4	2
Design Concepts				4		3	2,4,5		1	1,5	3	2
Quantitative Concepts				3		1,4	2,3,4		1	5	5	2
Directional/ Positional Concepts				2,3,4		1	1	5	3,4,5		2	
Sorts			3	3,4		1		2,5	2,4		1,5	
Weather	4		5	3	2,3	1,2,4,5	1					
Classifying			3	2,3,5		1		4	1,2,4			
Knows what to do in different situations				4	5	3		1	2,3,4		1	2,5
Knows use of object					2	1,3,5			3	2,4	1,4,5	

	Decrease		Stayed Constant		Gain							
					0-6 months		7-12 months		13-24 months		> 24 months	
	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986
Knows function of community helpers				3,5	3		2		1,4	1,2,4		
Knows where to go for services				2,3,4	1,2,3	1		5	4			
V. Readiness												
Upper case letter				4		2,3	1,2,3,5	1,5				
Lower case letter					1,2,3,5	1,2,3, 4,5			4			
VI. Basic Reading												
Auditory Discrimination				3,4		5		1,2	1			
VII. Math												
Number concepts									1,3	2,3	4,5	1,4,5
Counts by rote					3	1,3		2,4,5	1,4,5			
Reads numerals				3		1,2		4,5	1,3,4,5			
Numeral Comprehension				3		1,4		5	1,4			

	Decrease		Stayed Constant		Gain							
					0-6 months		7-12 months		13-24 months		> 24 months	
	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986	1985	1986
Ordinal Position				3		4	5	2	1,3,4	1,5		
Recognition of money				3,5	1,3	1,4	5	2				

[1] Estimated changes in age gain

[2] Not all children were assessed on all subtests. In cases where no basal was obtained, the basal was estimated. In 1986-1987, child 1 was not assessed in gross motor because she has cerebral palsy.

Years Two and Three and the number of completed microsession programs are presented in Table 8. Overall, 90% of microsession programs implemented were completed in year 2 and 84% were completed in year 3.

Table 8. Microsession programs implemented and the number of microsessions completed to meet all or part of IEP goals by skill area.

	1985-86			1986-87		
Skill Area	Programs Implemented	Programs Completed	%	Programs Implemented	Programs Completed	%
Gross Motor	15	15	100	16	13	81
Fine Motor	25	23	92	43	38	88
Expressive Language	40	35	86	28	24	86
Receptive Language	16	15	94	8	7	86
Self-help	12	10	83	2	1	50
Social Skills	15	12	80	12	9	75
General Knowledge/ Academic Readiness	72	65	90	42	35	83
Total	195	175	90	151	127	84

Information about children's IEPs is presented in Table 9. IEPs were divided into six major areas: general knowledge/academic readiness, fine motor/handwriting, gross motor, social, self-help, and communication. The number of goals on a child's IEP ranged in year 1, from a low of 25 to a high of 56, with a mean of 41; in year 2, from a low of 39 to a high of 51, with a mean of 44; and in year 3, from a low of 32 to a high of 49 with a mean of 41. The majority of goals were in the area of general knowledge/academic readiness because the PTP was intended to prepare children for the transition to public school. The number of goals mastered by the children ranged in

Table 9. Number of Goals on Each Child's Individual Program Plan by Area, Number of Goals Completed, and Percentage of Goals Completed.

	General Knowledge/ Academic Readiness			Fine motor/ Handwriting			Gross Motor			Social			Self-help			Communication			Total		
	#	Completed		#	Completed		#	Completed		#	Completed		#	Completed		#	Completed			Completed	
Child	Goals	#	%	Goals	#	%	Goals	#	%	Goals	#	%	Goals	#	%	Goals	#	%	Goals	#	%
(Year 2)																					
1	27	27	100	13	13	100	3	3	100	1	1	100	--*	--	--	3	2	67	51	46	86
2	24	23	96	8	8	100	5	5	100	3	2	67	--	--	--	5	5	100	45	43	96
3	17	16	94	11	9	82	3	1	33	2	1	50	2	0	0	4	1	25	39	28	72
4	22	22	100	10	10	100	6	6	100	--	--	--	4	4	100	--	--	--	42	42	100
5	21	13	62	11	8	73	--	--	--	4	1	25	4	4	100	3	2	67	43	28	65
Total	111	101		53	48		17	15		10	5		10	8		15	10		220	187	
Mean	22.2	20.2	91	10.6	9.6	91	3.4	3	88	2	1	50	2	1.6	80	3	2	67	44	37.4	85
(Year 3)																					
1	12	12	100	11	11	100	3	1	33	1	1	100	4	3	75	2	2	100	43	40	93
2	16	15	94	9	8	89	4	4	100	3	3	100	--	--	--	9	8	89	41	38	93
3	12	9	75	9	6	67	5	4	80	3	3	100	4	3	75	9	6	67	42	31	74
4	9	7	78	10	9	90	4	3	75	3	3	100	--	--	--	6	6	100	32	28	88
5	15	14	93	13	9	69	7	6	86	4	3	75	--	--	--	10	7	70	49	39	80
Total	64	57		52	43		23	18		14	13		8	6		36	30		207	176	
Mean	12.8	11.4	88	10.4	8.6	83	4.6	3.6	74.8	2.8	2.6	9b			75	7.2	6	85.2	41.4	35.2	85.6

* Slashed line indicates no goals written in this area.

year 1 from a low of 57% (32/56) to a high of 84% (21/25) with an average of 69% goals mastered. In Year Two they ranged from a low of 65% (28/43) to a high of 100% (42/42) with an average of 85% mastered. In Year Three they ranged from a low of 74% (31/42) to a high of 93% (38/41), with an average of 86% mastered.

Service to Parents

The PTP services to parents consisted of two major activities: 1) training in use Let's Be Social Home Program (Innocenti, Rule, Killoran, & Stowitschek, 1982), and 2) offering of a series of workshops to help parents become better informed advocates for their child's educational rights. Parents were also encouraged to meet with PTP staff if they had educational, behavioral, or developmental concerns. These meetings were informal and were conducted on a case by case basis. The PTP staff services in these cases ranged from empathetic listening to assistance in designing programs for parents to implement at home. This section of the report will describe only the social skills and advocacy training per goals 4 and 5.

Let's Be Social Home Program

Childhood social skills are currently the best available predictor of adult adjustment. To encourage the generalization of social skills from school to home, parents were offered training in instruction of social skills at home and in the community, the Let's Be Social Home Program was distributed to parents. The 26 skill units in the home program address the same skills as the school program. Parents chose which of three instructional formats to use: (a) home lessons,

discussions of the skill and its importance; (b) home rehearsals or staged practice in using the skill; and (c) coincidental teaching, using naturally occurring opportunities to briefly prompt and/or praise the use of a skill.

Parents were trained to use the program in a two-hour workshop. The parents reviewed and practiced the program for approximately one week. Then they met individually with project staff to complete a contract regarding their intended use of Let's Be Social and to resolve any difficulties or problems. Initially, parents received a different instructional unit approximately one a week. During Year Three, parents received a new unit only when they turned in records from the previous unit. The changes allowed for more careful monitoring of use of the program and presented the opportunity for more frequent staff-parent contact regarding the home program.

Evaluation of the home program. During Year One, data were kept and returned by three families who taught 13, 9, and 7 units respectively. Their data indicated that they completed a weekly average of 2.1 home lessons, 2.6 home rehearsals, and 8.4 coincidental teachings of the current skill unit, and 8.8 coincidental teachings of skills from previously taught units.

Parental data returned in Year Two indicated that one family used 24 units, three families used 21 units, and one family used 17 units. Parental data returned in Year Three indicated that two families used 21 units, and the other three families used 15, 8, and 6 units respectively.

Parental satisfaction with the Let's Be Social Home Program was measured using a questionnaire. Parents rated the program as beneficial or very helpful to their child. Only one parent during the three years reported that the social skills program did little good. Parents

reported that the training workshop was "adequate" or "more than adequate" to teach them to implement the program. Parent comments were favorable and indicative of satisfaction.

Parents also scored their children on the Let's Be Social Skill Rating. This questionnaire describes 30 skills; parents rated skills on a 3 point scale. Pre and post data for Years Two and Three are shown in Table 13. All but three children showed gains on this scale. The mean gain was 7.2 during Year Two and 19.6 during Year Three. The results are presented in Table 13.

Table 13. Results of the Let's Be Social Skill Rating Completed by Parents.

	Child	Fall	Spring	Gain
Year 2				
	1	39	47	8
	2	41	63	22
	3	45	43	-2
	4	42	53	11
	5	57	54	-3
	Mean	44	52	7.2
Year 3				
	1	67	64	-3
	2	49	68	19
	3	20	46	26
	4	29	36	7
	5	25	74	49
	Mean	38	57.6	19.6

Advocacy Training

Parents are logically the best educational advocates for their child.

Teachers and other professionals may serve as educational advocates for a child at certain points in time, but the child's parents can serve as advocates throughout her school career. To better prepare parents for their role as educational advocate, a series of four yearly parental workshops was conducted. These provided parents with information about: (a) handicapped children's legal rights, (b) public school procedures for serving handicapped children, (c) issues encountered by parents who had a child in the special education system, and (d) issues of assessment and placement into school services. Workshops were presented by Mark Innocenti, PTP Coordinator; Kathy Waldo, staff attorney for the Utah Legal Center for the Handicapped; several parents who had had children in early education programs similar to the PTP (the Social Integration Program); and representatives of the Office of Special Education in the Davis and Weber School Districts. Parents received a handbook of information related to topics covered in these meetings (Innocenti, 1987).

Evaluation of the training. Parents of handicapped children in other early education programs in the area (such as Head Start) were invited to these workshops. All meetings were favorably rated by parents in attendance. All meetings were rated by a large majority as being of "great interest" and presenting "very useful" information. PTP parents were administered a test at the beginning of the first meeting and at the end of the last meeting. This test contained questions about material to be presented at the meetings. The parents made significant gains in test scores ($\underline{t}$ = -7.28, $\underline{p} < 0.001$) from pre to post test in Year Two. Year Three pretest scores were higher; thus the gains were not statistically significant ($\underline{t}$ = 2.89, $p<.10$). However, all parents' scores increased from pre to posttesting.

APPENDIX D

EFFECTIVENESS INDICATORS

INTEGRATED OUTREACH FOR UTAH PROJECT (IOU)

Table 1

TEACHERS, AIDES, AND CHILDREN AFFECTED BY IOU TRAINING

Year One

School District	Classroom Sessions	Teachers	Classroom Aides	Children Enrolled
Granite	12	7	15	151
Alpine	6	5	13	71
Logan	2	1	4	17
Cache	2	2	4	25
Washington	4	4	8	45
Totals	26	19	44	309

Year Two

School District	Classroom Sessions	Teachers	Classroom Aides	Children Enrolled
Provo	6	4	6	45
Salt Lake	6	5	9	70
Millard	8	4	7	120
Weber	10	7	10	123
Box Elder	2	1	3	22
Totals	32	21	35	380

Table 2

YEAR ONE PRE/POST-INSERVICE TRAINING RESULTS

District	Topic	Participants	$\bar{X}$ % Pre-Test Score	$\bar{X}$ % Post-Test Score
Washington	Coincidental Teaching	11	33	86
	Transition-Kindergarten Survival Skills	12	21	73
Granite	"Let's Be Social"	27	38	70
	Microsession Training & the CAMS curriculum	27	54	93
	Coincidental Teaching	23	74	93
Cache/ Logan	Coincidental Teaching	7	44	62
	Peer Tutor & Buddy Systems	6	26	55
	Transition-Kindergarten Survival Skills	8	45	72
Alpine	Microsession Training & the CAMS Curriculum	19	40	71
	Coincidental Teaching	6	53	73
	Transition-Kindergarten Survival Skills	10	15	82

YEAR TWO PRE/POST-INSERVICE TRAINING RESULTS

District	Topic	Participants	$\bar{X}$ % Pre-Test Score	$\bar{X}$ % Post-Test Score
Weber/Box Elder	Mainstreaming & Tutoring/ Buddy Systems	14	60	93
	Individualizing Instruction for Small Groups & Microsessions	30	52	80
	Coincidental Teaching	25	50	80
Salt Lake	Individualizing Instruction for Small Groups & Microsessions	14	68	82
Provo	Coincidental Teaching	6	48	66
Millard	Individualizing Instruction for Small Groups & Microsessions	9	54	91

Table 3. Implementation of Technical Assistance Objectives.

YEAR ONE

School District/Teacher	Goal Area(s) Chosen by Teacher	Teaching Objectives Per Goal Area	% of Teaching Objectives Successfully Completed by Teacher
Alpine	--	--	--
Cache & Logan/Teacher A	Behavior Management	1	100
	Social Skills	1	100
	Coincidental Teaching	2	100
B	Behavior Management	1	100
	Social Skills	1	100
C	Behavior Management	1	100
	Social Skills	1	100
Granite/Teacher A	Behavior Management	3	100
	Coincidental Teaching	1	100
Teacher B	Social Skills	2	100
Teacher C	Coincidental Teaching	2	100
	Social Skills	1	100
Teacher D	Social Skills	2	100
	Coincidental Teaching	2	100
Teacher E	Coincidental Teaching	2	100
Teacher F	Coincidental Teaching	2	100
Teacher G	Coincidental Teaching	2	100

YEAR TWO

School District/Teacher	Goal Area(s) Chosen by Teacher	Teaching Objectives Per Goal Area	% of Teaching Objectives Successfully Completed by Teacher
Box Elder/Teacher A	Classroom Reorganization	1	100
	Social Skills	1	100
	Transition	1	100
	Handicap Awareness	1	100
Weber/Teacher A	Coincidental Teching	3	33
Salt Lake/Teacher A	Transition	2	100
	Mainstreaming	1	100
Teacher B	Behavior Management	2	100
	Integration	1	100
Teacher C	Handicap Awareness/ Transition	3	100
Teacher D	Social Skills	1	100
	Mainstreaming	1	100
	Handicap Awareness	1	100
Teacher E	Peer Tutoring	2	100
Teacher F	Individualizing Instruction	1	100
	Social Skills	2	100
Provo/Teacher A	Parent/Volunteer Involvement	4	100
	Social Skills	1	100
Teacher B	Individualizing Instruction	2	100
	Social Skills	1	100
Teacher C	Parent Communication	3	100
	Social Skills	5	60
Teacher D	Behavior Management	1	100
	Social Skills	1	100
	Parent Involvement	1	100
	Handicap Awareness	2	100

Hillard School District--

Two teachers and three classroom assistants enrolled in and completed the requirements for Special Education 656 (2 credits) from Utah State University. IOU staff provided course instruction and practicum supervision.

Table 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR ONE.

GRANITE SCHOOL DISTRICT

Items (each entry represents one respondent)										
% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as:			Total #. of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
67	33	---	3	67	---	---	---	---	---	No comments given.
100	---	---	5	100	100	---	---	4	100	This opportunity is wonderful.
100	---	---	4	100	67	33	---	3	---	I feel the workshops helped give me ideas and provided information in areas where I needed it for certification.
100	---	---	5	100	---	---	---	---	---	No comments given.
100	---	---	5	100	---	---	---	---	---	No comments given.
100	---	---	3	100	100	---	---	4	100	I felt it was very helpful and self motivating.
100	---	---	5	100	100	---	---	2	100	Appreciated the on-site visits. Thanks.
100	---	---	5	100	100	---	---	4	100	Used as credit to convert certificate to newly designated "severe" certification. Many teachers used these sessions toward this certificate change.
100	---	---	5	100	---	---	---	---	---	No comments given.
100	---	---	5	80	---	---	---	---	---	It has helped me in the classroom, but the classes given do not count as part of certification requirements
100	---	---	5	100	---	---	---	---	---	No comments given.
67	33	---	3	100	---	---	---	---	50	No comments given.
100	---	---	1	80	25	50	25	4	100	I felt this was a beneficial program because it dealt specifically with preschool education. Usually if I take a class I have to adapt to the preschool setting. It talked about issues I was dealing with now in the preschool setting.
100	---	---	2	100	---	100	---	3	100	No comments given.
60	40	---	5	60	75	25	---	4	0*	*I am currently working with first graders as an over-sized classroom assistant, so I do not use my own materials. I do however use information I received from workshops attended.

GRANITE SCHOOL DISTRICT (Continued)

Items (each entry represents one respondent)

% of Workshops Described by Respondents as: Useful	Somewhat Useful	Not Useful	Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as: Helpful	Somewhat Helpful	Not Helpful	Total #. of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
100	---	---	4	100	100	---	---	4	100	I feel it is a wonderful program. It has been a big help working with children. I hope it continues.
40	60	---	5	100	33	67	---	3	67	No comments given.

Program Administrators' Comments

1 Generally, inexperienced teachers acquired some necessary skills and curriculum materials to enhance their programs. An awareness of appropriate directions to take to improve classroom practices in all areas as well as an appreciation for the many good practices in place.

2 We have implemented much of the IOU training and continue to use Utah State University personnel and resources in developing our program. Currently we are working to improve our transition process with the help of USU personnel.

3 We incorporated the "Let's Be Social" curriculum. Have set up a transition specialist to help with the preparation for kindergarten (Kindergarten Survival Skills).

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 91%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR ONE.

ALPINE SCHOOL DISTRICT

Items (each entry represents one respondent)

% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Visits Described by Personnel as:			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
75	25	- -	4	100	100	- -	- -	N/A	100	The workshops were very helpful. The CAMS programs really helped the children grow and progress. I hope the funding comes through. More teachers can be helped through this program.
100	- -	- -	1	100	- -	- -	- -	N/A	- -	No comments given.
100	- -	- -	1	100	100	- -	- - -	N/A	100	Our staff only participated in one IOU training. The information was very good.
- -	100	- -	4	100	- -	100	- -	N/A	100	I know most all the information, however the review was helpful. I think the information was good for my assistants.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

WASHINGTON SCHOOL DISTRICT

Items (each entry represents one respondent)

% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Visits Described by Personnel as:			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
67	33	- -	3	100	- - -	100	- - -	N/A	100	No comments given.
33	67	- - -	3	100	- - -	100	- - -	N/A	100	No comments given.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR ONE.

LOGAN and CACHE SCHOOL DISTRICTS

Items (each entry represents one respondent)

% of Workshops Described by Respondents as: Useful	Somewhat Useful	Not Useful	Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as: Helpful	Somewhat Helpful	Not Helpful	Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
100	---	---	4	100	40	60	---	5	60	As a staffing team, we were able to work as a unit with similar goals and techniques. Your materials also provided us with ideas for training paraprofessionals and peers without us doing a lot of extra research.
100	---	---	1	100	---	---	---	0	---	No comments given.
67	33	---	3	100	100	---	---	1	100	No comments given.
75	25	---	4	100	---	---	---	0	---	No comments given.
100	---	---	2	100	---	---	---	0	---	No comments given.
100	---	---	4	100	75	25	---	100	4	See administrator's comments.

Program Administrator's Comments

IOU training provided valuable information to our new preschool staff. The direct assistance through classroom visits was most useful to district staff; providing them with practical specific information. All information was incorporated into the classroom management system. Some training on early childhood development would be useful.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 50%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE–YEAR TWO.

SALT LAKE SCHOOL DISTRICT

Items (each entry represents one respondent)										
% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as:			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
100	- - -	- - -	5	100	80	20	- - -	6	100	Many of the classes given will count towards my certification (for which I am eternally gratefull)
60	40	- - -	5	100	100	- - -	- - -	1	100	No comments given.
60	20	20	5	60	- - -	- - -	- - -	0	- - -	No comments given.
100	- - -	- - -	5	100	100	- - -	- - -	6	100	No comments given.
100	- - -	- - -	4	100	60	20	20	5	100	We tried "Let's Be Social" and Buddy System. I like the Buddy System. "Let's Be Social" was somewhat confusing, caused chaos and confusion to kids and staff and seemed complicated.
100	- - -	- - -	5	100	100	- - -	- - -	1	100	No comments given.
40	60	- - -	5	80	- - -	- - -	- - -	0	- - -	No comments given.
60	40	- - -	5	80	100	- - -	- - -	3	100	IOU involvement was a nice way to get current information in early childhood special education while on the job without taking university coursework.
20	60	20*	5	100	- - -	- - -	- - -	0	- - -	* Was already familiar with this information.
50	50	- - -	2	100	100	- - -	- - -	2	100	No comments given.
										Program Administrator's Comments:
										I've found teachers to be better organized with program data. They are using social programs, co-incidental teaching, improved individualizing strategies, and classroom management. Training from USU was wonderful.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR TWO.

WEBER and BOX ELDER SCHOOL DISTRICTS

Items (each entry represents one respondent)

% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as:			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
80	20	---	5	100	50	50	---	2	100	No comments given.
80	20	---	5	100	50	50	---	2	100	The classes made me more aware of current techniques applicable to my pre-school program.
100	---	---	3	100	100	---	---	2	100	Being a teacher's aide allows me to only do what the teacher planned. However, I try as much as possible, to use the ideas I learned at the workshops when I work with the children.
---	---	---	5	100	100	---	---	2	100	I had IOU come into my room and they gave very good advice as well as support. I was happy I could be a part of the technical assistance that was offered.
100	---	---	3	100	---	---	---	0	---	I am not a teacher. However, I am an aide. I really enjoyed the training sessions. Some of it was a repeat of material I learned after working with a previous teacher, but my current teacher was very new. It opened up avenues for us to discuss making some changes in our class. I realize its difficult and expensive to include aides in training. However, I feel as much as the aides are there to assist, or take over, the better trained, the better they assist.
66	33	---	3	100	100	---	---	1	100	Good updated information.
80	---	20*	5	80	---	---	---	0	---	*As a speech pathologist, I already knew this information.
60	20	20	5	80	100	---	---	1	100	No comments given.
60	40	---	5	100	50	50	---	2	100	No comments given.
100	---	---	2	100	50	50	---	2	100	I was hired as the 2nd aide. The workshop I attended helped reinforce things I already knew besides helping me to learn new ideas.
40	60	---	5	80	---	---	---	0	---	No comments given.
100	---	---	5	100	100	---	---	3	100	No comments given.
100	---	---	5	100	100	---	---	1	100	No comments given.

WEBER and BOX ELDER SCHOOL DISTRICTS (Continued)

Program Administrator's Comments:

It is helpful to have a common knowledge base to facilitate discussions among our staff members. I think the IOU service facilitated the common knowledge base and discussions which lead to more data based instruction, more coincidental instruction. Through the workshops and classroom follow-up, I think our staff tended to self-evaluate and to improve their teaching methods in general.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 80%

PROVO SCHOOL DISTRICT

Items (each entry represents one respondent)

% of Workshops Described by Respondents as: Useful	Somewhat Useful	Not Useful	Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as: Helpful	Somewhat Helpful	Not Helpful	Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
75	25	---	4	100	80	20	---	5	100	"Let's Be Social" is one of the best programs I've ever used. Should be part of the state kindergarten curricula also! I looked forward to the scheduled inservice training! The inservice provided both an educational and motivational boost. It was very helpful to include our assistants.
---	33	67	3	0*	---	---	100	5	0*	*I am currently teaching in the regular system and do not anticipate returning to preschool.
---	---	---	0	100	50	50	---	4	100	No comments given.

Program Administrator's Comments:

I want to let you know how much I appreciate the time and effort (and traveling) you spent on our behalf. You have allowed our teachers to work at their own pace - but helped them to see there is always room for growth.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR TWO.

MILLARD SCHOOL DISTRICT

Items (each entry represents one respondent)

% of Workshops Described by Respondents as: Useful	Somewhat Useful	Not Useful	Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as: Helpful	Somewhat Helpful	Not Helpful	Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
100	- - -	- - -	5	100	100	- - -	- - -	- - -	N/A	No comments given.
100	- - -	- - -	5	100	100	- - -	- - -	- - -	100	No comments given.
80	20	- - -	5	100	- - -	100	- - -	- - -	100	No comments given.
100	- - -	- - -	5	100	- - -	100	- - -	- - -	100	I enjoyed the workshops and assistance in the classroom and getting to know you. I learned a lot and found out that a lot of the methods [you described] I was already using somewhat. These workshops helped me refine their use and implement them more each day. Thanks for all of your help!
100	- - -	- - -	5	100	100	- - -	- - -	- - -	100	Some of us were taking other classes and having in-room hands-on was the best way to get this training. **Program Administrator's Comments:** The training was excellent.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

TABLE 4. FOLLOW-UP: TEACHER EVALUATION OF IOU COMPONENT TRAINING AND TECHNICAL ASSISTANCE--YEAR THREE.

NORTH SUMMIT, SOUTH SUMMIT, MORGAN
RICH AND NEBO SCHOOL DISTRICTS

Items (each entry represents one respondent)

% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as:			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
N/A	N/A	N/A	0	N/A	100	- - -	- - -	3	100	As I do not hold a degree in teaching (I am an R.N) I don't believe I can be certified. But, if one day I do decide to get a teaching degree, then this will be most beneficial.
N/A	N/A	N/A	0	N/A	100	- - -	- - -	3	100	No comments given.
N/A	N/A	N/A	0	N/A	100	- - -	- - -	1	100	No comments given.
N/A	N/A	N/A	0	N/A	100	- - -	- - -	3	100	This would be a great way to complete student teaching for those of us who may need to do so!
N/A	N/A	N/A	0	N/A	100	- - -	- - -	5	100	Assistance from IOU has been extremely helpful with good support and sensitivity to our own unique situation and needs.
N/A	N/A	N/A	0	N/A	50	50	- - -	2	100	No comments given.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

DAVIS SCHOOL DISTRICT

Items (each entry represents one respondent)

% of Workshops Described by Respondents as:			Total # of Workshops Evaluated	% of Workshop Components Respondents Report Using or Anticipate Using	% of Technical Assistance Objectives Described by Personnel as			Total # of Technical Assistance Objectives Evaluated	% of Technical Assistance Components Respondents Report Using or Anticipate Using	Comments
Useful	Somewhat Useful	Not Useful			Helpful	Somewhat Helpful	Not Helpful			
100	- - -	- - -	2	100	100	- - -	- - -	3	100	No comments given.
50	50	- - -	2	50	100	- - -	- - -	2	100	No comments given.
100	- - -	- - -	2	100	100	- - -	- - -	2	100	Because of IOU training I plan to change or add IEP objectives in January at the IEP reviews with the parents.
50	50	- - -	2	100	100	- - -	- - -	2	100	Have very much enjoyed working with the IOU staff.

% of personnel who feel IOU involvement will assist them in their early childhood special education certification efforts: 100%

Table 5

Year One Teacher Evaluation of Workshop Presentations*

District/Topic	Interest in Topic	Relevance	Value	Presenters' Competency
Granite/Mainstreaming	4.74	4.39	4.66	4.84
Granite/Transition	4.81	4.63	4.81	4.88
Granite/CAMS Curriculum	4.57	4.65	4.56	4.91
Granite/Coincidental Teaching	4.56	4.76	4.60	4.88
Granite/Let's Be Social	4.86	4.59	4.59	5.00
Cache/Mainstreaming & Peer Preparation	5.00	5.00	4.57	5.00
Cache/Transition-Kindergarten Survival Skills	4.25	4.25	4.25	4.50
Cache/Peer Buddies	3.78	3.78	4.00	4.67
Cache/Coincidental Teaching	4.33	4.83	4.60	5.00
Alpine/Parent-Professional Interaction	4.57	4.57	4.86	4.71
Alpine/Transition-Kindergarten Survival Skills	4.00	4.25	3.94	4.63
Alpine/Coincidental Teaching	4.20	4.60	4.20	5.00
Alpine/Classroom Management	4.78	4.78	4.78	5.00
Alpine/Conducting Microsessions & Cams Curriculum	4.58	4.46	4.54	4.92
Washington/Transition	4.33	4.83	3.83	4.83
Washington/Data Collection	4.33	4.33	3.83	4.36
Washington/Coincidental Teaching	4.80	4.70	4.50	4.80

* Overall mean rating across training topics by district (1=low, 5=high).

Table 5 Continued

Year Two Teacher Evaluation of Workshop Presentations*

District/Topic	Interest in Topic	Relevance	Value	Presenters' Competency
Salt Lake/Mainstreaming & Integration	4.50	4.30	4.40	4.90
Salt Lake/Managing Related Services	3.80	4.10	3.70	4.60
Salt Lake/Individualizing Instructions for Micro-sessions & Small Groups	4.80	4.90	4.70	4.80
Salt Lake/Peer Tutoring	4.80	4.90	5.00	4.90
Millard/Planning for Transition	4.60	4.60	4.60	4.80
Millard/Data Collection	4.80	4.80	4.50	5.00
Millard/Individualizing Instruction for Micro-sessions & Small Groups	4.60	4.60	4.80	4.60
Millard/Linking Assess-ment with Programming	4.40	4.70	4.40	4.60
Provo/Parent Involvement	4.00	4.75	3.75	4.50
Provo/Handicap Awareness	4.20	4.00	4.30	4.80
Provo/Coincidental Teaching	5.00	5.00	5.00	5.00
Weber/Data-Based Decision Making	4.30	4.60	3.70	4.90
Weber/Microsessions	4.30	4.60	4.40	4.80
Weber/Integrating Re-lated Services Into the Classroom	4.40	4.60	4.40	4.70
Weber/Mainstreaming/ Peer Tutor/Buddy	4.70	3.90	4.30	4.70

* Overall mean rating across training topics by district (1=low, 5=high).

APPENDIX E

NEGOTIATION

Sample District Training and Technical Assistance Agreement
Sample Technical Assistance Agreements
Suggestions for Teacher Technical Assistance Objectives

GRANITE SCHOOL DISTRICT
IOU TRAINING AND TECHNICAL ASSISTANCE AGREEMENT

Granite School District will participate in training and technical assistance provided by the Integrated Outreach for Utah Project for the purpose of improving its services to preschool children with handicaps beginning December 9, 1988.

The following training activities will be conducted for the Granite District preschool staff:

1. Let's Be Social (December 9, 1988).
2. Coincidental Teaching (January 13, 1989).
3. Conducting Microsessions and CAMS curriculum (February 10, 1989).
4. Parent Involvement (March, 1989).
5. Transition (April, 1989).

To facilitate training, Granite District will:

1. Arrange for meeting rooms and contact teachers prior to each session.
2. Provide release time and/or compensation for teachers and aides to attend training.
3. Provide release time for designated Granite District trainers to attain the skills necessary to carry on program training.
4. Allow IOU staff to conduct classroom observations and provide technical assistance.
5. Support the development of individualized teacher's technical assistance objectives for designated staff.
6. Purchase training materials as necessary.

IOU staff agrees to:

1. Provide 5 training sessions.
2. Provide a minimum of 10 person days to observe and implement training activities in specific classrooms.
3. Provide workshop handouts for training participants.
4. Collect data to evaluate the impact of the IOU training and technical assistance.
5. Summarize evaluation data to assist Granite District in planning for future training and technical assistance needs.

Technical assistance objectives for specific district staff will be determined by a district representative, individual preschool teachers/staff and IOU staff. The technical assistance objectives will be appended to this agreement.

Granite School District _____ Date 11-28-88

IOU Project _____ Date 11-22-88

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Morgan

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
I. Coincidental Teaching				
A. I will gain the information I need to effectively provide and collect data on coincidental instruction in my classroom.	Review coincidental teaching (C.T.) materials provided by IOU staff.	Provide C.T. materials and discuss C.T. strategies.	Review C.T. materials by November 29.	
B. I will review the IEP objectives for 3 children and choose 3 high priority objectives for each child to be taught coincidentally.	Review IEPs, select objectives to be taught. Refer to daily schedule and identify times when objectives can be taught coincidentally. Develop C.T. lesson plans and data collection system.	Review IEPs, selected goals, activities and C.T. plan. Assist with plan and data collection system upon request.	Written C.T. plan for each child and data collection system due by December 11.	
C. I will provide instruction and collect data in the planned coincidental activities I have identified.			IOU observation due by January 15.	
II. Microsessions				
A. I will conduct microsessions/CAMS 3 times weekly for 2 children.	Review IEPs, choose an objective for each child appropriate for microsession instruction. Write a brief lesson plan describing the IEP objective, the instruction plan and the data collection system.	Review selected IEP objectives, lesson plans and observe at least one session. Assist with plan and data collection system upon request.	Lesson plans due by February 15, 1991. IOU observation completed by March 15, 1991.	
III. Social Skills				
A. I will teach 3 Let's Be Social units.	Plan and conduct 3 L.B.S. units.	Observe at least one session and provide feedback.	IOU observation completed by April 16, 1991.	

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

E-2

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Davis

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
I. Peer Buddies & Tutors				
A. I will implement a systematic peer program using children from the 5th & 6th grade classroom(s).	Review IEPs; select children who could benefit from a peer program.	Discuss selected IEP objectives with teacher and reasons for selecting a peer buddy or tutor system.	Written list of children who could benefit from a peer program & appropriate IEP objectives due by November 21.	
	Contact teacher(s) who may refer students to participate in the peer program.		List of teachers willing to participate due by November 21.	
	Select peers using, for example, the VSSM criteria. Match peers and children.	Discuss peer selection.	List of peers and their assignments due by January 18, 1991.	
	Train peers to carry out identified IEP objectives and collect data (if appropriate). Schedule peers.	Review training and data collection plan.	Schedule of peer visits and copy of training plan and collection systems due by January 18, 1991.	
	Implement, monitor & periodically evaluate the effectiveness of the peer program.	Observe at least one peer buddy/tutor session.	IOU observation due by February 15, 1991.	
II. Social Skills				
A. I will teach 5 Let's Be Social units.	Plan and conduct 5 Let's Be Social units.	Observe at least 1 session and provide feedback.	IOU observation due by March 15, 1991.	

E-3

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Rich County

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
I. Classroom Management Procedures				
A. I will identify behaviors that interfere with learning during scheduled activities and develop positive behavioral interventions for 2 children.	Observe children. Collect narrative data which describe behavioral antecedents and consequences which support the behaviors that interfere with learning.	Review narrative data with teacher and discuss teaching strategies to reinforce behaviors that support learning.	Observational data due by December 12, 1990.	
II. Individualized Instruction				
A. I will plan and conduct 6 table activities for a small group of children who function at varying developmental levels which will address at least one IEP objective for each child.	Review IEPs; choose developmentally appropriate activities of interest to the children which will address one or more IEP objectives for each child. Write a brief lesson plan describing the activity and the IEP objective which will be addressed for each child. Conduct each activity.	Review lesson plans and provide feedback. Observe at least one teaching session.	Lesson plans due by December 12, 1990. IOU observation completed by January 16, 1991.	
B. I will develop and use a data collection system to track each child's IEP progress during small group table activities.	Choose data collection method; collect data; modify teaching strategy if data indicates need.	Review data collection system. Assist with development of system upon request. Observe at least one teaching session that includes data collection.	Data collection system developed by December 12, 1990. IOU observation completed by January 16, 1991.	
III. Coincidental Teaching				
A. I will review IEPs for 3 children and select 3 objectives for each child to be taught coincidentally.	Review IEPs. Select objectives. Develop coincidental teaching (CT) plan.	Review IEPs and selected objectives and CT plan.	Selected objectives and CT plan due by January 16, 1991.	

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

E-4

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Rich County (Continued)

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
III. (Continued)				
B. Based on the IEP objectives chosen for each child I will identify appropriate times/activities throughout the day for coincidental instruction.	Review daily schedule and identify times/activities when objectives can be taught coincidentally.	Review schedule and identified times/activities.	Schedule due by January 16, 1991.	
IV. Transition				
A. I will visit 2 kindergarten classrooms in my district and identify specific skills which can be attended to in the preschool classroom to help ensure the successful transition of 3 students who will attend kindergarten next year.	Visit classrooms and write a brief outline of the observed behavioral expectations of kindergarten-aged students and the implications of such observations on the preschool curriculum.	Discuss outline and curriculum implications with teacher.	Outline due February 6, 1991.	
B. I will invite the kindergarten teacher in my district to visit my classroom to provide (a) feedback on the "readiness" of 3 students who will most likely attend kindergarten next fall, and (b) suggestions for specific skills which can currently be attended to in the preschool classroom to help ensure the successful transition of these students to kindergarten.	Arrange for the kindergarten teacher's visit. Write brief outline of teacher feedback regarding points (a) readiness, and (b) suggestions.	Discuss outline with teacher.	Outline of kindergarten teacher feedback due February 6, 1991.	

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Rich County (Continued)

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
IV. (Continued)				
C. I will administer the MESA-PK to gain transition information from the kindergarten.	Give MESA-PK to kindergarten teacher. Assess students' skill needs.	Review MESA-PK results.	MESA-PK results due by February 6, 1991.	
D. I will include independence objectives in my IEPs for the 3 students who will attend kindergarten next year.	Based on the results of TTAA Goal V, Transition, A,B & C, write independence objectives for 3 students.	Review independence objectives.	Written IEPs due by March 6, 1991.	
E. I will teach the necessary kindergarten survival skills to the 3 children who will attend kindergarten 9/91.	Write brief lesson plans to teach kindergarten transition/survival skills. Develop a data collection system.	Review lesson plans and data collection system and provide feedback. Observe one teaching session.	Written lesson plans and data collection systems due by March 6, 1991. IOU observation due by April 3, 1991.	
V. Social Skills				
A. I will teach 3 Let's Be Social (L.B.S.) units.	Plan and conduct 3 L.B.S. units.	Observe at least one session and provide feedback.	IOU observation due by March 6, 1991.	
B. I will plan and use coincidental teaching techniques to enhance the social skills taught in the 3 L.B.S. units.	Plan at least one coincidental teaching opportunity which will reinforce the theme of each L.B.S. unit.	Observe at least one C.T. session and provide feedback.	IOU observation due by March 6, 1991.	
C. I will provide and periodically rotate dramatic and cooperative play materials and activities for the children to use during free play which will promote peer-to-peer interaction.	Develop and collect materials for dramatic play themes.	Assist with the development of dramatic play themes upon request. Consult with teacher on strategies to promote peer interaction.	 Discussion completed by April 3, 1991.	

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

Teacher Technical Assistance Objectives (TTAA)
Personal Teaching Goals for the 1990-91 School Year

School District: Rich County (Continued)

Teacher/Staff Person: _____

Goal/Objective	Teacher Responsibility	IOU Responsibility	Evaluation Measure	Date Completed & Staff Initials
V. (Continued)				
D. I will identify one child in need of social skills/ play instruction and provide coincidental instruction each day during free play.	Identify child and target IEP social skills/play objectives.	Assist as requested. Observe coincidental instruction during free play and provide feedback.	IOU observation due by April 3, 1991.	

E-7

Teacher's Signature/Date

District Administrator's Signature/Date

IOU Staff Signature/Date

Name/School _____

District _____

Date _____

SUGGESTIONS FOR TEACHER TECHNICAL ASSISTANCE OBJECTIVES BASED ON IOU TRAINING WORKSHOPS

Goal Area: Individualizing Instruction During Small Group Table Activities

1. I will plan and conduct (#) _____ table activities for a small group of children who function at varying developmental levels which will address at least one IEP objective for each child.

2. I will develop and use a data collection system to track each child's IEP progress during small group table activities.

3. I will train my aides to collect data during their small group table activities.

4. Other: _____

Goal Area: Microsessions

1. I will identify, place, and conduct microsessions/CAMS sessions 3 times weekly for (#) _____ children.

2. I will supervise (#) _____ aides in conducting three microsessions (CAMS programs) for a period of _____ weeks.

3. Other: _____

Goal Area: Classroom Management Procedures

1. I will identify three behaviors that interfere with learning during (snack, circle, entering and leaving the room, etc.) and develop positive behavioral interventions for (#) _____ children.

2. I will implement a data collection system to document behavioral changes.

3. I will assess and reorganize the physical environment of my classroom to enhance the functioning and independence of my students and decrease behavior problems (may include furniture placement, use of dividers, organization of materials and cupboards, adaptive equipment, etc.).

4. Other: _____

Goal Area: Coincidental Teaching

1. I will review the IEP objectives for (#) _____ children and choose (#) _____ objectives for each child to be taught coincidentally.

2. Based on the IEP objectives chosen for each child I will identify appropriate times/activities throughout the day for coincidental instruction.

3. I will provide instruction and collect data on the planned coincidental teaching activities I have identified.

4. Other: _____

Goal Area: Promoting Appropriate Social Skills

1. I will teach (#) _____ Let's Be Social units by (date) _____.

2. I will plan and use coincidental teaching techniques to enhance the social skills taught in (#) _____ Let's Be Social units.

3. I will provide (and periodically rotate) dramatic and cooperative play materials and activities for the children to use during free play which will promote peer-to-peer interaction.

4. I will identify (#) _____ children in need of social skills/play instruction and provide coincidental instruction for them each day during free play.

5. Other: _____

Goal Area: Parent Involvement

1. I will survey the parents of my students to determine their interests in volunteer participation and will schedule those wishing to participate in such a way as to meet their individual needs and interests.

2. I will survey the parents of my students to determine their family needs related to their handicapped child and locate specific books and/or materials on the topics indicated.

3. Following a parent conference, I will (a) evaluate my ability to interact constructively with parents (e.g., encourage parent participation, discuss child strengths as vigorously as child deficits, diffuse parental anger/hostility, etc.), and (b) identify (#) _____ interpersonal skills I wish to improve or develop.

4. During IEP meetings I will treat parents as equal partners and solicit their input in the development of IEP objectives.

5. Other: _____

Goal Area: Transition

1. I will include "independence goals" in my IEPs for (#) _____ students who will be making a transition to another program next fall.

2. I will invite the (#) _____ kindergarten teachers in my district to visit my classroom during the school year to provide (a) feedback on the "readiness" of (#) _____ students who will most likely attend kindergarten next fall; and (b) suggestions for specific skills which can currently be attended to in the preschool classroom to help ensure the successful transition of these students to kindergarten.

3. I will visit (#) _____ kindergarten classrooms in my district and identify specific skills which can currently be attended to in the preschool classroom to help ensure the successful transition of (#) _____ students who will most likely attend kindergarten next fall.

4. I will administer the MESA-PK to gain transition information from (#) _____ kindergarten or next-placement teachers.

5. Other: _____

Goal Area: Mainstreaming and Integration

1. I will set up/conduct a mainstreaming workshop to assist parents in preparing themselves and their children for future mainstream placements.

2. I will set up/accompany (#) _____ parents to visit their child's next mainstream placement.

3. Other: _____

Goal Area: Handicap Awareness

1. I will invite teachers/students to visit my classroom to facilitate the acceptance of my students into the school at large.

2. I will work with my school's media specialist to identify and purchase appropriate student materials about handicapping conditions.

3. I will offer to present the "Kids on the Block" puppet show or videotape to (#) _____ regular education classrooms in my school.

4. Other: _____

Goal Area: Peer Buddies & Tutors

1. I will implement a systematic peer buddy program using (#) _____ students from (classroom) _____.

2. I will implement a systematic peer tutor program using (#) _____ students from (classroom) _____.

3. Other: _____

APPENDIX F

CURRICULUM SAMPLES

Excerpts from selected curricula to be disseminated by the IOU Project:

1. Coincidental Teaching
2. The CAMS Curriculum (sample objectives).
3. Helping Parents to be Informed Advocates for Their Handicapped Children
4. Parent Handbook - Table of Contents
5. Let's Be Social - sample unit
6. Let's Be Social Skill Rating
7. Child Profile-PK
8. TEAM-PK
9. MESA-PK
10. Basic Skills Curriculum - Table of Contents
11. Skills for School Success (see description in Appendix C)

Note to the reader: Only selected curricula described in Table 2 are included in this appendix in the interest of length. Only brief excerpts of these are appended, also in the interest of length.

COINCIDENTAL TEACHING:

A Packet for Trainers of Preschool and Daycare Staff

By:
Barbara Fiechtl
Marilyn Bonem
Jill Morgan
Mark Innocenti
Sarah Rule
Joseph Stowitschek

Packet Contains:
- training manual
- VCR tape
- scripts of tape, handouts and overheads

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Trainer Instructions

This manual has been written as a guide to those training preschool teachers and staff in coincidental teaching methods. It is designed to aid in training teachers to utilize opportunities to create informal learning situations during the course of day-to-day activities. The manual has seven sections, each with its own objective (as listed below). The entire workshop will take approximately 3 hours to deliver; however, the trainer has options to expand or limit information depending on the amount of time available.

In each section, the lecture and discussion material is presented within the text as well as in outline form at the beginning of each section. Instructions for use of the VCR tape, handouts, and overheads is incorporated in the text (along with appendix and page number) at the point the material is to be utilized and is emphasized in bold print. The handouts, VCR scripts, and overheads themselves are located in appendices at the back of the manual. The VCR tape is utilized in Sections 1, 2, and 6. Both VCR tape and scripts are organized according to order of use when following the manual section by section.

Audience: Day care staff, preschool teachers

Objectives:

Section 1--(What is it?) Participants will describe coincidental teaching and list the main components.

Section 2--(How does it look?) Participants will discriminate VCR examples of coincidental teaching as good or bad and describe the reasons.

Section 3--(Why do it?) Participants will describe advantages and disadvantages of coincidental teaching.

Section 4--(When do we do it?) Participants will list activities which provide opportunities for coincidental teaching of two self-help, two language, and two social skills.

Section 5--(How do we do it?) Participants will list teacher set up (including environment and materials), prompts, and praise for each of two skills in self-help, language, and social areas.

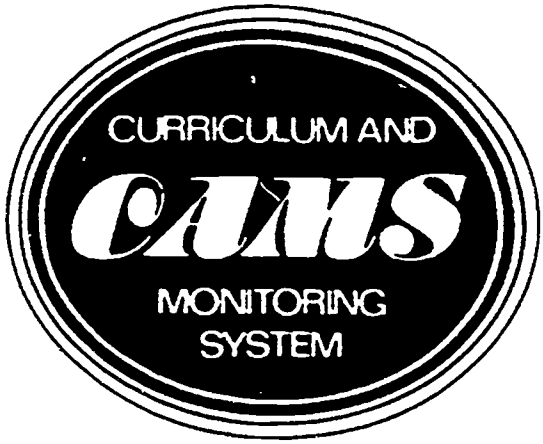
Section 6--(Let's practice it?) Participants will roleplay a coincidental teaching plan.

Section 7--(Wrap up?) Participants will compare their teaching plans with the social opportunity cards from the Let's Be Social manual and discuss similarities.

Materials: Coincidental teaching manual, VCR examples, trainee packet of three worksheets, pre-post test, discrimination worksheet, satisfaction evaluation and handouts, and Let's Be Social overheads and manual.

Training Schedule: An estimated time allotment for each section is provided. Depending on amount of discussion, reviewing VCR, writing time, the estimates will vary. If 1 hour is available for training, the trainer will want to select sections by objectives and deliver training in only certain sections. VCR examples can be eliminated (select 1 of 4 in Section 1, only 4 discriminations in Section 2, etc.) if training time is limited. A 1-hour training may include, for example, Section 1, 2, 4, and participants will meet Objectives 1, 2, and 4.

Sections 4, 5, 6 are interrelated and sequential. Section 5 cannot be done without 4, and 6 (as written) cannot be completed without 5. Other sections are chosen to meet objectives given. Section 6 could be done using the Social Opportunity Cards without trainees planning for social skills, and then implementing the roleplay is the only objective.



Self-Help Program

by Karen Sedjo and Richard Baer

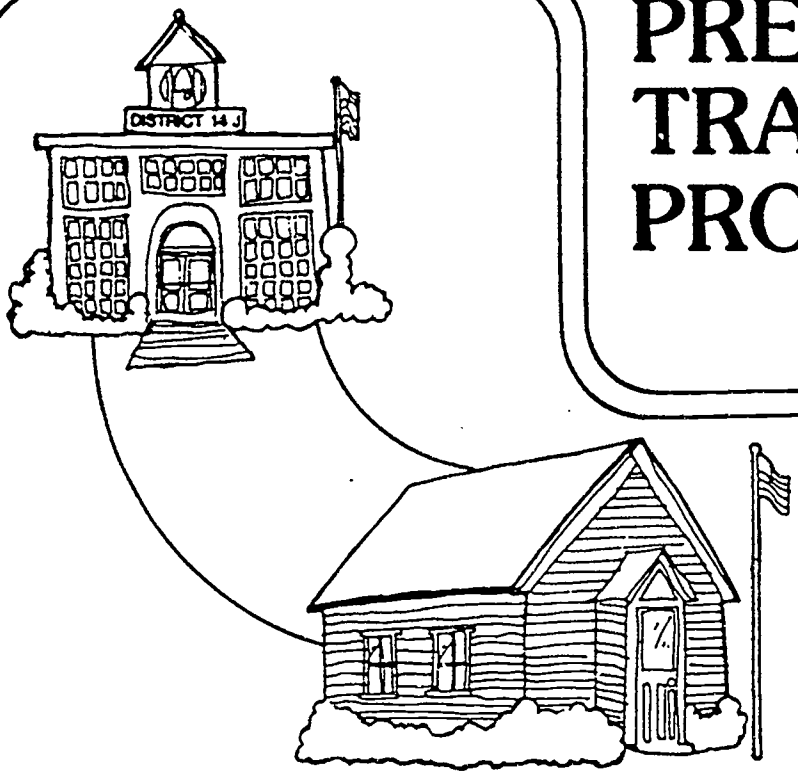
Glendon Casto, Project Director

Published by Walker Educational Book Corporation
720 Fifth Avenue
New York, N.Y. 10019

F-4 192

Excerpt from

PRESCHOOL TRANSITION PROJECT



Helping Parents to be Informed Advocates for Their Handicapped Children: Planning Materials for Four Meetings to Provide Information and Support

Mark S. Innocenti, Sarah Rule, & Barbara J. Fiechtl

Outreach and Development Division
Developmental Center for Handicapped Persons
UMC 6805
Utah State Universtiy
Logan, Utah 84322
(801) 750-1991

Children experience many changes as they travel through their school careers. Teachers change frequently, friends come and go, teacher expectations vary, and classroom routines are altered on a regular basis. These changes are frequently accompanied by changes in home and social environments. Experiences such as these can be upsetting at times. Hopefully, each child has a parent (relative or guardian) to turn to for understanding and guidance.

Consider the same experiences from the perspective of a handicapped child. Because the child is handicapped, more issues may be raised during periods of change: Why do I go to a different school than my friends next door? Why am I in a special classroom for part of the day? Why does the speech therapist only take me out of the class? The parent of a handicapped child must provide love and guidance to help address these issues, but the parent must also assume a new role--that of advocate for the child. It is the parent who must initiate services on the child's behalf. It is the parent who must help to determine that appropriate service is provided. During periods of change, it is the parent who must bridge the gap between the old services and the new school. Bridging the gap means helping school staff to determine and provide the services that will be most appropriate to the child's needs. The parent, acting as child advocate, needs to know not only about the child but also about the law as it relates to handicapped children, about how the school district works, about educational goals and objectives, and, last, but by no means least, how to be assertive.

This paper will describe some procedures that can be used to arrange a series of parent meetings to inform parents about advocacy for their handicapped children. The arrangements may be the responsibility of a

program administrator, teacher, social worker, or parent. The meetings were designed for parents whose children were moving from preschool services to a local school district program. The information covered in these meetings is not specific to preschool transition and may be useful to other parents with handicapped children. Parents of young handicapped children, who may have had no experience with school services, definitely need this kind of information. The implementation of P.L. 99-457 (mandating special services for handicapped preschoolers) will change the nature of transition practices in this country, but the need for parents to be informed advocates for their children will not change. Indeed, perhaps more vigilance regarding student rights will be needed as services are extended to more handicapped children.

Why is the parent an advocate?

P.L. 94-142 (the education for all handicapped children law) designates the parent as a member of the interdisciplinary team that works with a handicapped child. The parent can influence where the child is placed and the types of services provided, and the parent has a major role in the development of the child's individual education plan (IEP). In summary, the law provides that the parent of a handicapped child play a major role in the education of that child.

It is possible to train school personnel (e.g., teachers) to serve as child advocates. Teachers, however, come and go in a child's school career. Only the parent(s) will be there through the child's entire school career. The parents should be more aware of the services that need to be or have been provided to their child than school personnel who must keep track of services to dozens of children. The parents can help maintain educational continuity that cannot be provided by anyone else.

Overview of the meetings

This series can be organized by any of a variety of persons who serve handicapped children. The authors realize that in many programs extra help is not available nor is time to plan extra meetings. However, only one person is needed to arrange speakers and set up meeting times, and the time required to do this is not extensive. The speakers who present the information are available in most communities and they will generally donate their time.

This program consists of four meetings. The first meeting is introductory. Information on tests and testing, and on the IEP process is presented. In the second meeting, parents are informed of the legal rights to which children receiving special services are entitled. In the third meeting, parents of handicapped children that have received services at the preschool level and who are now served by the school district speak. This meeting allows parents to hear about special education services from the parent perspective. In the fourth meeting, school district special education administrators give parents specific information about the school district and parents can ask questions of concern to them.

Some children who receive special education services at the preschool level do not need further service in self-contained special education classrooms. Parents of these children have raised questions about the special education emphasis of this series of meetings. It should be made clear to parents that placement of their children in the least restrictive environment is always the goal of early, indeed all, special education. The laws mandating special education services and the procedures that must be followed are more complex than those of regular education. In fact, parents

of normally developing children have limited rights regarding school district procedures. It should be made clear to parents that the services encompassed by special education include more than self-contained special education programs. Parents whose children will move into regular programs will learn what services exist and how to access these services if necessary. Becoming informed can help relieve all parents of the stress related to the transition process.

Arrangement of the meetings

Because this program is a series of meetings about related topics, it is preferable to space the meetings close together but not so close as to interfere with the parents' time and other activities. We have found that a space of approximately three to four weeks between meetings works well. The meetings should be held prior to school district placement decisions so that parents can use the information at placement meetings and IEP meetings. In the authors' district, the meetings were scheduled between February and May.

To increase attendance, parents should be informed about the series of meetings at the beginning of the school year. The steps are:

1) Approximately three to four weeks before the first meeting, send each parent a letter reminding them about the series and providing information about the first meeting (see Appendix A for sample letters).
2) One week before the meeting, send a brief reminder of the meeting to the parents (Appendix B).
3) School personnel should mention the meeting to parents when they see them.
4) Repeat this procedure for each meeting.

This project was funded by Grant #G008401380 from Special Education Programs, U.S. Department of Education. No official endorsement should be inferred.

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OUTLINE

PRESCHOOL TRANSITION PROJECT

PARENT HANDBOOK

Prepared by:
Mark S. Innocenti

Project Staff:
Sarah Rule - Director
Joseph J. Stowitschek - Co-director
Mark S. Innocenti - Coordinator
Patricia Hills - Teacher
Barbara Fichtel - Teacher

This handbook was produced under Grant #G008401380 from Special Education Programs, U.S. Department of Education. No offical endorsement should be inferred.

LET'S BE SOCIAL

SCHOOL LESSONS

John Killoran
Sarah Rule
Joseph J. Stowitschek
Mark Innocenti

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Unit 2
"Let's Help Our Friends"

Skills to be Taught:

In this unit, the child will learn how to help and assist peers and siblings, while also learning to recognize opportunities for helping.

Review Skills:

"Let's Say Hi" (Unit 1)

Objective:

When given a situation where one or more children are experiencing difficulty with a formal and/or informal task, the student will assist the child (group) in completing the task.

Materials Needed:

Day 1 - None
Day 2 - Chair
Day 3 - Pictures #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14
Day 4 - None
Day 5 - None

SOCIAL OPPORTUNITY CARD

Unit 2
"Let's Help Our Friends"

Activity: Snack/Lunch

Set up Opportunity: When setting table for snack/lunch have (S's) help each other set up.

Prompt and Praise: Prompts - 1) "(S) can you help (S) put the napkins on the table?" 2) "(S) and (S), help each other pass out the plates."
Praises - 1) "I like it when you help each other, it makes the job easier." 2) "You are good helpers when you (describe activity)."

Activity: Outdoor Freeplay

Set up Opportunity: When children are outdoors in freeplay have them help each other by pushing each other on swings, making things with sand, etc. Make sure children take turns helping and being helped.

Prompt and Praise: Prompts - 1) "(S) help (S) get started on the swing by giving him a push." 2) (S) help (S) make the see-saw go by getting on this end." 3) "(S) help (S) ride the merry-go-round by pushing for a while."
Praises - 1) "You guys are good friends helping each other like that." 2) "(S), that's the way to help (S)." 3) "You did such a good job of pushing the (swing, merry-go-round), I'll give you both a push."

Activity: Preparation to go Outside

Set up Opportunity: When children are preparing to go outside have them help each other with putting on jackets, zippering, tying shoes, etc.

Prompt and Praise: Prompts - 1) "(S), can you help (S) with her jacket?" 2) (S), hold (S's) coat so he can put it on." 3) "(S), show us what you learned about tying shoes by helping (S)."
Praises - 1) "Great job helping (S). You really showed us you know how to (name skill)." 2) "(S), I like it when you help (S) like that."

SOCIAL OPPORTUNITY CARD

Unit 2
"Let's Help Our Friends

Activity: Cleaning - Any Activity

Set up Opportunity: Have children help each other with cleaning up after activity chores.

Prompt and Praise: Prompts - 1) "(S), help (S) put the toys in the box." 2) "(S), help (S) pack the chairs over there." 3) "(S), help (S) with (whatever activity is going on)."
Praises - 1) "You guys are such good helpers, the work goes so fast." 2) "I like it when you help each other so nicely." 3) "You two did a good job of (insert what they did)."

Review Opportunity: If other children come or leave during clean up time review saying hi or goodbye.

Review Prompt and Praise: Prompts - 1) "Look (S), (S) is here. Go say hi." 2) "Look everyone (S) is here. Let's all say hi." 3) "(S), (S) is going home. What should you tell him/her."
Praises - 1) "That's the way to say hi (goodbye) to our friends." 2) "The way you said hi (goodbye) to (S) was great."

Activity: Non-specific

Review Opportunity: Prompts and Praises can be utilized upon the arrival/departure of parents, teachers, or peers and are not dependent on an activity.

Review Prompts and Praises: 1) "Everyone, (S) is leaving now, let's say goodbye. That was a great job of saying goodbye. Give each other five." 2) "(S), your Mom/Dad/friend is here, go say hello. That was a nice way to say hello, you probably made (person) happy."

Your name: _____ Date: _____

Child's name: _____ Total Score: _____

Skill Rating
Let's Be Social

Please circle the number that best represents how often the child engages in the described behavior. Add all the numbers circled and enter the total at the top of the page. If the Skill Rating is completed for two or more children in a classroom, arrange the assessments from low to high score. This order should closely match the completed Let's Be Social ranking sheet.

	Don't Know	Never	Seldom	Often or Much of the Time	Very Often or All of the Time
1. Helps another child or teacher when appropriate or when asked.	X	0	1	2	3
2. Talks in a friendly way to peers; avoids name calling.	X	0	1	2	3
3. Suggests a solution when involved in disagreement with friends rather than tattling	X	0	1	2	3
4. Says hello when enters classroom, or when friends come in, and says goodbye when leaving.	X	0	1	2	3
5. Takes turns with toys that can only be used by one child at a time (for example, swings).	X	0	1	2	3
6. Says "please" when asking for something.	X	0	1	2	3
7. Engages in dramatic play with friends (for example, space monsters, school, house).	X	0	1	2	3
8. Shares blocks, crayons and other items with peers.	X	0	1	2	3
9. Joins activities when others are playing.	X	0	1	2	3
10. Compliments a friend's work (for example, an art project) or when they look nice.	X	0	1	2	3
11. Says "no" in a nice way (for example, when offered food that s/he doesn't want or when s/he doesn't want to accept a friend's invitation to play).	X	0	1	2	3

	Don't Know	Never	Seldom	Often or Much of the Time	Very Often or All of the Time
12. Looks at friends when they talk and makes comments or asks questions about what they have said.	X	0	1	2	3
13. Asks other children to play.	X	0	1	2	3
14. Suggests another activity or asks someone else to play (instead of whining or complaining) when a friend doesn't want to play.	X	0	1	2	3
15. Plays outdoor activities and rough games without hitting or hurting others.	X	0	1	2	3
16. Ignores name calling and teasing or responds without anger or crying.	X	0	1	2	3
17. Defends property or space appropriately (for example, when a friend crowds in line or grabs a toy, s/he says, "I don't like that").	X	0	1	2	3
18. Follows directions and takes turns when playing board games such as "Candyland."	X	0	1	2	3
19. Initiates conversation or play activities with other children.	X	0	1	2	3
20. Responds appropriately to the initiations of other children to play or talk.	X	0	1	2	3
21. Says "I'm sorry" when s/he has hurt someone or said something mean.	X	0	1	2	3
22. Makes eye contact and speaks audibly when asking for something.	X	0	1	2	3
23. Refrains from laughing at other children (for example, when another child gives a wrong answer or spills something).	X	0	1	2	3

Child Profile-PK

Child Profile - Preschool/Kindergarten
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Sebastian Striefel, Maria Quintero, John Killoran, Brooki Sexton

Validated Strategies for School-Age Mainstreaming (VSSM) Project
Functional Mainstreaming for Success (FMS) Project

Developmental Center for Handicapped Persons
Utah State University
Logan, Utah 84322-6800
(801) 750-2030

Child Profile-PK
FMS/VSSM

Purpose:

The Child Profile-PK is designed to provide a receiving teacher in a mainstream setting with an overview of the child's educational and medical history along with existing strengths in various areas. The information in the profile can be very useful in forwarding information from one academic setting to another when mainstreaming is occuring, and can be used by the child's study team (IEP team) to plan the child's IEP. The profile can be used as a "check-up" to monitor the child's improvements. It can also be used by the regular education teacher as a working record of the child's skills, any medical conditions (e. g. seizures, diabetes, etc.), and behavior management programs.

Description:

The Child Profile-PK has twelve information sections in which brief summaries of a child's handicapping condition, educational history, academic skills, social skills, communication skills, motor skills, and medical history are recorded. The first five sections provide demographic data. The remaining seven sections each contain a brief statement about the child's skills, qualities, and needs. The completed Child Profile-PK should provide the Child Study Team with more knowledge and a better understanding of the child and the child's skills so that they will be aware of any steps which need to be taken to facilitate mainstreaming.

General Instructions:

The teacher, in conjunction with the child's parents and other members of the Child Study Team, should complete the Child Profile-PK. Accuracy is critical, so it may be necessary to obtain some of the information from primary sources such as the child's school and medical files. This profile should be placed in the child's file to safeguard its confidentiality.

C 1986
Draft 3
6/25/86
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TEAM-PK

Teacher Expectations and Assistance for Mainstreaming In Preschool and Kindergarten

John Killoran, MEd
Sebastian Striefel, PhD
Maria Quintero

Name of Person Completing Form _____

Grade Taught _____

Date of Rating _____

Have you previously worked with students who are handicapped?

Yes _____ No _____

If yes, what handicapping conditions? _____

Developmental Center for Handicapped Persons
Utah State University
Logan, Utah 84322-6800
(801) 750-2039

Regular Education Codes C = Critical D = Desirable U = Unimportant	Expectations by Regular Teacher	Technical Assistance	Priorities by Child Study Team
Classroom Rules			
1. Follows established class rules.	C D U		
2. Moves through routine transitions smoothly.	C D U		
3. Uses appropriate voice volume in classroom.	C D U		
4. Uses appropriate signal to get teacher's attention when necessary - raises hand.	C D U		
5. Waits appropriately for teacher response to signal.	C D U		
6. Replaces materials and cleans up own work space.	C D U		
7. Recognizes and stays within area boundries in classroom.	C D U		
Work Skills			
1. Does not disturb or disrupt the activities of others.	C D U		
2. Produces work of acceptable quality given his/her skill level.	C D U		
3. Asks for clarification on assigned tasks when initial instructions are not understood.	C D U		
4. Follows one direction related to task.	C D U		
5. Occupies self with age appropriate activity assigned by an adult.	C D U		
6. Recognizes materials needed for specific task.	C D U		
7. Selects and works on an activity independently.	C D U		
8. Recognizes completion of task/activity, indicates to adult that s/he is finished and stops activity.	C D U		
9. Works on assigned task for 5 minutes.	C D U		
10. Self-corrects errors.	C D U		
11. Recalls and completes task demonstrated previously.	C D U		
12. Uses crayons and scissors appropriately without being destructive.	C D U		

Regular Education Codes C = Critical D = Desirable U = Unimportant	Expectations by Regular Teacher	Technical Assistance	Priorities by Child Study Team
Communication (Cont.)			
10. Protests appropriately.	C D U		
11. Requesting assistance from adult or peer, i.e., help in cafeteria, bathroom, mobility.	C D U		
12. Responds without excessive delay.	C D U		
13. Uses intentional communication (speech, sign, or gesture)	C D U		
Social Behaviors			
1. Uses social conventions, i.e., help in cafeteria, bathroom mobility.	C D U		
2. Complies to teacher commands.	C D U		
3. Takes direction from a variety of adults.	C D U		
4. Separates from parents and accepts school personnel.	C D U		
5. Follows specified rules of games and/or class activities.	C D U		
6. Makes choice between preferred items or activities.	C D U		
7. Initiates interaction with peers and adults.	C D U		
8. Plays cooperatively.	C D U		
9. Respects others and their property.	C D U		
10. Defends self.	C D U		
11. Shows emotions and feelings appropriately.	C D U		
12. Responds positively to social recognition and reinforcement.	C D U		
13. Interacts appropriately at a snack or lunch table.	C D U		
14. Expresses affection toward other children and adults in an appropriate manner, i.e., is not overly affectionate by hugging, kissing, and touching.	C D U		
15. Refrains from self-abusive behavior, i.e., biting, cutting, or bruising self, head banging.	C D U		
16. Refrains from physically aggressive behavior toward others, i.e., hitting, biting, shoving.	C D U		
17. Does not use obscene language.	C D U		
18. Discriminates between edible and non-edible toys and objects.	C D U		
19. Uses play equipment in an age appropriate manner during unstructured activities with limited adult supervision.	C D U		

C 1986
Draft 7
6/25/86
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MESA-PK

Mainstreaming Expectations and Skills Assessment
Preschool and Kindergarten

John Killoran, MEd
Sebastian Striefel, PhD
Maria Quintero
Trenly Yanito, MS

Target Child _____ Sex _____ Age _____

Present Placement _____ Date of Birth _____

Special Educator _____

Regular Educator _____ Class/Grade Taught _____

Date _____

Functional Mainstreaming for Success Project
(FMS Project)

Developmental Center for Handicapped Persons
Utah State University
Logan, Utah 84322-6800
(801) 750-2039

Section I

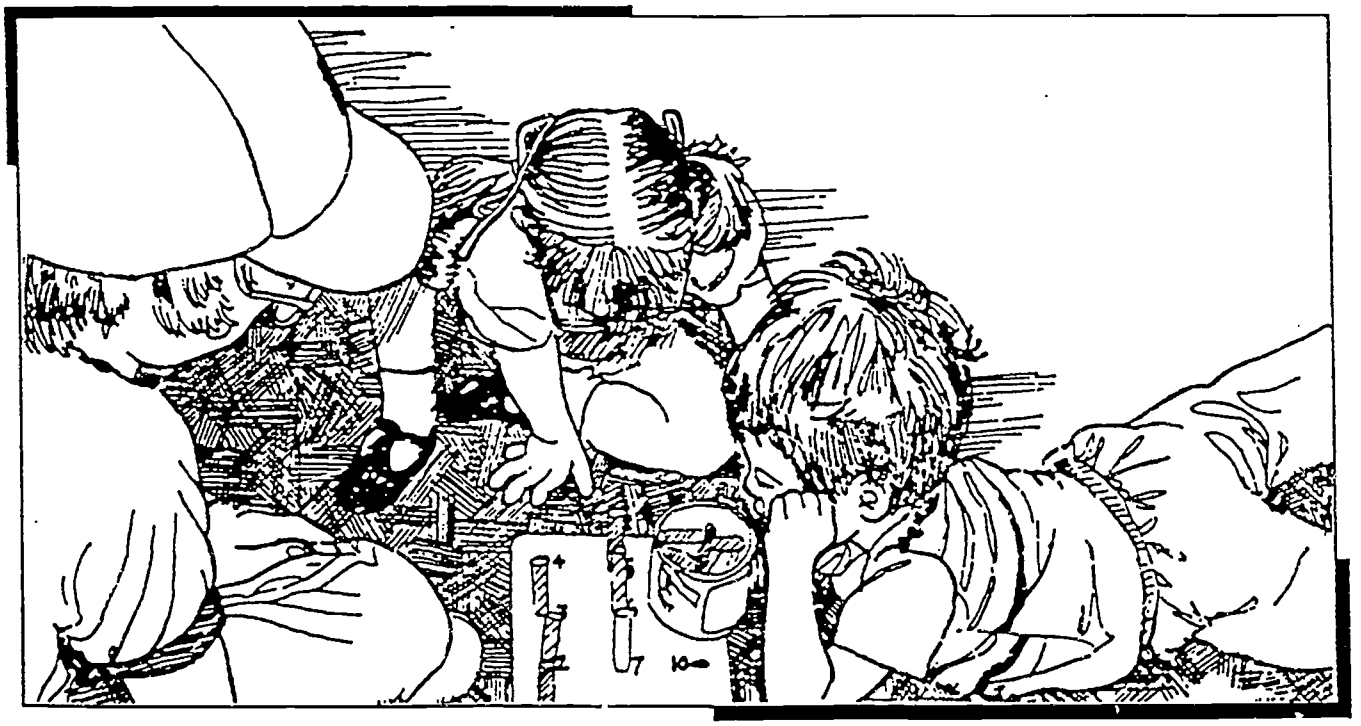
Skill Level by Special Educator	Special Education Codes A = Acceptably Skilled L = Less than Acceptably Skilled CL = Considerably Less than Acceptably Skilled	Regular Education Codes C = Critical D = Desirable U = Unimportant	Expectations by Regular Teacher	Technical Assistance	Priorities by Child Study Team
	Classroom Rules				
A L CL	1. Follows established class rules.		C D U		
A L CL	2. Moves through routine transitions smoothly.		C D U		
A L CL	3. Uses appropriate voice volume in classroom.		C D U		
A L CL	4. Uses appropriate signal to get teacher's attention when necessary - raises hand.		C D U		
A L CL	5. Waits appropriately for teacher response to signal.		C D U		
A L CL	6. Replaces materials and cleans up own work space.		C D U		
A L CL	7. Recognizes and stays within area boundries in classroom.		C D U		
	Work Skills				
A L CL	1. Does not disturb or disrupt the activities of others.		C D U		
A L CL	2. Produces work of acceptable quality given his/her skill level.		C D U		
A L CL	3. Asks for clarification on assigned tasks when initial instructions are not understood.		C D U		
A L CL	4. Follows one direction related to task.		C D U		
A L CL	5. Occupies self with age appropriate activity assigned by an adult.		C D U		
A L CL	6. Recognizes materials needed for specific task.		C D U		
A L CL	7. Selects and works on an activity independently.		C D U		
A L CL	8. Recognizes completion of task/activity, indicates to adult that s/he is finished and stops activity.		C D U		
A L CL	9. Works on assigned task for 5 minutes.		C D U		
A L CL	10. Self-corrects errors.		C D U		
A L CL	11. Recalls and completes task demonstrated previously.		C D U		
A L CL	12. Uses crayons and scissors appropriately without being destructive.		C D U		

Skill Level by Special Educator	Special Education Codes A = Acceptably Skilled L = Less than Acceptably Skilled CL = Considerably Less than Acceptably Skilled	Regular Education Codes C = Critical D = Desirable U = Unimportant	Expectations by Regular Teacher	Technical Assistance	Priorities by Child Study Team
	Self Help				
A L CL	1. Monitors appearance, e.g., keeps nose clean, adjusts clothing, uses napkin.		C D U		
A L CL	2. Locates and uses a public restroom with minimal assistance in the school.		C D U		
A L CL	3. Puts on/takes off outer clothing within a reasonable amount of time.		C D U		
A L CL	4. Eats lunch or snack with minimal assistance.		C D U		
A L CL	5. Independently comes into the classroom or house from bus or car.		C D U		
A L CL	6. Goes from classroom to bus or car independently.		C D U		
A L CL	7. Knows way and can travel around school and playground.		C D U		
A L CL	8. Responds to fire drills as trained or directed.		C D U		
A L CL	9. Seeks out adult for aid if hurt on the playground or cannot handle a social situation, e.g., fighting.		C D U		
A L CL	10. Follows school rules (outside classroom).		C D U		
A L CL	11. Stays with a group according to established school rules, i.e., outdoors.		C D U		
A L CL	12. Recognizes obvious dangers and avoids them.		C D U		
	Communication (Includes gesture, sign, communication board, eye pointing, speech, and other augmented systems).				
A L CL	1. Attends to adult when called.		C D U		
A L CL	2. Listens to and follows group directions.		C D U		
A L CL	3. Communicates own needs and preferences, i.e., food, drink, bathroom.		C D U		
A L CL	4. Does not ask irrelevant questions which serve no functional purpose or are not task related.		C D U		
A L CL	5. Stops an activity when given a direction by an adult to "stop".		C D U		
A L CL	6. Attends to peers in large group.		C D U		
A L CL	7. Responds to questions about self and family, i.e., personal information.		C D U		
A L CL	8. Responds appropriately when comments/compliments are directed to him/her.		C D U		
A L CL	9. Responds to questions about stories.		C D U		

Skill Level by Special Educato	Special Education Codes A = Acceptably Skilled L = Less than Acceptably Skilled CL = Considerably Less than Acceptably Skilled	Regular Education Codes C = Critical D = Desirable U = Unimportant	Expectations by Regular Teacher	Technical Assistance	Priorities by Child Study Team
	Communication (Cont.)				
A L CL	10. Protests appropriately.		C D U		
A L CL	11. Requesting assistance from adult or peer, i.e., help in cafeteria, bathroom, mobility.		C D U		
A L CL	12. Responds without excessive delay.		C D U		
A L CL	13. Uses intentional communication (speech, sign, or gesture)		C D U		
	Social Behaviors				
A L CL	1. Uses social conventions, i.e., help in cafeteria, bathroom mobility.		C D U		
A L CL	2. Complies to teacher commands.		C D U		
A L CL	3. Takes direction from a variety of adults.		C D U		
A L CL	4. Separates from parents and accepts school personnel.		C D U		
A L CL	5. Follows specified rules of games and/or class activities.		C D U		
A L CL	6. Makes choice between preferred items or activities.		C D U		
A L CL	7. Initiates interaction with peers and adults.		C D U		
A L CL	8. Plays cooperatively.		C D U		
A L CL	9. Respects others and their property.		C D U		
A L CL	10. Defends self.		C D U		
A L CL	11. Shows emotions and feelings appropriately.		C D U		
A L CL	12. Responds positively to social recognition and reinforcement.		C D U		
A L CL	13. Interacts appropriately at a snack or lunch table.		C D U		
A L CL	14. Expresses affection toward other children and adults in an appropriate manner, i.e., is not overly affectionate by hugging, kissing, and touching.		C D U		
A L CL	15. Refrains from self-abusive behavior, i.e., biting, cutting, or bruising self, head banging.		C D U		
A L CL	16. Refrains from physically aggressive behavior toward others, i.e., hitting, biting, shoving.		C D U		
A L CL	17. Does not use obscene language.		C D U		
A L CL	18. Discriminates between edible and non-edible toys and objects.		C D U		
A L CL	19. Uses play equipment in an age appropriate manner during unstructured activities with limited adult supervision.		C D U		

Social Integration Program

BASIC SKILLS TEACHING MANUAL



John J. Killoran
Dr. Sarah Rule
Patricia M. Killoran
Dr. Sebastian Striefel

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APPENDIX G

SAMPLE EVALUATION AND DATA COLLECTION FORMS

Management
Project Minutes Tracking Form
Management and Monitoring System

Sample Implementation Monitoring Forms
IOP Classroom Observation/Initial Notes
Classroom Visit Report

Coincidental Teaching Record
Coincidental Teaching Plan Worksheet
Planned Coincidental Teaching Data Opportunities
Coincidental Teaching Opportunities

Prioritized IEP Opportunities Data Sheet (Weekly)
Data Collection Form (Monthly)

Active Engagement and Individualized Instruction:
Small Group/Microsession
Active Engagement: Large Group
Play and Social Interaction with Peers
Behavioral Observation
Specific Behavior Occurrence

Let's Be Social Implementation Checklist
Peer Tutor Implementation Checklist

Sample Knowledge Change Assessment
Coincidental Teaching Pre/Post Test

Participant Evaluation of Project Staff/Activities
Integrated Outreach Presentation Evaluation

ICU Project Staff Minutes

Date: _____

Present: _____

AGENDA ITEM	DISCUSSION	PERSON RESPONSIBLE ASSIGNMENT
The following agenda items were addressed during the 1990-91 project year: results of inservice training and technical assistance visits, the development of Teacher Technical Assistance Agreements (TTAAs), district negotiations, conference presentations, generation of project effectiveness data, review of original grant proposal goals and objectives, organization of summer workshops at USU, review of Affirmative Action guidelines, and the purchase of training materials.	Recorded discussion includes ideas generated, decisions made, and the delegation of responsibilities.	Specific assignments for project staff and deadlines for completion are included in this section. Staff minutes are distributed to all members of the project team in a timely manner.

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Task Sheet

TASK	RESPONSIBLE PERSON(S)	ES EC AC DATES	YEAR	ACTION MONTHS 1/7	2/8	3/9	4/10	5/11	6/12

ACTION KEYS

O-ON SCHEDULE
B-BEHIND SCHEDULE

ABREVIATIONS

ES-EXPECTED START DATE
EC-EXPECTED COMPLETION DATE
AC-ACTUAL COMPLETION DATE

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DE(

IOP CLASSROOM OBSERVATION/INITIAL NOTES
(First Visit)

Date:_____Time_____Classroom:_____

Teacher:_____Students Present: _____

Daily Schedule:

Classroom arrangement/ Layout: (Draw diagram)

Major equipment noted:

What curricula and materials are used?

Were any of the following observed?

Coincidental teaching _____ Theme organization_____
Individualized instruction____ _____
Social skills_____ Play Center use_____
Microsessions_____ _____
Peer buddies/tutors_____ Peer interaction_____
Pull out for specialist's instruction_____
Correct prompting sequence_____

Evidence of IEPs and use thereof:

Activities conducted:

Method of data collection:

General behavior management:

Praise and reinforcement_____
Planned ignoring_____
Refraining from nagging and reprimands_____

Additional comments:

Classroom Visit Report

____teachers ____aides ____related service providers
___children with IEPs ___children without IEPs

length of visit:_____ travel time_____
prep. time:_____ follow-up:_____
next visit:____/____/____

Teacher/District:

_____/_____

Preparation for visit:

1.
2.
3.
4.

Discussion:

Followup:

COINCIDENTAL TEACHING RECORD

Child _____ Date _____

Teacher/District_____ Observer _____

_____ # of set up CT opportunities

_____ # of naturally occurring opportunities used coincidentally

_____ Total # of CT episodes

Opportunity 1

Activity _____ Target Objective _____

____ set up opport. ____ natural opport. ____ missed opport.

Description of opportunity:

Description of prompt/praise sequence:

Comments/Suggestions:

Opportunity 2

Activity _____ Target Objective _____

____ set up opport. ____ natural opport. ____ missed opport.

Description of opportunity:

Description of prompt/praise sequence:

Comments/Suggestions:

Opportunity 3

Activity _____ Target Objective _____

____ set up opport. ____ natural opport. ____ missed opport.

Description of opportunity:

Description of prompt/praise sequence:

Comments/Suggestions:

COINCIDENTAL TEACHING PLAN WORKSHEET

1. Name:
2. Goal:
3. Objective/skill:
4. Set up opportunities:
5. Prompting scheme
   a. General:
   b. Specific:
   c. Demo:
   d. Physical assistance:
6. Praise:

---

1. Name:
2. Goal:
3. Objective/skill:
4. Set up opportunities:
5. Prompting scheme
   a. General:
   b. Specific:
   c. Demo:
   d. Physical assistance:
6. Praise:

Planned Coincidental Teaching Data Opportunities

Child's name: Teacher/Class: Date:

Prioritized Objectives	Activities							
1.								
2.								
3.								
4.								
5.								

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COINCIDENTAL TEACHING OPPORTUNITIES

Teacher _____ Date _____

School _____

Opportunities for Coincidental Teaching	Used	Missed	Objective

Child _____

PRIORITIZED IEP OBJECTIVES					
Date					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Data Key
Record:
+ (if child performs the behavior independently)
+ V (if child performs the behavior but requires a verbal prompt)
+ M (if child performs the behavior but requires a model)
+ P (if child performs the behavior but requires physical assistance)
O (if child is unable to perform the behavior with any level of teacher assistance or refuses to perform the behavior)

Child _____

PRIORITIZED IEP OBJECTIVES					
Date					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Data Key
Record:
+ (if child performs the behavior independently)
+ V (if child performs the behavior but requires a verbal prompt)
+ M (if child performs the behavior but requires a model)
+ P (if child performs the behavior but requires physical assistance)
O (if child is unable to perform the behavior with any level of teacher assistance or refuses to perform the behavior)

DATA COLLECTION FORM

Child: _____ **Month:** _____ **Year:** _____

Prioritized IEP Objectives	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Data Key

Record

- \+ (if child performs the behavior independently)
- + v (if child performs the behavior but requires a verbal prompt)
- + m (if child performs the behavior but requires a model)
- + p (if child performs the behavior but requires physical assistance)
- o (if child is unable to perform the behavior with any level of teacher assistance or refuses to perform the behavior)

Teacher: _____ Observer: _____

District: _____ Date: _____

ACTIVE ENGAGEMENT AND INDIVIDUALIZED INSTRUCTION
SMALL GROUP/MICROSESSION

Activity _____

Child's Name			
IEP Objectives (which could be attended to during this activity)			
1. Were instructions clear?			
2. Were activity/materials adapted to the child's needs?			
3. Were IEP objectives taught? (Describe)			
4. What other skills/ concepts were taught coincidentally?			
5. Was the child actively participating during the majority of the activity?			
6. If the child made an error, did the teacher provide instruction?			
7. Were correct responses and good behavior reinforced frequently?			
8. Was reinforcement varied and enthusiastic?			
9. If needed, were behavior management strategies used? (Describe)			
10. Did the activity allow for data collection?			
11. Were data collected?			

SUGGESTIONS:

Teacher/School _____
Date _____

Observer _____
Length of Session _____

ACTIVE ENGAGEMENT AND RESPONSE DATA SHEET

LARGE GROUP

Large Group Activity: _____

Child's Name						
List Activities Below	Rating	Comment	Rating	Comment	Rating	Comment
1.						
2.						
3.						
4.						
5.						
6.						

3 - attends to teacher/activity and participates actively (e.g., sings, gestures) 75-100%
2 - attends to teacher/activity, but minimal participation (50-75%)
1 - minimal attention and participation (25-50%)
0 - very limited or no attention to teacher/activity and no active participation

SUGGESTIONS:

Child _____ Date _____ Time _____

Environment _____ Observer _____

PLAY AND SOCIAL INTERACTION WITH PEERS

Time (secs.)	Unoccupied	Solitary Play	Onlooking	Parallel Play	Cooperative Play	Adult-directed Behavior
:30						
1:00						
:30						
2:00						
:30						
3:00						
:30						
4:00						
:30						
5:00						
:30						
6:00						
:30						
7:00						
:30						
8:00						
:30						
9:00						
:30						
10:00						
Total No.						
%						

Behaviorial Observation

Child _____ Observer _____ Date _____

Setting / Activity _____ Target Behavior _____

Time	Antecedent What happened first?	Behavior What did the child do?	Consequence What happened next?

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SPECIFIC BEHAVIOR OCCURRENCE

Name: _____

Month/Year: _____

Data Key: (Use what is appropriate)

_____

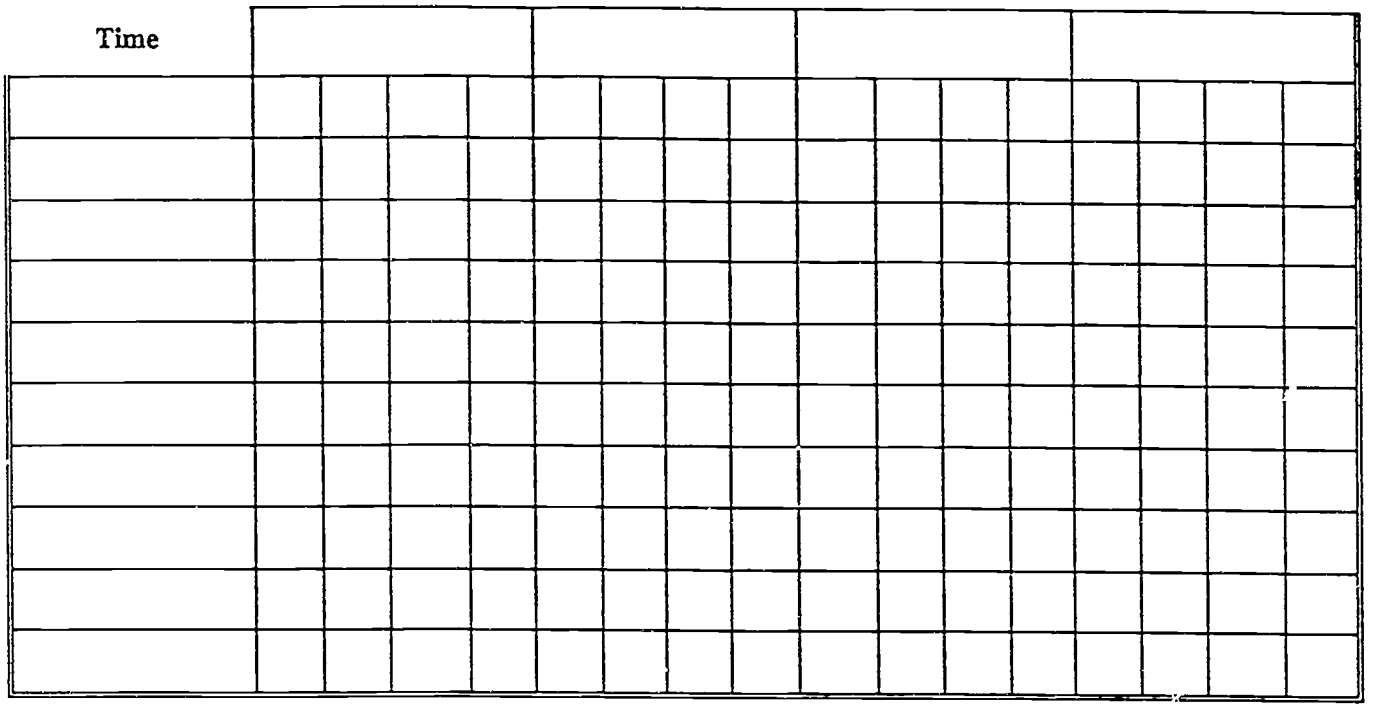
_____

_____

_____

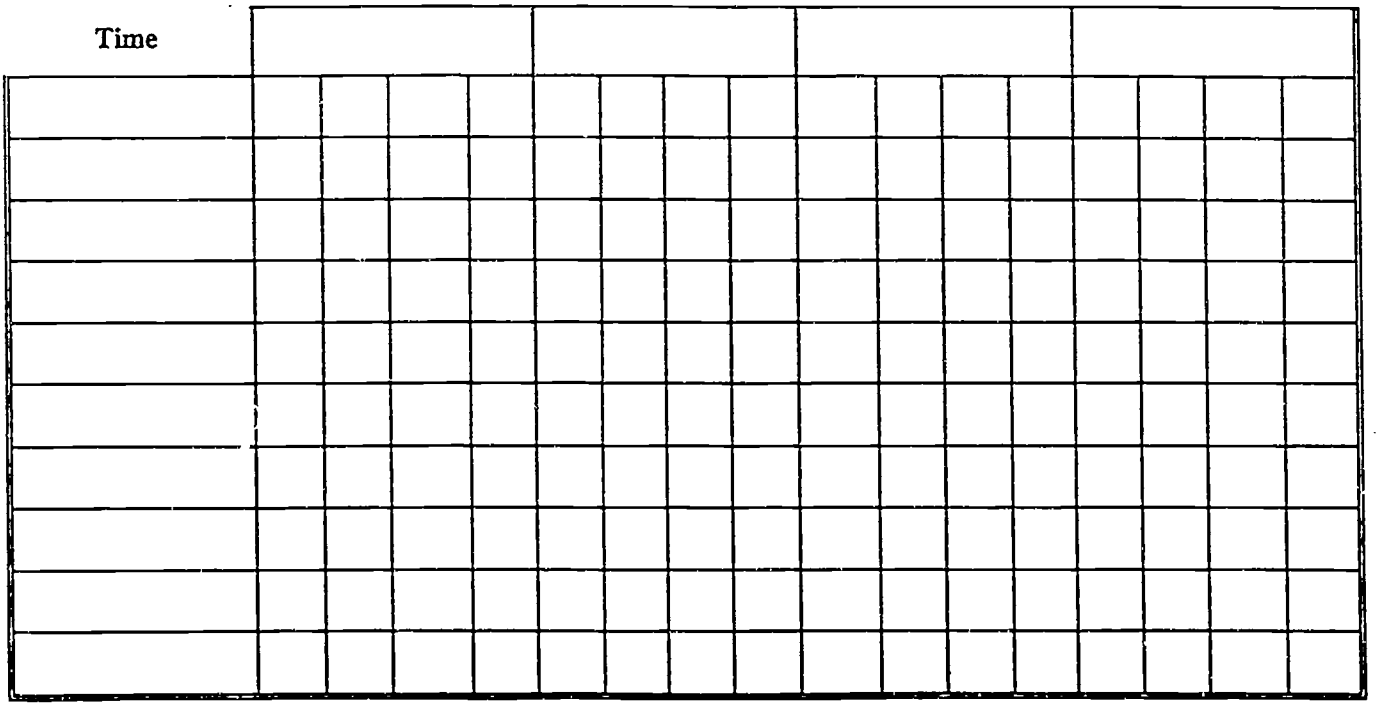
Date

Time



Date

Time



LET'S BE SOCIAL
IMPLEMENTATION CHECKLIST

Teacher _____ District _____ Observer _____

LBS Lesson _____ Date _____

I. Pre-lesson Preparation

A. LBS rating scale completed for each child?	Yes	No	N/A
B. Children ranked from lowest to highest interactors?	Yes	No	N/A
C. Children targeted for coincidental instruction (based on rating scale information)?	Yes	No	N/A
D. Staff trained to provide/take advantage of coincidental teaching (CT) opportunities?	Yes	No	N/A
E. Unit chosen for instruction addresses the social skills needs of the majority of the class?	Yes	No	N/A

II. Warmups/Group Lesson

A. All necessary materials at hand prior to the start of the lesson?	Yes	No	N/A
B. Lesson plan:			
1. Rationales given; discussion facilitated?	Yes	No	N/A
2. Pictures shown and discussed?	Yes	No	N/A
3. Role play or games conducted?	Yes	No	N/A
C. Prompts or other procedures used to correct errors?	Yes	No	N/A
D. Prompts or other procedures used to probe more deeply for correct student responses?	Yes	No	N/A
E. Behavior management strategies used (e.g., DRO, DRI, ignoring inappropriate behaviors, etc)? Describe:	Yes	No	N/A
F. Praise given where specified in lesson plan?	Yes	No	N/A
G. Praise is varied, descriptive and enthusiastic?	Yes	No	N/A

H.	Lesson script known well enough to talk it through rather than read?	Yes	No	N/A
I.	Instruction paced appropriately?	Yes	No	N/A
J.	Student responses kept focused on the daily unit activities?	Yes	No	N/A
K.	Novel, yet appropriate, student responses acknowledged and praised (i.e., responses other than those listed in lesson)?	Yes	No	N/A

Comments/Suggestions:

PEER TUTOR IMPLEMENTATION CHECKLIST

Teacher/District _____ Date _____

Observer _____ Activity Observed _____

Tutor's Name/Age _____ Learner's Name/Age _____

Peer Tutor

Was the peer tutor able to:

1. Collect or prepare teaching materials prior to the tutoring session?	Yes	No	N/A
2. Present the teaching materials to the learner according to the specified teaching procedure?	Yes	No	N/A
3. Provide verbal prompts, model and/or physical assistance as needed?	Yes	No	N/A
4. Reinforce the learner appropriately?	Yes	No	N/A
5. Provide appropriate corrective feedback?	Yes	No	N/A
6. Record data accurately?	Yes	No	N/A
7. Close the session and put away materials as trained?	Yes	No	N/A

Comments:

Learner

1. Does the learner respond to verbal behavior management?	Yes	No	N/A
2. Can the learner follow simple commands and imitate simple motor behaviors?	Yes	No	N/A
3. Does the peer tutor program meet the learner's identified needs?	Yes	No	N/A
4. Was the lesson geared to the learner's level so as to maximize correct responses?	Yes	No	N/A

Comments:

Teacher

1. How does the teacher provide feedback to the tutor?
2. What type of teaching system (schedule/sign-up sheet) does the teacher use?
3. What type of "perks" are planned for the tutors?

Comments:

COINCIDENTAL TEACHING PRE/POST TEST

ID #:_____ District: _____ Date: _____

1. Coincidental teaching is: (please circle)

   a. initiated by the child
   b. initiated by the teacher
   c. both
   d. neither

2. Give an example of teaching a self-help skill in a coincidental manner.

3. List three skills that could be taught during snack time using coincidental teaching techniques:

   a.

   b.

   c.

4. List at least three advantages of using coincidental teaching.

   a.

   b.

   c.

Check each item:	No	Maybe	Probably	Definitely
I feel I can write my own coincidental teaching plan				
I can select activities for coincidental teaching				
I know the advantage/disadvantage of coincidental teaching				
I can describe coincidental teaching and discriminate examples				
I will use coincidental teaching daily				

Comments:

INTEGRATED OUTREACH PRESENTATION EVALUATION

DISTRICT _____ DATE _____

PRESENTATION _____

PRESENTER _____

	LOW				HIGH
1. I rate my degree of interest in the presentation topic as:	1	2	3	4	5
2. I rate the degree to which the presentation topic correlation with my job activities as:	1	2	3	4	5
3. I rate the value received from this presentation as:	1	2	3	4	5
4. I rate the presenter's competency in the topic he/she presented as:	1	2	3	4	5

5. Specific points which were valuable or significant to me were (list at least two):

6. This presentation would have been improved by : (list at least two):

APPENDIX H

REFERENCES

REFERENCES

Bailey, D. B., Palsha, S. A., & Huntington, G. S. (1990). Preservice preparation of special educators to serve infants with handicaps and their families: Current status and training needs. Journal of Early Intervention, 4(1), 43-54.

Bayley, N. (1969). Bayley scales of infant development. New York: The Psychological Corporation.

Bernal, J. R., & Torres, M. E. (1990). Successful classroom strategies for students at risk begins with effective inservice training. In M. H. Lee (Ed.) Conference Proceedings: Preventing Rural School Dropouts, 1990 Rural Education Symposium (pp. 1-8). Bellingham, WA: Western Washington University, National Rural Development Institute.

Brigance, A. (1978). Brigance diagnostic inventory of early development. Woburn, M.A.: Curriculum Associates.

Casto, G. (1980). Validation of the Multi-Agency Project for Pre-schoolers. Paper submitted to the Joint Dissemination Review Panel, Washington, DC.

Casto, G. (Ed.) (1979). An early intervention program for the handicapped child: Training manual. New York: Walker Publishing.

Casto, G., Peterson, A., Lauritzen, V. (1986). Multi-Agency for Pre-schoolers (MAPPS) Outreach. Proposal submitted to Office of Special Education Programming, U.S. Department of Education, Washington, DC.

Cotherman, A. M. (1988, Oct. 21). Memorandum #88-126. Final Adoption Early Childhood Special Education Certification Standards. Cheyenne, WY: State of Wyoming, Department of Education.

Esposito, B. G. (1987). The effects of preschool integration on the development of non-handicapped children. Journal of the Division for Early Childhood, 12, 31-46.

Fiechtl, B., Innocenti, M., and Rule, S. (1987). Skills for school success. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Fifield, M., and Thorkildsen, R. (1978). Management and monitoring system. Logan, UT: Utah State University Affiliated Exceptional Child Center.

Foster, Gidden, Starkey. (1973). Assessment of children's language comprehension. Palo Alto, CA: Consulting Psychologists Press.

Innocenti, M. (1985). Parent handbook. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Innocenti, M., Rule, S., and Fiechtl, B. (1987b). Preparing for transition: A guide for administrators of preschool special education programs. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Innocenti, M., Rule, S., and Fiechtl, B. (1987b). Helping parents to be informed advocates for their handicapped children. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Innocenti, M., Rule, Killoran, P., Schulze, K., and Stowitschek, J. (1987). Let's Be Social Home Program, Revised Edition. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Killoran, J. J., Innocenti, M., Lacy, J., Hoagland, V., & Christensen, J. (no date). Utah preschool special education certification project. Salt Lake City, Utah Office of Education.

Killoran, J. J., Rule, S., Stowitschek, J. J., and Innocenti, M. (1982). Let's Be Social. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

McCollum, J. A., & Thorpe, E. K. (1988). Training of infant specialists: A look to the future. Infants and Young Children, 3(1), 51-60.

Meisels, S. J., Harbin, G., Modigliani, K., & Olson, K. (1988). Formulating optimal state early intervention policies. Exceptional Children, 55, 159-165.

Newborg, J., Stock, J., Wnek, L., Guidubaldi, J., & Svinicki, J. (1984). Batelle Development Inventory: Examiner's Manual. Dallas: DLM/Teaching Resources.

Rule, S. (1987). A preschool model to prepare handicapped children for successful mainstream functioning (The Preschool Transition Project). Final Report for Grant #G008401380. Submitted to Handicapped Children's Early Education Programs, Office of Special Education Programs, U.S. Department of Education.

Rule, S., Fiechtl, B., & Innocenti, M. (1990). Preparing for transition to post-preschool environments: Development of a survival skills curriculum. Topics in Early Childhood Special Education, 9(4), 78-90.

Rule S., Fiechtl, B., and Killoran, P. (1987). SIP manual for negotiating placement of preschoolers with handicaps in community-based day care centers. Logan, UT: Outreach Division, Developmental Center for Handicapped Persons, Utah State University.

Rule, S., Killoran, J., Stowitschek, J., Innocenti, M., Striefel, S., & Boswell, C. (1985). Training and support for mainstream day care staff. Early Child Development and Care, 20, 99-113.

Rule, S., Stowitschek, J. J., and Innocenti, M. (1986). Day care for handicapped children: Can we stimulate mainstream service through a day care-special education merger? Child Care Quarterly, 15(4), 223-232.

Rule, S., Stowitschek, J. J., Innocenti, M., Striefel, S., Killoran, J., Swezey, K., and Boswell, C. (1987). The Social Integration Program: Analysis of the effects of mainstreaming handicapped children into day care centers. Education and Treatment of Children, 10, 175-192.

Striefel, S., Killoran, J., & Quintero, M. (1987). Grouping handicapped and non-handicapped children in mainstream settings. Final report-Part 1 (Grant Number 6008401757). Submitted to Handicapped Childrens' Early Education Program, U.S. Office of Education, Washington, DC.

Striefel, S., Killoran, J., & Quintero, M. (1990). Functional integration for sucess: Preschool intervention. Dallas: ProEd.

Striefel, S., Killoran, J., Allred, J., Hyer, L., Campbell, S., and Nelke, C. (1987). Effectiveness of the Functional Mainstreaming for Success Model. Exceptional News, 11(1), 2-4.

Utah State Board of Education. (1989, July 15). Requirement standards for early childhood, elementary, secondary, preschool special education, special education, and communication disorders certificates. Salt Lake City: Utah State Office of Education.

Vincent, L. J., Salisbury, C., Walter, G., Brown, P, Gruenewald, L., & Powers, M. (1980). Program evaluation and curriculum development in early childhood/special education: Criteria of the next environment. In W. Scirlor, B. Wilcox, & L. Brown (Eds.). Methods of instruction for severely handicapped students. Baltimore, MD: Paul H. Brookes Publishing.