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ABSTRACT

This final report describes achievements and activities of the Trans/Team Outreach Project, a Virginia project to replicate a model of inservice training designed to help early childhood intervention teams move toward more family-centered, transdisciplinary service delivery for young children with disabilities and their families. Trans/Team Outreach has provided training and technical assistance to nearly 50 early intervention teams from a variety of geographic and administrative settings. Ninety-six percent of those teams reported significant program change as a result of the training. Trans/Team Outreach used an individualized needs assessment process to determine team need for training in family-centered services, the transdisciplinary approach to service delivery, and team interaction. Teams participated in on-site training workshops based on identified needs and received follow-up technical assistance in development and implementation of plans for change. The Trans/Team curriculum addressed: the transdisciplinary approach to service delivery, family-centered service systems, team approach to assessment, the family-centered individualized family service plan (IFSP) process, IFSP implementation and service coordination, interagency collaboration, and building successful early intervention teams. The report describes project goals and objectives, its theoretical approach, the trans/team model, problems encountered, evaluation activities and results, project impact and accomplishments, and planned future activities. Appendices provide documentation of project activities and changes made in service delivery practices as well as samples of evaluation instruments. (Contains 12 references.) (DB)

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Trans/Team Outreach:

An Inservice Model Replication Project

FINAL REPORT

Early Education Program for Children with Disabilities

U.S. Department of Education

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II. ABSTRACT

Trans/Team Outreach

An Early Education Program for Children with Disabilities Project

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The purpose of Trans/Team Outreach is to replicate a five-step model of inservice training. The Trans/Team model, based on literature regarding successful program change, is designed to help teams move toward more family-centered, transdisciplinary (TD) service delivery. Trans/Team Outreach has provided training and technical assistance to nearly 50 early intervention teams from a variety of geographic and administrative settings. Ninety-six percent of those teams reported significant program change as a result of the training, offering clear evidence of the effectiveness of the model.

The project has three goals:

- Goal 1:** To ensure that outreach activities and the replication of the Trans/Team model are of assistance to lead agencies in accomplishing full implementation of Part H in each state in which the project operates.
- Goal 2:** To increase awareness and use of the Trans/Team model and its products through dissemination activities.
- Goal 3:** To replicate the Trans/Team model of Transdisciplinary in-service training with local early intervention teams.

Trans/Team Outreach uses an individualized needs assessment process to determine team need for training in family-centered services, the TD approach to service delivery, and team interaction. Teams participate in on-site training workshops based on those needs. Trans/Team curriculum and materials are organized into the seven following segments: *Transdisciplinary Approach to Service Delivery, Family-Centered Service Systems, A Team Approach to Assessment, Family-Centered Individualized Family Service Plan (IFSP) Process, IFSP Implementation and Service Coordination, Interagency Collaboration, and Building Successful Early Intervention Teams*. Following training, teams receive technical assistance in development and implementation of individual team plans for change and for orienting new team members to the TD team model so that training effects are not lost with staff turnover. A manual containing materials for each of the seven-segment curriculum is also provided.

Trans/Team Outreach is a project of Child Development Resources, Inc. (CDR) in Norge, Virginia. CDR is a nationally recognized private, nonprofit agency that provides services for young children and their families and training and technical assistance to state and local agencies interested in improving the quality and availability of early intervention services.

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- A. Trans/Team Outreach Replication Sites, Additional Trainings, and Awareness Activities
- B. Sample Evaluation Instruments and Forms
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IV. TRANS/TEAM GOALS AND OBJECTIVES

Goal 1: To ensure that outreach activities and the replication of the Trans/Team model are of assistance to lead agencies in accomplishing full implementation of Part H in each state in which the project operates.

Objectives:

- 1.1 To establish and/or continue working relationships with lead agencies in states requesting outreach services.
- 1.2 To meet identified training and technical assistance needs of local early intervention teams (sites) in coordination with state lead agency priorities.
- 1.3 To assist states with other training and technical assistance through outreach activities, as appropriate.

Goal 2: To increase awareness of and use of the Trans/Team model and its products through dissemination activities.

Objectives:

- 2.1 Prepare and distribute project awareness materials.
- 2.2 Disseminate Trans/Team in-service model information and Trans/Team curricula to national, state, and local audiences.
- 2.3 Revise existing curricula and products to incorporate Part H reauthorization changes.
- 2.4 Develop new segments for Trans/Team curricula for identified content areas.

Goal 3: To replicate the Trans/Team model of TD inservice training with local early intervention teams.

Objectives:

- 3.1** To identify and select replication sites (teams) in coordination with contact person for Part H in each state.
- 3.2** Assist teams in site development activities leading to readiness for outreach training.
- 3.3** To help teams assess their training and technical assistance needs through an individualized needs assessment process.
- 3.4** To obtain commitment from team for model replication and to develop individual written agreements for training and technical assistance.
- 3.5** To plan, negotiate, and prepare for training with team.
- 3.6** To replicate the Trans/Team inservice model with local teams.
- 3.7** To develop a written action plan for change with each team as part of on-site training.
- 3.8** Provide follow-up training and technical assistance and monitor team's progress toward completion of action plan.

V. THEORETICAL FRAMEWORK FOR THE PROJECT

Trans/Team Outreach offers a proven model of inservice training for teams seeking to use a family-centered, transdisciplinary (TD) approach to service delivery. The importance of the project rests on an understanding of the value of a family-centered, team approach to service delivery for infants and toddlers and their families and on the critical need for proven models of inservice training that result in measurable changes in professional and service delivery practices.

Two major problems confront the early intervention community seeking to implement the family-centered team approach that the law requires. Typically, **pre-service education has not provided early intervention professionals with training in teamwork.** Teachers, therapists, and health care professionals who have been well trained in their own disciplines may lack skills needed for successful team interaction (Bailey, 1987). Their lack of training is mirrored in **community-based programs that also lack procedures for a team approach** to assessment, IFSP planning and service coordination, and for the basic team processes of communication, coordination, problem solving, and conflict resolution. Professionals have experimented with a variety of approaches to working as teams, the earliest of these being the "multidisciplinary team." The multidisciplinary team is a collection of specialists who work with the same child and family, typically within a single agency, planning and providing their services separately and with little coordination (Briggs, 1991; McCollum & Hughes, 1988). The multidisciplinary approach, compared by Peterson to the parallel play of young children, "side by side, but separate" (1987, p. 484), is not really a team at all.

Partly in response to the problems of the multidisciplinary team, many teams have moved toward an interdisciplinary approach, recognizing that working together would lead to more effective decisions than would working alone. Although interdisciplinary teams meet to share the results of their specialized evaluations and treatments, there are gaps in interdisciplinary assessment reports and service plans, and some problems that fall between team members' responsibilities are missed. Interdisciplinary teams frequently lack protocols for resolution of conflict, and may lack an understanding of the training, expertise, or responsibilities of their team colleagues, and their

interactions may be complicated by professional turf issues (Fewell, 1983; Linder, 1983). Parents, although typically included at team meetings, may not be viewed by others as having valuable information to share (Nash, 1990; Brinkeroff & Vincent, 1986).

In contrast, transdisciplinary (TD) teams operate on the premise of interdependence articulated by Dyer (1977). TD team members work in a highly interactive context, acknowledging, respecting, and supporting the role of each person on the team, most importantly, that of the family. Not only by sharing information but by teaching and learning simple intervention procedures of disciplines represented on the team (Wolery & Dyk, 1984), the TD team offers children and families integrated assessments, plans, and services that eliminate wasteful and duplicative efforts. The TD team authorizes one person, together with the family, to accept the primary responsibility for the early intervention plan. Because participation on the TD team requires a high level of team interaction, it is most successful when team members' pre-service or inservice training has included training in teamwork.

As the real difficulties of implementing the collaborative intent of the law have become clear, professionals in research, personnel preparation, and practice have all recognized that training in team process is likely to yield the greatest immediate impact on the provision of quality early intervention services (Bailey, Simeonsson, Yoder, & Huntington, 1990) and must become an urgent priority for the field of early intervention (Gallagher, Shields, & Staples, 1990). "People are being asked to do a job they have never had to do before, and they should not be asked to do it without the provision of appropriate training" (Gallagher, Shields, & Staples 1990). In fact, without a well-prepared cadre of professionals and support personnel, the intent of the legislation to provide quality services for young children with special needs will be seriously impaired.

Trans/Team Approach to the Problem

The Trans/Team Outreach project responds to an urgent need for a proven model of inservice training. The Trans/Team model increases the extent to which team members are able to use a family-centered, TD approach to assessment, Individual Family Service Plan development, and service coordination and supports teams in the process of changing team practices as a result of inservice training.

The inservice training model, designed to initiate and support program change, builds on the individual resources of each team to meet the individual change needs of each team. The primary purpose of the Trans/Team model is to introduce teams to information and skills that will result in changed program practices that will increase the extent to which teams are family centered and transdisciplinary in their approach. Project procedures are based on the organizational literature that indicates that change is successful when it is educational, planned, collaborative, and gradual (Bennis, Benne, Chin, & Corey, 1976) and that adults learn when:

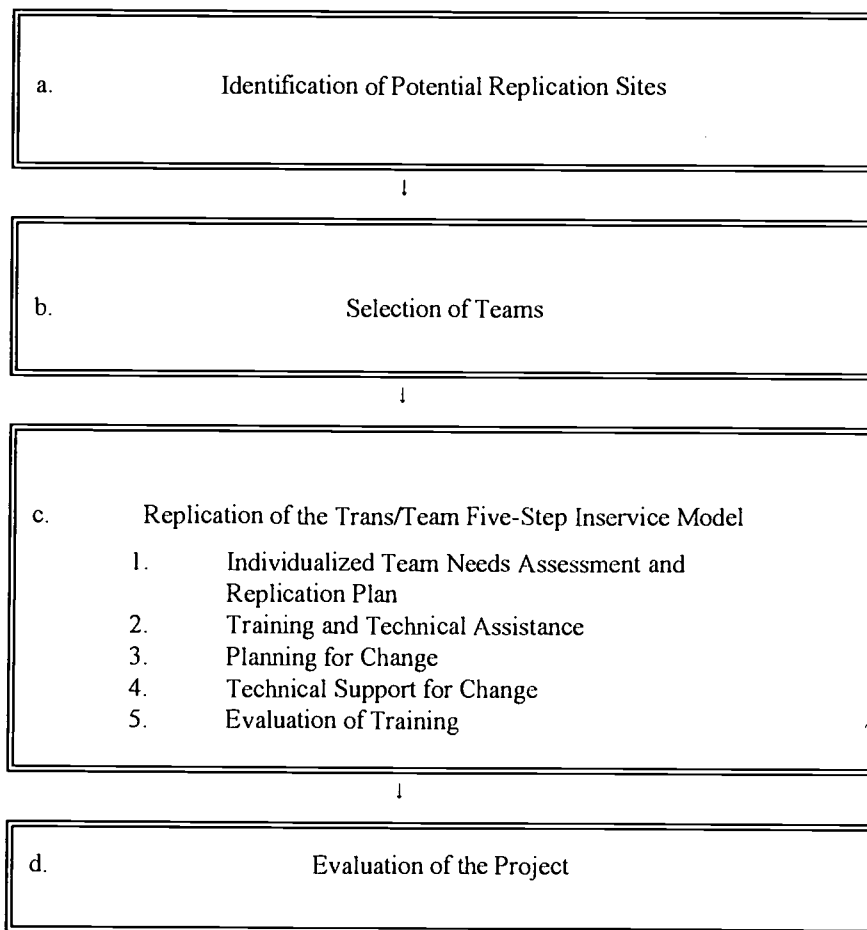
- they feel a need to learn,
- they are helped to diagnose the gap between their aspirations and their present performance,
- activities are designed and implemented to close that gap, and
- learning is evaluated and new learning needs identified (Knowles, 1980).

The Trans/Team five-step model of inservice training is designed to encourage adult learners to identify discrepancies between current and best practice and to articulate, based on those discrepancies, the need for team change. Training is based on a team assessment of need. Following Trans/Team's initial training, teams of professionals and families collaborate in the development of a plan for change that specifies the changes in program practice that will take place over time with continuing technical assistance and support from the project. The criteria for successful change are embodied in this powerful approach to altering program practice.

VI. DESCRIPTION OF THE TRANS/TEAM OUTREACH PROCEDURAL FRAMEWORK AND FIVE-STEP MODEL OF INSERVICE TRAINING

Trans/Team Outreach has a procedural framework for project operation illustrated in **Figure 1**. Each of the procedures essential to the project design is discussed below.

Figure 1
Trans/Team Outreach Process



1. Identification of Potential Replication Sites

The project develops working relationships with the lead agencies (in states) that have requested outreach assistance. Potential replication sites are identified in collaboration with lead agencies. Lead agencies typically have chosen one of three strategies for site selection: the lead agency identifies specific programs wanting or needing outreach assistance; the lead agency sends a

mailing to early intervention teams inviting their participation in replication training; or Trans/Team mails information to teams describing the project and its collaboration with the lead agency.

In each state in which the project works, outreach staff work with the lead agency to identify a primary contact person to develop and carry out a plan for outreach assistance. An agreement specifying the roles of the project and the lead agency in identifying potential replication sites as well as fiscal support for project travel, and dissemination of information. Lead agency personnel are also invited to participate in on-site training as well as evaluation activities.

2. Selection of Sites

The project has a well-developed set of criteria for selection of replication sites from among the teams expressing interest. Criteria for replication are designed to ensure that the training provided by the project is appropriate to the needs, goals, and resources of each site and that limited project resources are wisely allocated. Criteria ensure that Trans/Team Outreach activities have the commitment and support of responsible administrators, that there will be a consistent point of contact between the team and the project throughout their working relationship, that the team's early intervention services are in compliance with basic state and federal requirements, and that team policies guarantee equal access in treatment and in employment.

The project also requires that teams offer consumers the opportunity to participate in the training. As teams appraise the extent to which their team interactions are family centered and transdisciplinary (TD), it is essential that they have the input of families who are or have been members of those teams. If Trans/Team training is to result in changes that increase the extent to which program practices are family centered, families must be represented in planning program change. The very process of involving families in the training and in the planning for change models the family-centered, collaborative procedures that the project hopes the team will develop and use as a result of training.

A final replication criterion is the commitment to provide data needed for project evaluation of the effectiveness of replication training. Teams selected agree to complete a series of evaluation steps including needs assessment, a measure of knowledge, satisfaction of training and technical assistance, a follow-up questionnaire as well as a pre and post measure of family satisfaction and a pre and post independent rating.

Working together, a site liaison and a project staff member gather information about the site. The information is used to help the project and team determine whether the team needs match project resources and/or whether additional site development work is needed. Teams whose needs are not consistent with outreach goals and resources are referred to other resources that include other outreach and training resources. Teams that meet replication criteria and that continue to be interested in model replication are introduced to a five-step model of inservice training.

3. Trans/Team Inservice Training: A Five-Step Model

Individualized Team Needs Assessment and Training Plan: Step 1

The needs assessment process is used to determine current team needs and practices, especially in relation to team interaction and to the family's role on the team. To help the team and the project staff understand team needs, the Trans/Team Needs Assessment Instrument is used by the project.

Teams are encouraged to have the entire team participate in the needs assessment process, filling out the written form individually and coming together to reach consensus on needs and priorities for training. However, procedures used by teams to complete the needs assessment may vary based on the number of team members, some large teams choosing to have the assessment done by a representative sample of team members. The team liaison discusses the results with project staff, and priorities for inclusion in a replication agreement and training plan are determined.

When training priorities have been determined, a written replication agreement is completed, specifying responsibilities of the project to provide training and technical assistance leading to replication and the responsibilities of the team to participate in replication. A draft training agenda is reviewed with the site liaison and revised as needed.

Training and Technical Assistance: Step 2

Trans/Team's inservice training model is designed to result in a team awareness of the differences between current program practice and family-centered, TD practice and to lead toward a plan for needed change. The Trans/Team inservice model, therefore, includes individualized team content built on a core that includes an overview of the legislation, regulations, and philosophical principles underlying a family-centered, TD approach. The remainder of the training content is selected and adapted from the Trans/Team curriculum based on needs assessment data. Training is conducted on-site with participation of full teams including representation from families,

administration, and, as appropriate, lead agency personnel. The initial training typically is accomplished in a two- to three-day period.

An on-site evaluation is used to determine participants' satisfaction with training and asks team members to predict the areas in which their behavior or program practice will change as a result of training.

Planning for Change: Step 3

The Trans/Team Inservice Model is designed to result in program changes that increase the extent to which team practices are TD and family centered. Following training, teams collaborate to develop a written team action plan for increasing the extent to which the team is family centered and transdisciplinary. Goals, strategies, time lines, and person(s) responsible for implementation are identified, and a time for follow-up training is set. Teams specify, based on their change plan, the areas in which additional training is needed.

During a follow-up visit to the team, Trans/Team Outreach staff and team members review the initial action plan, and Trans/Team staff provide training related to the change goals. The focus of training shifts, in this second session, from theory to practice, from knowledge to skills, from planning to implementation. Additional resources, materials, and training and technical assistance needed from the project are added to the technical assistance agreement in order to ensure the success of the team's action plan.

Technical Support for Change: Step 4

The project anticipates a 12-month technical assistance relationship with each replication site that includes at least quarterly contact during the one-year replication period. Project and site staff identify the technical assistance needed in order for the team to be successful in implementing their change plans. Technical assistance options include additional training; on-site consultations, which might include observation of program practices and feedback; telephone consultation; review of written materials, such as newly developed team policies and procedures, IFSP formats, or assessment protocols; materials loan; and/or referral to other resources.

The project regards replication as complete after program changes planned as a result of training have been integrated into the site's administrative, fiscal, and service delivery structure. Program changes are measured as part of the project evaluation plan.

Evaluation of Training: Step 5

A variety of instruments and methodology are used to determine the efficacy of the inservice training. An **On-site Evaluation Form** is used following training to determine participants' satisfaction and, the **Trans/Team Outreach Pre/Post Test** is used as part of the evaluation instrumentation battery to measure participants' knowledge in the core area of the curriculum. However, the major focus of the project and its evaluation plan is to measure program change as a result of replication training. **The Needs Assessment Instrument** data collected through the instruments described above provide the baseline description of team practice that can be compared with follow-up data to measure program change.

The project evaluation plan uses a combination of self-report and external observation to verify program practices. Several instruments have been developed to capture the changes that replication sites make in their program practices as a result of outreach activities. A question in the **On-Site Training Evaluation** asks participants to predict the areas in which behavior or practice will change as a result of training. A **Follow-up Questionnaire**, administered six to nine months after follow-up training, and the **Review of Action Plan Form** are used to describe post-training practices and to determine the areas in which change has actually occurred as a result of training.

The **Family Survey of Team Practices** provides a baseline measure to determine the extent to which families perceive that they have been decision makers in assessment and IFSP planing before training and one year after training. **The Independent Rating**, pre-and post-training, provides an external, objective measure of the extent to which post-training practices are consistent with changes reported by replication sites. Raters focus on areas in the program change plan using interview and review of written documents.

VII. PROBLEMS ENCOUNTERED

No significant methodological or logistical problems were encountered. Goals and objectives were completed as proposed.

VIII. EVALUATION FINDINGS

The project evaluates the efficacy of the Trans/Team Model of Inservice Training primarily in terms of the degree to which early intervention teams have made changes in service delivery practices to be more transdisciplinary and family centered as a result of training. The evaluation summarized here contains both an implementation component (data related to accomplishing project goals and activities) and an outcome component (data related to the project model's impact on early intervention teams).

The following data describe project activities and outcomes for early intervention teams replicating the Trans/Team model during the project period of October 1992 through September 1996. Twenty-four early intervention teams participated as Trans/Team sites and completed multiple aspects of evaluation. The data from the 24 sites alone clearly demonstrates efficacy of the model.

Data were collected from 16 additional early intervention teams that received similar yet less intensive training and technical assistance. Some data describing these activities are included to provide the reader with more information about the scope of the project. A description of this work including locations, dates, participants, and numbers of children and families served in contained in Appendix A. Appendix A contains a full listing of outreach sites, additional early intervention teams that received training, as well as conferences or workshops.

Eight evaluation questions, presented in **Figure 2**, help to organize the data. Samples of evaluation instruments are contained in Appendix B.

Figure 2

Evaluation Questions And Instruments

QUESTIONS	INSTRUMENTS*
1. Do replicating teams fully participate in the outreach training and follow through on replication activities?	Replication agreements, training agendas, participant sign-in sheets, site contact sheets, and additional measures listed below.
2. To what extent are the individualized training and technical assistance needs of replicating teams identified?	Independent Rater's Survey and the Needs Assessment Instrument
3. Is training useful for teams and of high quality, and is the training effective for increasing knowledge and skills?	The On-Site Training Evaluation and Pre/Post Test
4. How does the training influence participants' expectations of future change in behavior?	The On-Site Evaluation (includes predictions of change)
5. Is training and technical support for change useful for teams and of high quality?	The On-site Training Evaluation and Follow-up Questionnaire
6. Do replicating teams develop and follow through on change plans?	Action Plan and Review of Action Plan
7. Do project activities lead to change in behavior and service delivery practices?	Independent Rater's Survey and Follow-Up Questionnaire
8. How do families rate assessment and IFSP practices and do families notice a change in behavior or service delivery as a result of replication activities?	Family Survey

1. **Do replicating teams fully participate in the outreach training and follow through on replication activities?**

Since October 1, 1992, Trans/Team has collected data to provide evidence that replication training and technical assistance has occurred and that replicating sites have followed through on their action plans. Replication indicators include replication agreements, training agendas and training evaluations, action plans and reviews of those action plans (see Appendix B for samples of project instruments). Additional indicators provide quantitative measures of project activities. These numbers of participating states, sites, and participants. Site files contain phone contacts, correspondence, outreach forms, evaluation instruments, and miscellaneous information for example, sample assessment reports and IFSPs.

Table 1 lists numerical descriptors of the 24 Trans/Team sites. These sites signed outreach agreements and participated in all aspects of data collection. In addition, an outreach agreement or contract was developed with each Part H representative in 8 states where sites were located. Those state are Maryland, Texas, New Hampshire, Virginia, West Virginia, Pennsylvania, Florida, and New York.

Table 1

Descriptors of 24 Outreach Sites

Descriptors	Numbers
States	8
Sites	24
On-Site Training Events	51
Participants	648
Family Participants	30
Child & Families Served	2,734

2. **To what extent are the individual training and technical assistance needs of replicating teams identified?**

The training and technical assistance needs of individual early intervention sites were assessed continuously during the training period. As the skills of team members at replication sites developed, training needs changed, and the project responded by providing additional training and technical assistance.

Before training, needs for were identified primarily using the Trans/Team Needs Assessment Instrument. Sites were asked to reach a team consensus about their needs for training and technical assistance. Teams indicated needs in nine content areas (approximately 10 questions in each area). Each site indicated three priority areas. Table 2 shows the percentage of teams identifying priority needs in each content area of the Needs Assessment Instrument.

Table 2
**Percentage of Sites Identifying Priority
Needs Using The Needs Assessment Instrument**

Training Content Area	% of 24 Sites (63 entries)
IFSP Development	71%
Transdisciplinary Approach	54%
Multidisciplinary Team Assessment	46%
Team Development/Team Building	41%
Interagency Collaboration	13%
IFSP Implementation (i.e. Natural Settings)	13%
Transition	0
Orientation of Staff & Families	0

Based on the needs assessment and characteristics of the team, Trans/Team staff negotiated training agendas with a site representative. The content of the initial included one or more of the team's priorities. Follow-up training addressed either priority needs or an emerging need of the team. The most frequent content of the initial site training included family-centered service delivery (17 sites), transdisciplinary philosophy and key practices (15), and IFSP process (14).

3. Is training useful for teams and of high quality, and is the training effective for increasing knowledge and skills?

The usefulness and quality of training was measured by the **On-Site Training Evaluation** Questionnaire. Five aspects of training were rated on a five-point Likert-like scale (1 poor to 5 excellent). Because the team was the target of the intervention, scores were calculated for each site and combined to obtain means for all trainings. Means calculated using individual participants as the unit of analysis were very similar to those presented here.

Participants' perceptions of outreach training are included in Table 3. Data indicate similar reactions between participants at the initial 24 site trainings as compared to all site and additional trainings (72) that Trans/Team provided. Participants' rating indicate that (1) training was appropriately organized, (2) the content was appropriate, (3) the presenters were helpful, (4) the materials were useful, and (5) the training was effective in providing information and skills.

Table 3

Usefulness And Quality of Initial Training

Aspects of Training	Combined Means 24 Initial Site Trainings	Combined Means 72 Trainings
How appropriate was the organization of the training?	4.4	4.4
How appropriate was the content?	4.4	4.3
How helpful were the presenters?	4.6	4.6
How useful were the materials?	4.2	4.2
How effective was this training for providing you with information or skills?	4.3	4.3

At each of the 24 initial site trainings, participants' knowledge of core material presented in the training was evaluated. This was done by comparing scores on tests given immediately before and after the training. These tests varied across sites as a function of the specific material presented in the training that each site received.

Participants clearly learned the material presented in their training. The average percent correct prior to training was 35 and the average percent correct after training was 83. A repeated measures analysis of variance (using sites as the unit of analysis) found that this knowledge gain was statistically significant, $F(1,23) = 294.1, p < .01$. It is also important to note that an increase of this magnitude is educationally significant as well.

4. **How does the training influence participant's expectations of future change in behavior?**

After all site trainings (72), participants rated the likelihood that their behavior would change as a result of the training. The **On-Site Evaluation** Questionnaire included one question "To what extent is this training likely to change your behavior?" on a five-point scale (1 none at all to 5 very much). A combined mean of 4.1 indicated that participants from 24 sites felt very likely to change their behavior.

In response to the question "If this inservice is likely to change your behavior, please give one or more examples of such change," 690 respondents (from 72 trainings) gave narrative comments which were compiled and put into categories. Categories are shown in Table 4 in order of most to least frequently predicted areas of change. Areas of behavior most frequently predicted were in the area of team building (193 comments), communication with families (90 comments), and developing the IFSP (84 comments).

Table 4

Areas of Change Predicted

N = 35 Early Intervention Teams (690 participants)

Areas of Change	Percentage of Teams			
	0	50%	75%	100%
Team Building - Communication and Conflict (28 Teams; 193 Participant Comments)		80%		
Communication/Interaction with Families (26 Teams; 90 Participants)		74%		
Sharing Assessment Information/Developing the IFSP (26 Teams; 84 Participants)		74%		
Assessment Practices/Play-Based (19 Teams; 63 Participants)		54%		
Teaching and Learning/ Team Consultant (17 Teams; 40 Participants)		49%		
TD Implementation (16 Teams; 32 Participants)		46%		

5. Is training and technical support for change useful for teams and of high quality?

The content of follow-up training and technical assistance was identified through continuing needs assessment. In addition to on-site follow-up training, sites received technical assistance including feedback on written materials, such as, materials to prepare families for assessment, assessment reports, and IFSPs. Telephone consultations most often dealt with transdisciplinary implementation and team leadership issues.

On-site follow-up training occurred an average of six months after the initial training with a range of four months to fifteen months. The content of follow-up trainings most frequently included IFSP process (14 teams), assessment practices (14), and team building (7).

Similar to the evaluation of the initial training, participants rated the usefulness and quality of the follow-up training. As can be seen from the data summarized in Table 5, participants evaluated the follow-up training very positively.

Table 5
Usefulness And Quality of Follow-up Training

Aspects of Training	Combined Means (28 Follow-Up Trainings)
Organization	4.3
Content	4.3
Presenters	4.5
Materials	4.2
Information	4.2

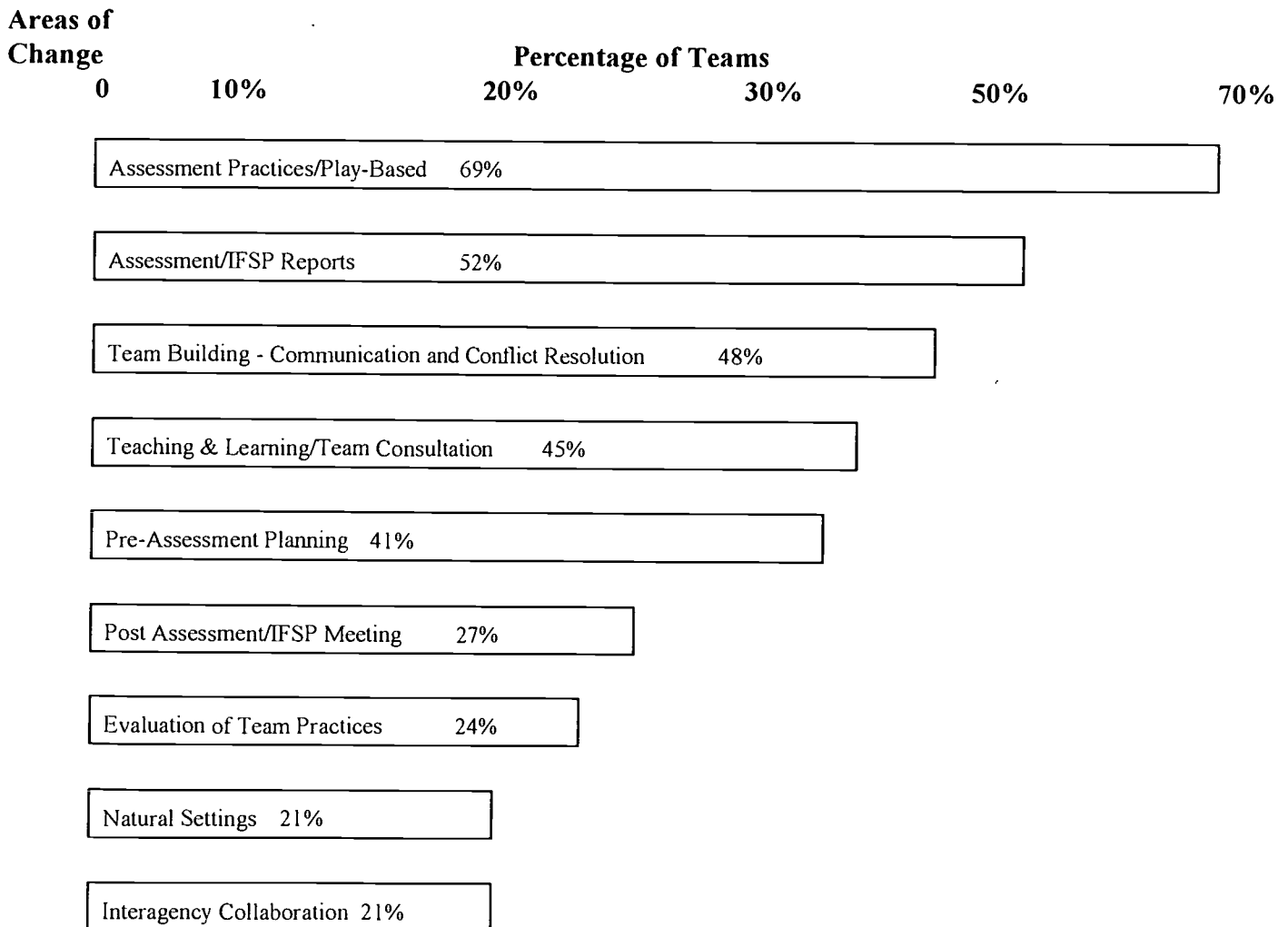
6. Do replicating teams develop and follow through on change plans?

At the end of on-site training, each early intervention team developed action plans with specific goals and activities. Using the action plan review form, project staff kept abreast of changes that sites made. During follow-up training, Trans/Team staff reviewed changes made and assisted teams in updating, revising, or developing new goals and activities. Teams reported changes made in service delivery. Sources of data about changes in service delivery practice included action plan reviews, letters and updates from teams, and the follow-up questionnaire. Narrative descriptions of changes made by sites and additional early intervention teams receiving training are listed in Appendix C.

Table 6 lists nine areas where the greatest change was reported. Sixty-nine percent (69%) of the teams reported changes related to assessment practices, 52% reported changes in preparation for assessment and IFSP, and 48% reported change in team communication and conflict resolution.

Table 6

Changes Made in Service Delivery (N = 29 Teams)



7. Do project activities lead to change in behavior and service delivery practices?

Trans/Team staff used two instruments to gather information from sites after training and technical assistance was complete: the Trans/Team Follow-Up Questionnaire and the Independent Rater's Survey.

The Follow-Up Questionnaire was used approximately 12 months after the initial training to determine if needs for inservice training were met. A variety of questions were used to capture teams' satisfaction with outreach services and perceptions of change in their service delivery practices.

Six questions on the Follow-Up Questionnaire asked teams to rate Trans/Team's overall effectiveness. To rate the aspects of effectiveness, a five-point scale was used (1 Not-at-all to 5 Completely). Scores were calculated in response to the question "How helpful was it to develop an action plan?" Scores for 17 responding sites had a mean of 3.9. Teams responding to the question "As a result of Trans/Team services, how much change in team members' behavior or program practice occurred?" had a mean of 3.6.

The Follow-Up Questionnaire asked teams to report any increase in their team member's knowledge and skills as a result of training. Seventeen teams reported increase of knowledge and skills in the nine training content areas. Table 7 gives the percentage of teams reporting modest or significant increases in knowledge and skills as a result of Trans/Team training. A number of teams reported changes in areas not necessarily covered during training.

Table 7

**Increase in Team Knowledge and Skills
as Reported on the Follow-up Questionnaire**

Areas of Change	Modest	Substantial	N=
Family-Centered Service Delivery	88%	6%	17
IFSP Implementation	69%	6%	16
Orientation of Staff & Families	62%	15%	13
IFSP Development	59%	39%	17
Interagency Collaboration	56%	19%	16
MD Team Assessment	53%	41%	17
Team Building	53%	41%	17
Transdisciplinary Approach	53%	35%	17
Transition	50%	25%	16

N = The number of teams responding to a question (area of change).

Improvements in service delivery practices as a result of Trans/Team Outreach were examined by comparing site's practices before and after training and technical assistance. Team practices were measured pre and post by the Independent Rater's Survey contained in Appendix B.

Independent raters interviewed 24 sites before and one year after Trans/Team training to gather information about the early intervention team's service delivery practice. During phone or face-to-face interview, raters asked thirty questions and additional indicators of family-centered, transdisciplinary practice. The rating included an examination of assessment reports, IFSPs, and written mission statements.

Two independent raters interviewed two members of each site before and approximately one year after training. To minimize the influence of interpersonal relationships between them, raters interviewees switched from pre to post. Aspects of family-centeredness or team interaction, were examined using thirty questions on a five-point rating scale (1 to 5).

Pre- and post-training ratings of service delivery practices were compared using a repeated measure analysis of variance. These analyses found that on 17 of the 30 ratings, teams did better practices after training than they did before training.

Table 8 shows the means and significance of the first seven questions on the instrument. These seven questions demonstrate significant changes in areas where most teams received training.

Table 8

**Independent Rater's Survey
Ratings Pre and Post for the First Seven Questions (N= 23)**

Questions	Pre Mean	Post Mean	p-level
How appropriate is the amount of help that the team gives to families to plan and prepare for assessment?	2.5	3.5	.01
To what extent does the team use multiple methods to help families identify their concerns, priorities, and resources?	2.2	3.2	.01
How well does the team prepare for assessment?	2.8	3.6	.01
To what extent do families have options for participating in the assessment of their child's strengths and needs?	3.4	3.9	.05
To what extent does the team use a team approach to assessment?	3.2	3.8	.01
To what extent does the team use informed clinical opinion and observation as the basis for assessment and program planning?	3.1	3.6	.01
How family centered and collaborative are IFSP meetings?	3.3	3.7	.07

8. How do families rate assessment and IFSP practices and do families notice a change in behavior or service delivery as a result of replication activities?

The Family Survey of Team Practices provided a pre and post measure of the extent to which families perceive that they have been decision makers in assessment and IFSP development. This provided a measure of the extent to which teams are family centered and transdisciplinary, and of service delivery changes as a result of Trans/Team Outreach training and technical assistance.

Twenty-three sites distributed family surveys to families before and after Trans/Team training. At the time of data analysis, data from 16 sites was available for the pre- and post-comparison. Most sites mailed surveys to all of the families currently enrolled in services at the pre and post distribution time. Some families may have participated in the pre and post mailing.

At the time of the pre-survey 734 families responded to the eight questions (an average of 30.5 for each site). At the time of the post-survey 378 families responded (25.2 families for each site). Table 9 compares pre and post scores from 16 sites.

Table 9**Means of Responses on the Family Surveys**

Question	Pre Mean	Post Mean	p-level
How much help did your team give you to get ready for your child's assessment and IFSP meeting?	3.7	4.1	<.01
How much choice did you have about how you could participate in the assessment?	4.2	4.6	<.01
How much help did the team give you in determining your child's needs and family concerns?	4.3	4.6	.10
How much a part of your child's team did you feel?	4.3	4.6	.01
How much chance did you have during the IFSP meeting to make decisions that were important to you?	4.2	4.5	<.01
How many of the outcomes you wanted for your child were included in the IFSP?	4.4	4.6	.01
How much choice did you have about the services your child would receive?	4.1	4.3	.10
How respectful were team members about your cultural, ethnic, or family values (beliefs)?	4.7	4.8	.10
Total Score	4.3	4.5	<.01

Trans/Team Outreach has clear evidence that the inservice model is one that results in changed service delivery practices. As a result of model replication, all teams changed the ways in which they worked together and specifically changed the ways in which they worked with families as a part of the team.

IX. PROJECT IMPACT/ACCOMPLISHMENTS

The following impact charts provide information about the impact of the project (between October, 1, 1992 and September 30, 1996). Trans/Team Outreach made a significant contribution to current practice at the community and state levels. Impact of the project is measured quantitatively, in terms of numbers of persons and teams trained, and qualitatively in terms of changes in individual knowledge and behavior and team changes in service delivery practices. Accomplishments are stated according to the goals and objectives of the project as well as evaluation results (see section VIII, Evaluation Findings).

PROJECT IMPACT CHARTS

GOAL 1: To ensure that outreach activities and the replication of the Trans/Team model are of assistance to lead agencies in accomplishing full implementation of Part H in each state in which the project operates.

OBJECTIVES	ACCOMPLISHMENTS
<p>1.1 To establish or continue working relationships with lead agencies in states requesting outreach services.</p>	<ul style="list-style-type: none"> • During October 1, 1992 through September 30, 1996, project staff reviewed letters of support and requests for training and technical assistance, from 63 early intervention teams in 12 states. Of these, 24 became replication sites and 16 additional teams requested awareness training in response to lead agency requests, for a total of 40 early intervention teams receiving outreach assistance. Site activities are listed in Appendix A. • Project staff contacted state representatives from 10 requesting states and determined if a match existed between state needs and outreach services. • Contractual, written, and/or verbal agreements were made with 8 state representatives (Texas, Maryland, New Hampshire, Pennsylvania, West Virginia, Virginia, Florida, and New York) for Trans/Team Outreach services and support. • Training and technical assistance agreements were individualized for states, related to support for travel, identification of sites, participation in evaluation, and awareness activities.

OBJECTIVES	ACCOMPLISHMENTS
<p>1.2 To meet identified training and technical assistance needs of local early intervention teams (sites) in coordination with state lead agency priorities.</p>	<ul style="list-style-type: none"> • During the project period, 25 early intervention teams were identified for Trans/Team Outreach replication in cooperation with lead agency personnel. Additional early intervention teams were identified for additional training, as project resources permitted. • All outreach activities were coordinated with appropriate state representatives. State representatives were invited to attend trainings, as appropriate. States received all training agendas, pre/post-test summaries, evaluation summaries, and action plans from each site training.
<p>1.3 Assist states with other training and technical assistance needs through outreach activities, as appropriate.</p>	<ul style="list-style-type: none"> • States were advised about how Trans/Team Outreach could assist states with needs related to training and technical assistance. • Trans/Team staff participated in 6 state sponsored conferences in Maryland, New Hampshire (2), West Virginia, Ohio, and Delaware. • Sixteen additional trainings were conducted in five states. A list of additional trainings and other awareness activities are included in Appendix A.

GOAL 2: To increase awareness of and use of the Trans/Team Model and its product through dissemination activities.

OBJECTIVES	ACCOMPLISHMENTS
<p><u>2.1</u> To prepare and distribute project awareness materials.</p>	<ul style="list-style-type: none"> • Trans/Team Outreach developed a project abstract, brochure, criteria for site selection, curricula and products list, and other awareness information. • One-panel display board was made for use at conferences and meetings. • During the project period, more than 450 brochures and abstracts, as well as requests for training and product lists were disseminated at 15 conferences, workshops, or meetings. • Project staff responded to over 110 requests for information and materials, and other information from 32 states and Canada. • The project responded to 16 requests for permission to use information or materials in new publications.
<p><u>2.2</u> To disseminate Trans/Team Inservice Model information and Trans/Team curricula to national, state, and local audiences.</p>	<ul style="list-style-type: none"> • During the project period, 7 conference proposals were submitted. Project staff conducted 12 national, state, regional conferences, workshops, and meetings. A total of 586 individuals participated. • News releases were written and submitted to local newspapers. • A journal article was submitted to Topics in Early Childhood Education.
<p><u>2.3</u> To revise existing curricula and products to incorporate Part H reauthorization changes.</p>	<ul style="list-style-type: none"> • The Family Guide to Early Intervention was revised. • Trans/Team training materials were revised to reflect Part H of IDEA reauthorization changes. • The IFSP Guide was revised, including reauthorization changes.
<p><u>2.4</u> To develop new segments for Trans/Team curricula for identified content areas.</p>	<ul style="list-style-type: none"> • Project staff developed new materials related to natural environments and cultural competence. • A curriculum consultant developed materials related to serving families in a culturally competent context. • Family consultants reviewed new training materials and provided feedback to project staff.

GOAL 3: To replicate the Trans/Team Model of Inservice Training with local early intervention teams.

OBJECTIVES	ACCOMPLISHMENTS
<p><u>3.1</u> To identify and select replication sites in coordination with a contact person for Part H in each state.</p>	<ul style="list-style-type: none"> • 24 early intervention teams in 8 states participated as Trans/Team sites participating in multiple trainings and in the evaluation process. Additional early intervention teams received training and participated in portions of the evaluation process. • Outreach sites were selected based on criteria. When not selected, teams may have received either limited training and technical assistance or referrals were made to others resources. • All contacts are recorded and correspondence filed. • Time between initial and follow-up training varied among sites. • A list of site trainings is included in the Appendix A.
<p><u>3.2</u> To assist teams in site development activities leading to readiness for outreach training.</p>	<ul style="list-style-type: none"> • Site liaisons were identified for all early intervention teams. • Each site completed a site information sheet. Additional site information was gathered and shared with project staff as a result of the independent raters' interviews.
<p><u>3.3</u> To help teams assess training and technical assistance needs through an individualized needs assessment process.</p>	<ul style="list-style-type: none"> • The Trans/Team Needs Assessment Instrument was used to determine inservice content prior to the initial site training. • Inservice content was negotiated during telephone interviews, based on the site needs and project resources. • Referrals to other resources were made when project resources were not a match.
<p><u>3.4</u> To obtain commitment from team for model replication and develop individualized written agreement for training and technical assistance.</p>	<ul style="list-style-type: none"> • Project staff developed outreach agreements with each early intervention team identified as a site.
<p><u>3.5</u> To plan, negotiate, and prepare for training with local teams.</p>	<ul style="list-style-type: none"> • Draft agendas were developed by project staff and reviewed by the site based on the needs assessment. • New training materials or adaptations were made based on individual team needs.

GOAL 3: (Continued)

OBJECTIVES	ACCOMPLISHMENTS
<p><u>3.6</u> To replicate the Trans/Team Inservice Model with local teams.</p>	<ul style="list-style-type: none"> • Curricula materials were selected and individualized training notebooks were compiled for each training. • During the project period, Trans/Team Outreach conducted 56 needs assessment and on-site trainings. 23 additional trainings were conducted with non-sites. • The quality of services for more than 2,500 children and families was enhanced.
<p><u>3.7</u> To develop a written team action plan for change with each team as a part of on-site training.</p>	<ul style="list-style-type: none"> • Each site developed written action plans for change and changes related to action plans were reviewed by Trans/Team staff.
<p><u>3.8</u> To provide follow-up training and technical assistance and monitor team's progress toward completion of action plan.</p>	<ul style="list-style-type: none"> • Follow-up training and technical assistance was provided, as sites requested. • Additional information or resources identified during on-site trainings was provided.

X. FUTURE ACTIVITIES

Future activities will focus on two areas. The first is dissemination of information about project products and findings, and replication of the Trans/Team Outreach model. Dissemination activities will target local, state, and national early intervention audiences. Child Development Resources has been awarded a new three-year grant (1995-98) to extend Trans/Team Outreach to additional states and early intervention teams. Trans/Team will continue to provide assistance to states, training and technical assistance to early intervention teams, disseminate information to local, state, and national audiences and will continue to revise curricular materials and develop new products.

XI. ASSURANCES

This statement as an assurance that the required number of copies of this final report have been sent to the Office of Special Education Programs, U.S. Department of Education and to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract/executive summary have been sent to the other addresses as requested.

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Appendix A

Trans/Team Outreach Replication Sites, Additional Trainings, and Awareness Activities

**TRANS/TEAM OUTREACH REPLICATING TEAMS
(1992 to 1995)**

12/95

Filing Code: S=Site A=Additional Training TC=Training Center

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Rise Early Intervention & Prevention Services 54 Victoria Street P.O. Box 824 Keene, NH 03431 (603) 357-1395 CONTACT: Toni D. Ellsworth	2/16-17/93 7/15/93	11	48
Milestones, Inc. Early Intervention Services 136 Charlestown Road Claremont, NH 03743 (603) 543-1291 F(603)542-2729 CONTACT: Janet Kummer	2/8-9/93 7/12-13/93	7	35
Region VIII Education Service Center P.O. Box 1894 Mt. Pleasant, TX 75455 (903) 572-8551 F(903) 597-3175 CONTACT: Martha Collins	3/2-3/93 8/25/93	15	71
Andrews Children's Place 1722 W. Front Street Tyler, TX 75702 (903) 597-5067 F(903)597-3175 CONTACT: Sheila Koeffler	3/4-5/93 8/26-27/93	15	75
Lebanon County E. I. Lebanon County MH/MR 220 East Lehman Street Lebanon, PA 17042 (717) 274-3415 F(717)274-0317 CONTACT: Patti Tingen	4/7/94 NA 5/4-5/93 7/11/94	16	45
Valley Community Mental Health Center 301 Scott Avenue Morgantown, WV 26505 (304) 296-1731 Ext. 283 F(304) 296-1735 CONTACT: P. Kay Nottingham Chaplin	5/20-21/93 8/29-30/94	23	105

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Luzerne-Wyoming Counties Mental Health/Retardation 111 North Pennsylvania Blvd. Wilkes-Barre, PA 18701-3699 (717) 825-9441 F(717)825-6820 CONTACT: Eugenia A. Galli	4/7/93 NA 5/26-27/93 6/23-24/94	10	130
Early Intervention Services 27 Burns Avenue Concord, NH 03301 (603) 228-2100 F(603)225-2803 CONTACT: Fran Irvin	6/2-3/93 11/17-18/93 3/22-23/94	8	50
Queen Anne's County Infant and Toddlers Program 202 Chesterfield Avenue Centreville, MD 21617 (410) 758-2403 F(410)758-2497 CONTACT: Sue Ferguson	8/9-10/93 5/23/94	11	29
DEI Program Box 015, 655 West 8th St. Jacksonville, FL 32209 (904) 549-4328 F(904)549-4784 CONTACT: Ann Milton	9/23-24/93 3/10-11/94	27	212
All Children's Hospital DEI #47, P.O. Box 31020 St. Petersburg, FL 33731-8920 (813) 892-4403 F(813)826-3024 CONTACT: Mary Ellen DeLoache	9/21-22/93 3/15-16/94	19	187
Washington County Board of Education P.O. Box 730 Hagerstown, MD 21740 (301) 791-4376 F(301)791-9471 CONTACT: Diane Sanford	10/4-5/93 5/16-17/94	16	44

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Easter Seal Rehabilitation Center 1305 National Road Wheeling, WV 26003 (304) 242-1390 F(304)242-1390 Ext. 140 CONTACT: Linda Reeves	4/20-21/94 8/31/94 5/18-19/95	23	180
United Medical Centers ECI Program P.O. Box 921 Eagle Pass, TX 78852 (210) 773-7116 F(210)773-1586 Toyoko Rivera	4/13-14/94 3/13-15/95	7	50
Parent Education Infant Development 600 Jackson Street Fredericksburg, VA 22401 (703) 371-2712 F(703)371-3753 CONTACT: Jill Donaldson	5/19-20/94 2/24/95	11 18 (ICC)	53
Wolfeboro Area Children's Center RFD # 1, Box 556 Wolfeboro, NH 03894 (504) 569-2614 F(504)569-2614 CONTACT: Irene Dwyer	5/10-11/94 12/2/94 7/14/95	7	20
Lehigh County E. I. 1710 Union Blvd. Allentown, PA 18103 (610) 740-3107 FAX 610-434-9733 CONTACT: Lynne Matejicka	6/22/94 NA 3/2-3/95 9/21/95	19	241
Child Development Center of Strafford Co. 113 Crosby Road Dover, NH 03820 (603) 749-4015 F(603)743-3244 CONTACT: Monica LeBlanc	9/15-16/94 5/11-12/95	12	121

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Young Family Support Program Lakes Region Community Health & Hospice P.O. Box 578 Laconia, NH 03247 (603) 524-8444 F(603) 524-8217 CONTACT: Nancy Madison	9/13-14/94 7/11-12/95	9	48
Chapel Forge Special Center Prince George County Infants & Toddlers 12711 Milan Way Bowie, MD 20715 (301) 464-2232 CONTACT: Marsha Hansen	9/21-23/94 3/29/95 11/6/95	17	125
Wheatley Infants & Toddlers Prince George's County Infants & Toddlers Program 8801 Ritchie Drive Capitol Heights, MD 20743 (301) 808-8107 CONTACT: Linda Loftus	10/17-19/94 3/28/95 11/6/95	28	167
The Special Children's Center, Inc. 1052 Wilkins Road Ithaca, NY 14850 (607) 272-5891 CONTACT: Patty Meyers	11/9-10/94	60	130
Easter Seal Early Intervention Program 44 Birch Street Derry, NH 03038 (603)432-1945 F(603)434-2134 CONTACT: Judy Niemeyer (5/96)	11/30-12/1/94 5/10/95 7/13/95	7	55
ECI of Tarrant County 3840 Hulen Tower North Fort Worth, TX 76107 (817) 735-3805 x 7364 FAX (817)735-3873 CONTACT: Joy Elliott	4/10-13/95 8/28-30/95	75 (5 sites) SE (11) NE (13) NW (16) SW (11) Arlington (12)	547

**TRANS/TEAM OUTREACH
ADDITIONAL TRAINING
1992 - PRESENT**

12/95

ADDITIONAL TRAINING	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Project SEARCH 415 West Avenue, N Silsbee, TX 77656 (409) 385-3510 CONTACT: Evelyn Davis	3/29-30/93	4	47
Hunt County Family Services Children's Center 2824 Terrell Road, Suite 502 Greenville, TX 75402 (803) 455-3987 CONTACT: Elaine Nelson	4/19-20/93	13	62
Parents in Partnership 2725 S. First Street Garland, TX 75041 (214) 494-8581 CONTACT: Montez Tice	4/21-22/93	8	53
Harris County Infant Program 3311 Richmond Avenue, Suite 100 Houston, TX 77031 (713) 521-9584 CONTACT: Marlene Hollier	8/23-24/93	50	162
Daytime Development Center Fairfax County Health Department 3750 Old Lee Highway Fairfax, VA 22030 (703) 246-7121 CONTACT: Carmen Rioux	6/20-21/95	23	70
Early Intervention Program White Mountain Mental Health 16 Maple Street Littleton, NH 03561 (603) 444-0760 CONTACT: Toni Masciangioli	11/15-16/93 8/18-19/94	4	32

ADDITIONAL TRAINING	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Children Unlimited, Inc. P.O. Box 986 Conway, NH 03818 (603) 447-6356 CONTACT: Jackie Sparks	5/9/94	7	55
Project TYKE eff. 4/96 West Memorial Elementary Sch. 22605 Providence Blvd. Katy, TX 77450 (713) 396-6647 (713) 396-6612 F CONTACT: Diane Ricklefsen	4/27-28/94	13	96
Project KIDS 12532 Nuestra Dallas, TX 75230 (214) 789-5216 CONTACT: Angela Pittman	8/4-5/94	19	234
PACES 227 W. Drexel San Antonio, TX 78201 (210) 532-5158 CONTACT: John Delgado	8/9-10/94	53	215
Francis Fuchs Early Childhood Center, Prince George County Infants & Toddlers Program 11011 Cherry Hill Road Beltsville, MD 20705 (301) 937-6249 CONTACT: Carol Mc Ginnis	9/19-21/94 3/27/94	20	139

ADDITIONAL TRAINING	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
James Ryder Randall Special Center, Prince George's Co. 5140 Kirby Road Clinton, MD 20735 (301) 449-4885 CONTACT: Jackie Mitchell	11/28-30/94 3/30/95 11/6/95	15	86
Parent Infant Program for the Hearing Impaired, Prince George's Co. 2001 Addison Road District Heights, MD 20747 (301) 449-7057 CONTACT: Kathy Skyles	11/28-30/94 3/31/95 11/6/95	9	13
GRIP P.O. Box 5496 Roanoke, VA 24012 (703) 362-7861 CONTACT: Cathy Fisher	6/8/95	21	90
Carroll County Infants and Toddlers Carroll Springs School 495 S. Center Street Westminster, MD 21157-5635 (410) 876-4750 Ext. 222 CONTACT: Hope Jacobs	8/29/95 11/7/95	14	89
Schuylkill County Child Development, Inc. 420 University Drive Schuylkill Haven, PA 17972 (717) 395-3986 CONTACT: Tish Hosler	5/25-26/95	24	30

**TRANS/TEAM OUTREACH AWARENESS ACTIVITIES
(1992 to 1995)**

12/95

ACTIVITY	DATE(S)	# PARTICIPANTS
Serving Children and Families at Risk, Conference for Early Intervention Specialists; Toledo, OH: "The TD Process and Arena Assessment Methods"	10/28/92	82
First Annual Early Intervention Conference; Annapolis, MD: "Using Observation and Informed Clinical Opinion in Team Assessment"	11/18/92	45
IFSP Training Institute - Featuring Trans/Team Outreach; Morgantown, WV	9/29-31/93	130
The College of William & Mary's Collaborative Teaching Symposium; Newport News, VA: The TD Approach Application to School Age Practice	11/19/93	10
The 1993 DEC International Early Childhood Conference on Children with Special Needs; San Diego, CA: Strategies for Planning Team Change	12/15/93	50
Interagency Council for Young Children; Williamsburg, VA: Building Interagency Support for Families of Children Ages Birth to 3 with Special Needs	2/25/94	50
State of Delaware, Zero to Three Program; Dover, DE: "Play-Based Assessment"	6/9/94	50
New Hampshire Early Intervention Conference; Boscawen, NH: "Intake Workshop"	3/12/94	40
Families are Special Too Conference; Richmond, VA: "Preparing Families for Communicating with Professionals"	5/7/94	50
New Hampshire Infants & Toddlers Program; Boscawen, NH: "Part H-The Basics and Beyond... "	9/12/94	36
The 1994 DEC International Early Childhood Conference on Children with Special Needs; St. Louis, MO: "Creativity and Change: Strategies for Enhancing Team Effectiveness"	10/9/94	18
The College of William & Mary's Collaborative Teaching Symposium; Newport News, VA: "Working Collaboratively with Families: Reflections from an Early Intervention Perspective"	11/3/94	25
	46	

Appendix B

Sample Evaluation Instruments and Forms

TRANS/TEAM OUTREACH NEEDS ASSESSMENT INSTRUMENT

Program Name: Special Children's Ctr Date Completed: 8/8/94
Address: 21 Wilkins Rd Completed by: Sheryl Budney
Itasca, W.V.
~~14856~~ Phone: ()

Trans/Team Outreach provides training and technical assistance based on the self-assessed needs of the early intervention team. This needs assessment instrument was developed to assist teams in determining their priorities for in-service training. The instrument should be filled out by the full team and/or several representatives of the team. The team should come to consensus on the priorities for in-service training and discuss the results with Trans/Team Outreach staff. The needs assessment process helps teams determine content for Trans/Team training or identifies the need for referral to other in-service sources.

The needs assessment instrument has a series of questions in nine categories related to early intervention services. Not all teams have needs in all areas. Before completing the needs assessment, please review the entire instrument. Please record needs in other areas if your team identifies them.

After completing this instrument, return it to Trans/Team Outreach for review. Trans/Team staff will talk with you to clarify your expressed needs and discuss with you the projects services and resources. If you decide that Trans/Team's services match your needs, a Training and Technical Assistance Agreement will be developed detailing outreach services and responsibilities.

Return this needs assessment to: Trans/Team Outreach
Child Development Resources
P.O. Box 299
Lightfoot, VA 23090 - 0299

Call (804) 565-0303 for any assistance.

Our early intervention team wants help with:

A. FAMILY CENTERED SERVICE DELIVERY

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Understanding the family-centered approach and its implications for working with families.	—	—	✓
2. Achieving consensus about a family-centered, team philosophy.	✓	—	—
3. Viewing families as respected decision-making team members.	✓	—	—
4. Listening and communicating in a way that supports families.	✓	—	—
5. Gathering information and using interviewing techniques in a non-intrusive way.	✓	—	—
6. Helping families find and use informal and formal sources of support.	—	—	✓
7. Working with families who have multiple family needs or who are in crisis.	—	—	✓
8. Promoting independence in families.	—	—	✓
9. Knowing how roles, customs, and culture affect early intervention service delivery.	✓	—	—
10. Knowing how to serve families in a culturally competent context.	✓	—	—
11. Other needs (please specify):			

Our early intervention team wants help with:

B. TRANSDISCIPLINARY APPROACH TO EARLY INTERVENTION

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Understanding the philosophical basis of the transdisciplinary (TD) approach.	—	—	✓
2. Actively seeking opportunities for role transition (team members teaching and learning across disciplinary boundaries).	✓	—	—
3. Recognizing key transdisciplinary service delivery practices.	✓	—	—
4. Increasing the extent to which assessment practices are TD.	✓	—	—
5. Implementing TD service delivery (primary service provision).	✓	—	—
6. Other needs (please specify):	✓	—	—

Trans/Team Outreach Team Needs Assessment
Page 4 of 10

Our early intervention team wants help with:

C. TEAM DEVELOPMENT/TEAM BUILDING

	<u>YES</u>	<u>NO SOMEWHAT</u>
1. Building a team spirit or team philosophy for working together.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Developing goals for team work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Developing an action plan for program change.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Understanding or clarifying roles and responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Establishing a process for team decision making.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Problem-solving to identify team issues and solutions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Communication and resolving conflict.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Using staff meeting(s) time more effectively.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Evaluating your team's functioning.	<input type="checkbox"/>	<input type="checkbox"/>
10. Other needs (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

Our early intervention team wants help with:

D. INTERAGENCY COLLABORATION

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Including community representatives as a part of the team.	✓✓	—	—
2. Clarifying roles and responsibilities among agencies.	✓✓	—	—
3. Establishing and maintaining collaborative working relationships with community agencies.	✓✓	—	—
4. Facilitating information exchange/communication among agencies.	✓✓	—	—
5. Developing written agreements with community agencies.	—	—	✓
6. Developing and using a system for resolving interagency team conflicts.	✓	—	—
7. Other needs (please specify):			

Our early intervention team wants help with:

E. MULTIDISCIPLINARY TEAM ASSESSMENT

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Developing a family-centered, <u>team</u> assessment process.	—	—	—
2. Enhancing/strengthening our team assessment process.	✓	—	—
3. Using an interagency team assessment process.	—	—	✓
4. Providing options for family participation in the assessment.	✓	—	—
5. Choosing appropriate team assessment instruments.	—	—	✓
6. Using observational skills and play-based assessment methods.	✓	—	—
7. Sharing assessment results as a team (families and providers).	—	—	—
8. Other needs (please specify):	—	—	—

Our early intervention team wants help with:

F. IFSP DEVELOPMENT

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Understanding the intent of the regulatory and statutory language of Part H of IDEA related to the IFSP.	✓	—	—
2. Assisting families to identify their concerns, priorities, and resources related to the developmental needs of their child.	✓	—	—
3. Establishing or strengthening a team approach for the IFSP process.	✓	—	—
4. Using consensus decision making to determine priorities for IFSP outcomes.	✓	—	—
5. Writing child and family outcomes that are integrated and functional in the child's natural setting.	✓	—	—
6. Considering service options to meet IFSP outcomes.	✓	—	—
7. Determining or improving the format and structure of our IFSP document.	—	✓	—
8. Writing readable assessment reports and IFSPs in an integrated and functional way.	✓	—	—

Our early intervention team wants help with:

G. IFSP IMPLEMENTATION

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Using team members' resources to implement the IFSP.	✓	—	—
2. Selecting and using curricular materials.	—	✓	—
3. Identifying and using natural, inclusive, community settings for early intervention.	—	✓	—
4. Developing consultation skills for working with service providers in the community.	✓	—	—
5. Developing or improving center-based services for infants and toddlers.	—	✓	—
6. Developing or improving home-visiting services.	—	✓	—
7. Designing solving practical and functional strategies for children and families to use at home.	—	✓	—
8. Developing skills for service coordination.	✓	—	—
9. Clarifying roles and responsibilities for service coordination.	✓	—	—
10. Using the primary service provider to implement the outcomes and services delineated in the IFSP.	✓	—	—
11. Improving a system of interagency service coordination.	✓	—	—

Trans/Team Outreach Team Needs Assessment
Page 9 of 10

Our early intervention wants help with:

H. TRANSITION

	<u>YES</u>	<u>NO</u>	<u>SOMEWHAT</u>
1. Planning for transition to other programs or agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Writing transition outcomes on the IFSP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helping families choose the most appropriate preschool or other community program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Preparing children for transition to a center-based program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Assisting families during the transition process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Other needs (please specify):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trans/Team Outreach Team Needs Assessment
Page 10 of 10

I. ORIENTATION OF STAFF AND FAMILIES

YES **NO** **SOMEWHAT**

1. Orienting new early intervention providers to your team?
2. Orienting new families to early intervention service delivery?

J. OTHER NEEDS (please specify):

Please list your top 3 priorities for training content:

1. Transdisciplinary Assessment
2. Interagency Collaboration
3. Family Centered Service Delivery

Child Development Resources P.O. Box 299 Lightfoot, VA 23090

11/93

INDEPENDENT RATER'S SURVEY

copy

Site Name:	<u>Milestones Children's Center</u>	Date Completed:	<u>3/17/94</u>
Interviewee:	<u>Florette Tardiff</u>	<input type="checkbox"/>	Administrator
Interviewer:	<u>Jackie Sparks</u>	<input checked="" type="checkbox"/>	Direct Service Personnel
If a combined report, please record both interviewers and interviewees.			
Interviewee:	_____	<input type="checkbox"/>	Administrator
Interviewer:	_____	<input type="checkbox"/>	Direct Service Personnel

FAMILY-CENTERED TEAM APPROACH

The next two sets of questions are related to how family-centered the team approach is.

Family Decision-Making

1 A. How often are families given a real opportunity to make the following decisions?

For each of the indicators below use a four-point scale of almost always (AA), frequently (F), occasionally (O), almost never (AN).

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Where the assessment will take place
✓	—	—	—	Who will participate in the assessment
✓	✓	—	—	How the family will participate in assessment
✓	—	—	—	How information will be shared related to their concerns, priorities, and resources
✓	✓	—	—	Who will be their service coordinator
✓	—	—	—	Where intervention will take place
—	—	—	—	Other, please specify: _____

Consider the ratings above and make your best judgement about . . .

1 B. How much choice do families have about early intervention service delivery?

1	2	3	④	5
Families do not have many choices		Families make some decisions		Families consistently make decisions in all aspects of service delivery

Comments:

It seems that families are given lots of options about their services with only a few exceptions.

Family's Use of Resources

2 A. Which of the following are used by families as resources?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Extended family
✓	—	—	—	Neighbors/friends
✓	—	—	—	Community social organizations
✓	—	—	—	Families with children who have similar disabilities
—	—	—	—	Translators or translated materials
—	✓	—	—	Service providers who are from a similar ethnic culture or who represent the community.
—	—	—	—	Other, please specify: _____

Consider the ratings above and make your best judgement about . . .

2 B. How much does the team make use of culturally relevant community resources to help families?

1	2	(3)	4	5
Little or no community resources accessed		Same resources used for all families		Community resources accessed as needed for/by families

Comments: There's very little ethnic difference in this community but every effort would be made to accommodate a family of different ethnic culture should the need arise.

TEAM INTERACTION/TEAM BUILDING

The next four questions relate to how the team communicates, works together, and handles conflict.

Information Exchange

3 A. How often does the team use the following methods of information exchange?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Informal exchange
✓	—	—	—	Regular team meetings
—	—	—	✓	Bulletin boards/posted schedules
✓	—	—	—	Circulation of information
✓	—	—	—	In-house newsletters
—	—	—	—	Other, please specify: _____

Consider the ratings above and make your best judgement about . . .

3 B. How often do team members have a chance to exchange information they need?

1	2	3	(4)	5
Team members rarely have information they need		Some needed information exchanged		Successful exchange, team members have the information they need

Comments:

Team feels that they need more time for information exchange, but that the documented methods are effective.

Team Meetings

4 A. How frequently are the following characteristics present during team meetings?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Agenda individualized for each meeting
✓	—	—	—	Meeting facilitator assigned
✓	—	—	—	Process monitor to keep team members on track
✓	—	—	—	Recorder/minutes taken
✓	—	—	—	Group decision making strategies used (e.g. consensus)
✓	—	—	—	Group problem-solving strategies used
✓	—	—	—	Minutes or team decisions circulated to team members?
✓	—	—	—	Success of team meetings evaluated
—	—	—	—	Other, please specify: _____

Consider the ratings above and make your best judgement about . . .

4 B. How productive are team meetings?

1	2	3	4	⑤
Not very productive, little accomplished		Some work accomplished		Very Productive, almost all work accomplished

Comments:

Team member feels that the ~~team~~ has come a long way in this area since the last 3-6 month

Team Work

5 A. How much does the team do the following to improve team functioning/team work?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Set aside time to develop team goals.
—	—	—	✓	Use task forces (small committees) to accomplish teamwork
—	—	✓	—	Specify responsibilities for accomplishing team work
—	✓	—	—	Review/evaluate team work goals
—	—	—	—	Other, please specify: _____

5 B. How much explicit attention does the team pay to goal setting and the long term planning of team activities?

1	2	3	4	⑤
No time allotted		Infrequent or insufficient time allotted		Frequent & adequate time allotted

Comments:

Conflict Management

6 A. How often does the team use the following strategies for conflict management?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>
✓	—	—	—
—	✓	—	—
—	—	✓	—
—	—	—	✓
—	✓	—	—
—	—	—	—

Issues are brought up at team meetings
 Small group work together to solve problems
 Workshops or in-service on conflict management
 Outside mediator/consultant used
 Problem-solving (team building) exercises used
 Other, please specify: _____

6 B. How well does the team handle conflict among service providers?

1	2	3	4	5
Conflict ignored or suppressed		Some conflict addressed, few strategies used		Conflict addressed productively, multiple strategies available

Comments:

Again, team member feels that the team has come a long way with this issue in the past several months. She indicated they found training by CR in this area very helpful and useful. The next five questions relate to evaluation/assessment including team practices for preparation, team member participation, and interaction.

Family Preparation

7 A. How often does the team use following to prepare families for assessment?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>
✓	—	—	—
—	—	—	✓
✓	—	—	✓
✓	—	—	—

A pre-assessment planning visit (home or at center)
 A preparation checklist for staff to use
 Written materials for families about assessment
 Other, please specify: verbal information given at initial visit

7 B. How appropriate is the amount of help that the team gives to families to plan and prepare for assessment?

1	2	3	4	5
Inappropriate amount of help given		Adequate at times		Enough help is given based on family's individual needs and requests

Comments:

Team member feels that most families are well prepared for the assessment process, but felt the process could be improved to meet the needs of all families. They seem to prepare families less well for the group meetings for review of assessment and IFSR.

7 C. To what extent does the team use multiple methods (i.e. written instruments and/or interview) to help families identify their concerns, priorities and resources?

1 2 3 4 5
 One method used Same strategies Strategies tailored to
 for all families used for most families family preferences

Comments: Same family needs survey used, but depending on information they receive from that they can tailor concerns, priorities + resources to meet individual family preferences

8 A. During preparation for assessment, how often does the team discuss the following?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Staff assessment roles, responsibilities
✓	—	—	—	Family roles
✓	—	—	—	Room set-up
✓	—	—	—	Sequence of events
✓	—	—	—	Specific child behaviors that team members want to observe
—	—	—	—	Other, please specify: _____

8 B. How well does the team prepare for assessment?

1 2 3 4 5
 Poorly Adequate at times Consistently well

Comments:

They try to prepare for assessment well all the time, but at times they lack time to prepare as well as necessary esp. with a more complex family.

Family Participation

9 A. How often does the family participate in the following ways during assessment?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Observing
✓	—	—	—	Answering questions
✓	—	—	—	Asking questions
✓	—	—	—	Demonstrating typical play interactions
—	✓	—	—	Facilitating the assessment
—	—	—	—	Other, please specify: _____

9 B. To what extent do families have options for participating in the assessment of their child's strengths and needs?

1 2 3 4 5
 Families have no Families have Families participate in a variety
 real options limited ways of ways, at the level they desire

Comments:

Many times families don't want to be the center of attention and that's respected during the arena assessments.

Team Interaction

10 A. How often does the team do of the following during assessment?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	All team members assess child in same room at same time
✓	—	—	—	One person takes the lead in assessment
—	✓	—	—	Arena facilitator and coach assigned
—	—	—	✓	Team members observe and record across disciplinary boundaries
—	—	—	—	Other, please specify: _____

10 B. To what extent does the team use a team approach to assessment?

1	2	3	4	5
Team members work with the child alone, conducting evaluation by discipline specific area		Some team members assess child in the same room at the same time, but still evaluate by discipline specific area		Team members assess together and work together in an integrated and collaborative way

Comments:

The assessment process seems to work well and the team seems happy with it most of the time.

Child Assessment Strategies

11 A. How often does the team use the following observational assessment strategies?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	✓	—	—	Time is allotted for child to play spontaneously
✓	—	—	—	Child has a choice of toys/activities (e.g. baskets of toys)
✓	—	—	—	Facilitator follows child's lead throughout play
✓	—	—	—	Multiple instruments are used as resources by team members
—	—	—	—	Other, please specify: _____

11 B. To what extent does the team use informed clinical opinion and observation as the basis for assessment and program planning?

1	2	3	4	5
Team members use only specific standardized instruments		Team uses some observation		Observation is the primary basis for assessment with support from instrumentation

Comments:

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The next six sets of questions refer to the IFSP process and document. In order to answer the next six questions, please review sample assessment/IFSP reports randomly selected from the those written in the previous three - six months.

IFSP Meeting

12 A. How often does the team use the following during the IFSP process to foster team collaboration?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Family has the option of meeting immediately after the assessment to discuss assessment results
✓	—	—	—	Family chooses the place for the IFSP meeting
—	✓	—	—	Team sits in circle
✓	—	—	—	Family has opportunity to share their information first
✓	—	—	—	Consensus decision making is used to determine outcomes/services
✓	—	—	—	Individual team members share information by developmental areas or discipline expertise
✓	—	—	—	Team shares information by discussing all child's strengths then all concerns
—	—	—	—	Other, please specify: _____

12 B. How family-centered and collaborative are IFSP meetings?

1	2	3	4	5
Service providers report findings & develop the plan		Family has some input in developing the plan		Team collaboratively develops plan based on family priorities

Comments:

From discussion the team develops the plan with the family. The therapists seem to have the most difficulty with family friendly language.

Report Writing

13 A. How often does the team use the following methods for writing assessment and/or IFSP reports.

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Individual reports are pulled together into one document.
—	—	—	✓	One person gathers assessment information from all team members and writes the report.
—	—	—	✓	One person writes the report from notes taken during the post-assessment & IFSP meeting.
✓	—	—	✓	Team writes the report together.
✓	—	—	—	The IFSP (developmental levels, outcomes, services etc.) is written in the IFSP meeting.
—	—	—	—	Other, please specify: _____

Assessment/IFSP Reports

13 B. How integrated is the team's report writing process?

1	2	③	5
Each team member writes report by discipline		Staff combine reports, written separately by discipline	Staff write integrated narrative together

Comments: Each discipline writes a section with recommendations. Does not sound like it's integrated through a summary.

14 A. How often do team assessment/IFSP reports contain the following?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All areas of development in one narrative
Sentences integrated across developmental domains
Individualized descriptive statements of child behavior
All IFSP contents as required by Part H of IDEA
Other, please specify: _____

14 B. How integrated are the team's assessment and/or IFSP reports?

1	2	③	4	5
Reports are rarely integrated		Parts integrated		Reports are fully integrated

Comments: From discussion, it sounds integrated, but still very discipline oriented.

15 A. How often does the team use the following when writing outcomes?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes phrased as "in-order-to" statements
Strategies for daily routines or natural environments
Outcomes are integrated across developmental domains (not isolated by area or discipline)
Objective statements written for child outcomes
Family outcomes are measured by the family
Terminology explained
Outcomes written in the family's words
Other, please specify: _____

15 B. How much do written outcomes reflect the families' language and priorities?

1	2	3	④	5
Outcomes written in discipline terminology		Outcomes sometimes reflect family language or priorities		Outcomes reflect family priorities and are written in terms the family understands

Comments: It seems that family input is genuinely asked for and received and included in IFSP outcomes

Assessment/IFSP Reports

Ask the team to show you their best example of a family-centered IFSP.

16 A. How often does the team assessment/IFSP report contain the following?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	—	—	✓	All areas of development contained in one narrative
✓	—	✓	—	Sentences integrated across developmental domains
—	—	—	—	Individualized descriptive statements of child behaviors
✓	—	—	—	All IFSP contents as required by Part H of IDEA
—	—	—	—	Other, please specify: _____

16 B. How integrated are the team's assessment and/or IFSP reports?

1	2	3	4	5
Reports are rarely integrated		Parts integrated		Reports are fully integrated

Comments: All disciplines have an assessment and recommendations sections and its given as one report, but it is not really integrated together. They are about to begin to use a new IFSP form that was suggested at Trans/Team training. The assessment report was definitely less integrated in reality than the interview believed presented!

17 A. How often does the team use the following when writing outcomes?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	—	—	✓	Outcomes phrased as "in-order-to" statements
✓	—	—	—	Strategies for daily routines or natural environments
—	✓	—	—	Outcomes are integrated across developmental domains (not isolated by area or discipline)
✓	—	—	—	Objective statements written for child outcomes
✓	—	—	—	Family outcomes are measured by the family
✓	—	—	—	Terminology explained
—	✓	—	—	Outcomes written in the family's words
—	—	—	—	Other, please specify: _____

17 B. How much do written outcomes reflect the families' language and priorities?

1	2	3	4	5
Outcomes written in discipline terminology		Outcomes sometimes reflect family language or priorities		Outcomes reflect family priorities and are written in terms the family understands

Comments: The outcomes sheet was pretty family oriented and friendly.

ASSESSMENT FEEDBACK

18 A. How often does the team use the following strategies to obtain feedback about the assessment and IFSP process?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	✓	—	—	Informal staff discussion after assessment and IFSP
—	✓	—	—	Formal post-assessment debriefing (meeting)
—	—	—	✓	Written survey of service providers
—	—	—	✓	Survey of families
—	—	—	—	Other, please specify: _____

18 B. How well does the team evaluate or use feedback to improve the assessment and IFSP process?

1	2	3	4	5
No feedback obtained		Informal feedback obtained		Detailed feedback obtained from both providers & families

Comments: it seems they rely on and request verbal feedback from staff and families concerning the assessment process.

IMPLEMENTATION OF THE IFSP

Early intervention services should be coordinated and integrated into the community.
 Answer the next two questions about service delivery to children and families.

19 A. How often does the team use the following strategies to foster integrated and coordinated services when working with children and families?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	One primary service provider (same person as service coordinator) assigned to a family
✓	—	—	—	One service provider and one service coordinator assigned
—	✓	—	—	Other disciplines consult with other team members during home visits and/or center-based activities
✓	—	—	—	Someone from the assessment team also implements services
—	—	—	—	Other, please specify: _____

19 B. How well integrated and coordinated among service providers is the implementation of services?

1	2	3	4	5
Service providers implement separately		Service providers implement with some team consultation		One provider implements with team consultation as needed

Comments:

Family assisted in choosing a primary service provider or coordinator who meets regularly with them. They also receive requested intervention from ind. discipli. The team collaborates.

19 C. To what extent do all team members share or participate in service coordination responsibilities?

1	2	3	4	5
One or a few service coordinators for all families		Several team members responsible for service coordination		Most team members have service coordination responsibilities

Comments:

Natural Settings

20 A. How often does intervention take place in the following natural settings?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Home
—	—	✓	—	Homes of Extended Family Members
—	—	✓	—	Babysitter/Care giver homes
—	—	✓	—	Inclusive child care
—	—	✓	—	Inclusive early childhood program
—	—	✓	—	Other, please specify: <u>Hospital (while child is inpatient)</u>

20 B. To what extent are services for children delivered in natural settings where children without disabilities participate?

1	2	3	4	5
Services provided in segregated setting		Some services provided in natural settings		Services provided in natural and inclusive settings, as desired by the family

Comments:

INTERAGENCY COLLABORATION

These questions related to how community agencies work together to provide early intervention services.

Interagency Agreements

21 A. How often are the following strategies used to foster interagency relationships?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	—	✓	—	Interagency council participation
—	✓	—	—	Informal agreements established
—	—	—	✓	Written agency agreements
—	—	—	✓	Established policies and procedures for interagency personnel to work together
—	—	—	✓	Mutual funding of early intervention resources
—	—	—	—	Other, please specify: _____

21 B. How well established are the team's working relationships with other community agencies?

1 2 3 4 5
 No real working relationships with other agencies Some relationships with community agencies Established relationships with all appropriate agencies

Comments: Even though there are no formal agreements among other agencies & this agency, it seems that they work well with other service agencies and community groups. They have some agreements with referral source

Interagency Participation

22 A. How do the following personnel from community agencies participate in early intervention service delivery?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	—	✓	—	Health department personnel
—	—	✓	—	Private physicians
—	—	✓	—	Social Service
—	—	✓	—	Vision or hearing
—	—	—	—	N/A Private therapists (not under contract)
—	—	✓	—	Mental Health/Mental Retardation
—	—	✓	—	Child Care
—	—	✓	—	Public Schools
—	—	—	—	Other, please specify: _____

22 B. How often do personnel from community agencies participate in the following?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	—	Referrals
—	—	✓	—	Child evaluation/assessments
—	—	✓	—	IFSP meetings
—	—	✓	—	Home-based services
—	—	✓	—	Center-based services
—	—	—	✓	Service coordination
—	✓	—	—	Parent group meetings
✓	—	—	✓	Child Check
—	—	—	—	Staff Development Activities
—	—	—	—	Other, please specify: _____

22 C. How often do personnel from community agencies participate on the early intervention team?

1 2 3 4 5
 Only one agency provides e.i. services Personnel from some community agencies participate Personnel participate as appropriate based on family's identified concerns

Comments: This seems to only happen very occasionally.

22 D. How successful and helpful are those relationships?

1 2 3 ④ 5
 Unsuccessful Somewhat successful Very successful

Comments:

They primarily find relationships with community personnel helpful and successful.

TRANSITION

23 A. How often are the following strategies available to children and families to assist them with transition?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Families receive written transition materials
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Families visit several programs/options
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personnel from receiving agencies participate in assessment and/or IFSP meetings
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Families have educational opportunities to learn, e.g. educational advocacy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children have classroom or group experiences
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overlapping visits at home or center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify: _____

23 B. How well does the team prepare children and families for transition to other services?

1 2 3 ④ 5
 Poorly, little preparation Adequate at times Well, individualized and comprehensive preparation

Comments:

Despite many sincere attempts at preparing children and families for transition, encouraging families to become advocates and supporting families through the transition, this

PHILOSOPHY

still seems to be present a troublesome time for families. Ask for an oral or written version of the team's philosophy statement. If one does not after the exist, do not complete 24 A - 24 C.

leave IEL + enter the actual school system.

24 A. Which of the following are contained in the philosophy statement?

<u>YES</u>	<u>NO</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Families as decision-makers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A team approach
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Respect for diversity
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Normalized/integrated service delivery
<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify: _____

Consider the ratings above and make your best judgement about . . .

24 B. How much does the team philosophy statement reflect family-centered principles?

1 2 3 4 5
 Philosophy does not reflect Partially reflects Fully reflects family-centered principles

Comments:

24 C. How consistently does the philosophy statement guide program practices?

1 2 3 4 5
 Practices rarely guided by philosophy Some practices guided by philosophy or some team members guided by philosophy Almost all practices guided by philosophy

Comments:

TRANSDISCIPLINARY (TD) APPROACH

The next question refers to role transition, which is the key to TD service delivery.

25 A. How often do team members plan, discuss, ask questions, make judgements, and or otherwise foster teaching and learning across disciplinary boundaries during the following?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
—	✓	—	—	Team meetings
—	—	✓	—	In-service
—	—	—	—	Home visits
—	✓	—	—	Center-based activities
✓	—	—	—	Assessments
✓	—	—	—	IFSP meetings
✓	—	—	—	Report writing
—	✓	—	—	Informal meetings (in the hall, during lunch/breaks)
—	—	—	—	Other, please specify: _____

25 B. How often does the team carry out activities that foster teaching and learning across disciplinary boundaries (role transition)?

1 2 3 4 5
 No role transition activities Some role transition activities take place Both formal and informal activities used

Comments:

This group has some TD components, but primarily they use discipline oriented intervention.

25 C. To what extent does the team believe in, and support, and transdisciplinary approach to service delivery?

1	2	③	4	5
Very few team members believe in or support TD		Half of the team believes in and supports the TD approach		Most or all of the team believes in and supports the TD approach

Comments: Half of the team supports TD, but they don't seem to be that aware of what TD really is by definition.

ORIENTATION OF NEW TEAM MEMBERS

26 A. How often does the team use the following orientation practices for new team members?

<u>AA</u>	<u>F</u>	<u>O</u>	<u>AN</u>	
✓	—	—	✓	Resources/reading materials provided
✓	—	—	✓	Trans/Team in-service materials available
✓	✓	—	—	Written policies and procedures reviewed
✓	—	—	—	Discussion/explanation of team process/procedures
✓	—	—	—	Observation of team members (assessments, home visits, etc.)
✓	—	—	—	Job following
—	—	—	—	Orientation time build in before taking on job responsibilities
—	—	—	—	Other, please specify: _____

26 B. How well does the program orient new team members to early intervention delivery?

1	2	3	4	⑤
Poorly, no real process for orienting new team members		Adequate at times		Well, consistent & comprehensive process for orienting new providers and families

Comments:

It seems that new staff are oriented well prior to assuming full responsibilities for team. There's been only one new staff member since Trans/Team training so they had all received materials.

vice Personnel

TRANS/TEAM OUTREACH ON-SITE TRAINING EVALUATION

Team Name: United Medical Centers ECI Date(s) of Training: April 13 - 15, 1994

City/State: Eagle Pass, TX Number of Participants: 7

1. Please rate the quality on the following aspects of our training.

a. How appropriate was the organization of the training?

1 2 3 4 5
Poor Satisfactory Excellent

b. How appropriate was the content?

1 2 3 4 5
Poor Satisfactory Excellent

c. How helpful were the presenters?

1 2 3 4 5
Poor Satisfactory Excellent

d. How useful were the materials?

1 2 3 4 5
Poor Satisfactory Excellent

e. How effective was this training for providing you with information and/or skills?

1 2 3 4 5
Poor Satisfactory Excellent

2. If you feel any aspect of the training needs improvement, please make specific suggestions for change:

Presenter is very good has an excellent way of explaining + answering question.

3. To what extent is this training likely to change your behavior?

1 2 3 4 5
Not likely Satisfactory Very likely

4. If you are likely to change your behavior, please give examples:

- Behavior in the form that it gave me more confidence to express myself.

BEST COPY AVAILABLE

Trans/Team Outreach Transdisciplinary Pretest/Posttest Questions

Please help Trans/Team Outreach estimate the value and effectiveness of this training
by completing the following questions.

* * * * *

DO NOT GUESS! Leave questions blank if you do not know the answer.
Extra points will be deducted for wrong answers.
Use the answer sheet to record your answers.

TRUE OR FALSE

1. Role Transition is a six-step process that is key to the transdisciplinary (TD) approach to early intervention.
2. One example of role extension is when an occupational therapist who is a specialist in feeding, attends a workshop on new feeding techniques.
3. On the TD team, one team member helps the family prepare for their role in assessment of their child's developmental skills.
4. The purpose of the Pre-Assessment Planning Meeting is for staff to discuss the family's identified needs related to enhancing the child's development.
5. In an arena assessment, all team members are responsible for observing child behaviors across developmental domains.
6. In the IFSP meeting, the family is asked to identify their needs related to enhancing the development of their child before identifying their resources.
7. During the IFSP meeting, the team uses voting as a decision-making strategy.
8. Each team member writes a summary of his or her observations which is compiled into a TD assessment report.
9. In the Post-Assessment Debriefing, team members plan for needed changes in subsequent assessment.
10. In the TD approach, only one team member implements the IFSP.

TRANS/TEAM OUTREACH
PRE-TEST/POST-TEST RESULTS

Site Name: Andrews Children's Place Date: March 4 & 5, 1993

City/State: Tyler, TX Number of Participants:

Pre-Test

Mean Percentage Correct 37%

N = 14

Post-Test

Mean Percentage Correct 78%

N = 13

8 were returned. I completed mine on this form. Return to Mary after by Sept 30
 Comments are on each questionnaire (enclosed)
 DEI-St. Petersburg

TRANS/TEAM OUTREACH FOLLOW-UP QUESTIONNAIRE

1. To what extent did Trans/Team Outreach assess your training and technical assistance needs?

- 1 Completely
- 5 Adequately
- 3 Partially
- 0 Not at all

2. Would you say that your program's training and technical assistance needs have been reduced in any way as a result of Trans/Team's assistance?

- 7 Yes
- 3 No

3. While inservice training is a continuing need for all programs, we hope that our training has increased your knowledge and skills to some extent. Please indicate the areas in which you received training from Trans/Team Outreach. Also indicate the extent to which your knowledge and skills were increased as a result of the training. If you have additional training needs in any area, also indicate this.

Training from Trans/Team in this area?

ADMINISTRATION AND MANAGEMENT:

- Developing program philosophy/goals
- Using staff time for team interaction

ASSESSMENT OF CHILDREN:

- Using team approach for assessment
- Ensuring family participation in child assessment
- Sharing assessment information with team members

DEVELOPMENT OF THE IFSP:

- Identifying family strengths & needs
- Using team approach to IFSP development
- Defining family role in IFSP development
- Developing format, structure, and procedures for IFSP development

WERE YOUR KNOWLEDGE AND SKILLS: Additional needs in this area?

Not increased? 1 Somewhat increased? 6

Significantly increased? 1 Additional needs in this area? yes

1 5 2 2

2 4 1

1 4 2

3 3 1

2 4 1

1 3 2

2 3 2

2 3 2

ns/Team Outreach Follow-Up Questionnaire (cont'd)

Training from
Trans/Team
in this area?

WERE YOUR KNOWLEDGE AND SKILLS: Additional
Not Somewhat Significantly
increased? increased? increased?
needs in
this area?

PROVISION OF SERVICES TO CHILDREN AND
FAMILIES:

— Determining system for implementing IFSP
— Developing system for case management

$\frac{1}{-0-}$ $\frac{4}{7}$ $\frac{2}{-0-}$ $\frac{yes(1)}{yes(1)}$

TEAM FUNCTIONING:

— Recognizing staff and families as a team
— Identifying and using team building strategies

$\frac{2}{-0-}$ $\frac{4}{7}$ $\frac{1}{1}$ _____

COORDINATION WITH OTHER AGENCIES:

— Establishing interagency working arrangements
— Facilitating interagency team building strategies

$\frac{2}{2}$ $\frac{5}{5}$ $\frac{-0-}{-0-}$ $\frac{yes(1)}{yes(1)}$

OTHER AREAS OF TRAINING:

Please describe

$\frac{-0-}{-0-}$ $\frac{-0-}{-0-}$ $\frac{-0-}{-0-}$ _____

4. As a result of our training and technical assistance, please describe changes that have taken place in the following areas:

ATTITUDES OF STAFF TOWARD TRANSDISCIPLINARY PROGRAM STRATEGIES:

PROGRAM PROCEDURES:

STAFF SKILLS:

5. At the conclusion of the training and technical assistance, did your team develop an action plan:
- | | |
|----------|----------------|
| 7 | Yes |
| <u>0</u> | No |
| <u>1</u> | Can't remember |
- If you did, how useful was this plan as you implemented concepts from the training and technical assistance?
- | | |
|----------|-------------------|
| <u>1</u> | Very useful |
| <u>2</u> | Useful |
| <u>4</u> | Somewhat useful |
| <u>0</u> | Not at all useful |
| <u>1</u> | Don't know |
6. Was your program sent follow-up materials to assist in implementing the concepts of training or technical assistance?
- | | |
|----------|------------|
| <u>4</u> | Yes |
| <u>1</u> | No |
| <u>1</u> | Don't know |
- If so, how useful were these materials to your implementation efforts?
- | | |
|----------|----------------------------------|
| <u>1</u> | Very useful |
| <u>0</u> | Useful |
| <u>2</u> | Somewhat useful |
| <u>0</u> | Not at all useful |
| <u>1</u> | Do not recall this being shared. |

Trans/Team Outreach Follow-Up Questionnaire (cont'd)

7. Since Trans/Team Outreach training, has your program used any ideas or materials to orient new staff or families?

3 Yes

1 No

3 Don't know

If so, how useful were the materials in orienting new families and staff into your program?

1 Very useful

0 Useful

2 Somewhat useful

0 Not at all useful

8. Were the additional administrative issues you felt should have been addressed prior to or after the training or technical assistance?

3 Yes

5 No

If so, what were they?

9. Are there any other ways that Trans/Team Outreach staff could have been of more assistance to you or your program?

0 Yes

5 No

If so, please describe:

NAME OF PROGRAM: EARLY INTERVENTION PROGRAM CITY/STATE: St. Petersburg, Florida
DEVELOPMENTAL EVALUATION AND INTERVENTION PROGRAM

PERSON COMPLETING QUESTIONNAIRE: EIA/DEI Staff DATE COMPLETED: 10/7/94

ACTION PLAN

Name of Program: United Medical Centers ECI Program City State: Eagle Pass, TX

Trans/Team Site Coordinator: Michele Taylor Date(s) Developed: April 13 - 15, 1994

GOALS	STRATEGIES	PERSON RESPONSIBLE	TARGET DATE
<p>The team will foster better interaction between team members in order to feel good about coming to work and to move toward being our ideal team.</p>	<ul style="list-style-type: none"> • Team members will go directly to one another with concerns or issues • Redirect team members to the person they have the problem with - offer to "role play" if they desire. • Review in approximately 2 months 	<p>All Staff</p>	<p>4/18/94</p>
<p>The team will define who is part of the team and what team member roles and responsibilities are in order to enhance consistency in practices.</p>	<ul style="list-style-type: none"> • Meet with ECI staff and consultants to define team and team member responsibilities. 	<p>All Staff</p>	<p>by June 30</p>
	<ul style="list-style-type: none"> • ECI staff will meet to develop questions for next discussion with consultants <ul style="list-style-type: none"> - our roles - consultants' role - questions we have 	<p>Kirby (meet with all) with Vangie</p>	<p>4/21/94 (May ECI Conference) 4/25/94</p>
		<p>Whole ECI Staff</p>	<p>start 4/20/94</p>

ACTION PLAN

Name of Program: Milestones, Inc. City State: Claremont, NH

Trans/Team Site Coordinator: Adrienne Frank Date(s) Developed: July 12 & 13, 1993

GOAL	STRATEGIES	PERSON RESPONSIBLE	TARGET DATE
Improve assessment process	<ul style="list-style-type: none"> ● Assign a process observer to observe family involvement, team interaction, and taking child's lead ● Prepare for assessment by regularly reviewing pertinent history, outcomes, and progress; share "gut feelings" related to child's needs ● Explore assessment instruments - send for and review 	<p>Rotate all team members, family volunteer</p> <p>Family facilitator</p> <p>Review at team consultation meetings</p>	<p>Try one per month for next 6 mo.</p> <p>All assessments</p>
Improve intervention through team consultation	<ul style="list-style-type: none"> ● Use a team consultation time to discuss intervention strategies pertinent to all children ● Use peer consultation home visits 	<p>Consultants and Family facilitators</p> <p>Consultants and Family facilitators</p>	<p>Quarterly (mornings 2-3 hours)</p> <p>OT and SP visit with each Family facilitators by Sept. 30</p>
Improve interagency collaboration	<ul style="list-style-type: none"> ● Phone and send thank you letter to school representation 	<p>Kerry and Cathy</p>	

REVIEW OF ACTION PLAN

Name of Program: Luzerne-Wyoming Counties Early Intervention City/State: Wilkes-Barre, PA

Program Contact Person: Gina Galli Date(s) Plan Developed: May 26 & 27, 1993

T/T Outreach Site Coordinator: Adrienne Frank Review Date: June 24, 1994

Review of Goals/Objectives: Establish an interagency group to focus on early intervention process and systems change. To develop a Central Intake form to be implemented across the Two-County Jointure.

Actions Taken: The interagency group meets regularly to do joint planning for systems change and the supports and resources needed. An intake form was developed and revised. It will be implemented soon. The group has also developed pages (on NCR paper) for a county wide IFSP document. The group has worked together to establish an independent assessment team for the initial evaluation children entering early intervention services.

Revisions in Action Plan: The intake form has undergone several changes. Consent from each agency will be obtained for use of the intake form. The purpose and procedures for the assessment team will be developed over the next six months or more.

Additional Technical Assistance Needs: _____

Comments: _____

SERVICIOS DE INTERVENCION TEMPRANA

QUESTIONARIO DEL PROGRAMA

: Por favor dejenos saber que piensa de los servicios que su :
 : hijo/a y usted reciben. Piense sobre sus respuestas :
 : cuidadosamente! :
 : :
 : Cuando conteste las siguientes preguntas, piense en la junta :
 : mas reciente del IFSP. :

Fecha del ultimo IFSP: 3-17-94

Fecha de hoy: 3-18-94

* Cuanta ayuda recibió Usted y su hijo/a para preparar la evaluación y el plan de trabajo (IFSP).

1	2	3	4	5
Muy poca		Poca		Mucho

* Cuanta opción tuvo Usted para participar en la evaluación? (por ejemplo, observar la evaluación, dando respuestas a las preguntas o jugando con su hijo/a?)

1	2	3	4	5
Muy poca		Pocas Opciones		Mucho

* Cuanta ayuda recibió para determinar las necesidades de su hijo/a y sus preocupaciones?

1	2	3	4	5
Muy poca		Algo, pero no era la ayuda que necesitaba		Recibimos la ayuda que necesitabamos

* Se sintió Usted que fue parte activa del equipo interdisciplinario de su hijo/a?

1	2	3	4	5
Nada		Poca		Mucho



* Cuanta oportunidad tuvo Usted durante la junta del IFSP para hacer decisiones que fueron importantes para Usted?

1	2	3	4	5
Muy poca		Poca		Mucho

* Cuantas de las metas que Usted deseaba fueron incluidas en el plan de trabajo (IFSP).

1	2	3	4	5
Ninguna de las metas que yo deseaba fueron incluidas		Algunas de las metas que yo deseaba fueron incluidas		Muchas/todas de las metas que yo deseaba fueron incluidas

* Cuanta oportunidad tuvo Usted sobre los servicios que su hijo/a iba a recibir?

1	2	3	4	5
Ninguna oportunidad		Poca oportunidad		Mucha oportunidad

* Cuanto respeto tuvo el grupo interdisciplinario sobre su cultura, raza, o valores familiares?

1	2	3	4	5
Nada de respeto		Poco respeto		Much respeto

Comentarios:

Por favor regrese este cuestionario a:

Trans/Team Outreach
Child Development Resources
P.O. Box 299
Lightfoot, VA 23090
(804) 565-0303

TRANS/TEAM OUTREACH

MILESTONES EARLY INTERVENTION PROGRAM
CLAREMONT, NH
FEBRUARY 18 & 19, 1993

Day One

TIME	TOPIC
8:30-9:15	GREETINGS, INTRODUCTIONS, & OVERVIEW OF THE DAY PRE-TEST
9:15-10:00	CHALLENGES OF PART H OF IDEA: Change, Family-Centered Services, & A Team Approach Family-Systems Activity
10:00-10:15	BREAK
10:15-11:00	THE PROCESS OF ROLE TRANSITION: Stages of Role Transition Activity
11:00-11:45	THREE TEAM MODELS: Multi-, Inter-, & Transdisciplinary Activity in Pictures
11:45-12:00	OVERVIEW OF AFTERNOON
12:00-1:00	LUNCH
1:00-1:45	TRANSDISCIPLINARY PRACTICES Intake through Arena Assessment Discussion of current practices
1:45-2:15	VIDEO PART I
2:15-2:30	BREAK
2:30-3:30	TRANSDISCIPLINARY PRACTICES Post-Assessment Sharing and IFSP Discussion of current practices

3:30-4:15 VIDEO PART II

4:15-4:30 SUMMARY OF THE DAY
OVERVIEW OF DAY 2

Day Two

8:30-8:45 OVERVIEW OF THE DAY

8:45-9:00 FAMILY-CENTERED SERVICES

9:00-9:15 CONSENSUS DECISION MAKING

9:15-10:15 CLARIFYING YOUR VALUES ABOUT
WORKING WITH FAMILIES
ACTIVITY

10:15-10:30 BREAK

10:30-11:00 REVIEW OF TD AND ROLE TRANSITION
Facilitating Team Sharing Activity

11:00-11:30 TEAM PROCESS & TEAM PROBLEM SOLVING
Purposes of Team Building
Problem-Solving Examples

11:30-12:00 IDENTIFICATION OF TEAM NEEDS
Small Group Activity

12:00-1:00 LUNCH

1:00-1:30 IDENTIFICATION OF TEAM NEEDS CONT'D
Small Group Activity

1:30-2:00 TEAM PROBLEM SOLVING

2:00-2:15 BREAK

2:15-3:00 TEAM ACTION PLANNING

3:00-3:30 EVALUATION & PLAN FOR FOLLOW-UP
POST-TEST

TRANS/TEAM OUTREACH REPLICATION AGREEMENT

This agreement is between Luzerne-Wyoming Counties Early Intervention
and CHILD DEVELOPMENT RESOURCES' TRANS/TEAM OUTREACH.

I. TRANS/TEAM OUTREACH PROJECT COMMITMENT: TRANS/TEAM OUTREACH will provide the following services to assist the above-named site to replicate the model of inservice training in transdisciplinary service delivery:

Assessment of site training needs and development of an individualized training and technical assistance plan.

1 to 2 1/2 days of initial site training based on assessed needs. An additional half day of observation may be included.

A second on-site training of 1 to 2 1/2 days as needed based on subsequent assessment of team needs.

Technical assistance in the development of a Team Action Plan to address identified priorities of team or service delivery changes.

Provision of curricular materials and resources to accompany training content as well as supplemental materials to support orientation and continuing inservice training for new staff and families.

Follow-up technical assistance in relation to goals and strategies of the team's action plan, at least quarterly.

II. REQUESTING AGENCY COMMITMENT: Luzerne-Wyoming Counties Early Intervention agrees to replicate the model of inservice training in the transdisciplinary approach and will demonstrate commitment through the following actions:

Ensure that all early intervention program staff participate in on-site training including the program administrator.

Make on-site training available to families involved in the program and ensure that at least one family has the necessary support (i.e. transportation, child care) to participate.

Make on-site training available to representatives of community agencies providing early intervention services and to state Part H personnel, as appropriate.

Identify one team member to serve as an on-site contact person to ensure implementation of the inservice model.

Support costs of travel for project staff for on-site training and technical assistance, and duplication of training materials, as negotiated.

Assist in evaluation of Trans/Team Outreach through the following activities:

- Assisting an independent rater to describe your team's practices.
- Distributing Family Surveys Pre and Post Training, and
- Completing a Follow-up Questionnaire and Action Plan Review.

The agency's policies guarantee equal access to services and equality in hiring. The agency will operate in compliance with local, state, and federal regulations relative to services for children and their families.

Eugenia A. Hall
(Signature of Agency Representative)

5/12/93
(Date)

J. Ann Marie [Signature]
(Signature of Trans/Team Representative)

4/16/93
(Date)



Appendix C

Changes Made in Service Delivery Practices

Changes Made in Service Delivery Practices Since Trans/Team Training (1992-1996)

The following include excerpts from narratives describing changes made in service delivery practices as reported by teams after receiving Trans/Team Outreach training and technical assistance. Narrative statements were collected from the **Follow-Up Questionnaire** or **Review of Action Plan** from twenty-nine early intervention teams.

Team Philosophy and Mission Statement

Follow-up Questionnaire

“Developed a written description of transdisciplinary and a description of our program” (11/95 Beltsville, MD)

“We’ve accepted the philosophy that fewer providers is better for the family and child...” (5/96 Fairfax, VA)

Action Plan Review

“Used Delbeq process to develop written goals, values, and mission” (6/95 Derry, NH)

“Value statement written and valued by the team” (5/96 Derry, NH)

Each interagency assessment team “had to develop a vision for early intervention services, the barriers to that vision, and the strategies for overcoming those barriers.” (12/94 Wolfeboro, NH)

“Held staff development day - mission/philosophy, new goals, and used team scale (SIFT) in planning and problem solving” (3/94 St. Petersburg, FL)

“Mission statement activities completed, policies and procedures in process” (11/94 Concord, NH)

Referral, Intake, and Screening Practices

Follow-up Questionnaire

Screening and intake forms were changed “to eliminate repetition.” (10/95 Eagle Pass, TX)

Action Plan Review

“Developed interagency referral system between agencies; interagency agreement to improve referral process and service coordination; universal release form used” (3/94 Jacksonville, FL)

One person “takes referral, gathers information”; second person “schedules intake/assessment, prepares family, and determines assessment teams.” (3/95 Eagle Pass, TX)

“An intake form was developed and revised.” (6/94 Luzerne-Wyoming Counties, PA)

Pre-Assessment

Follow-up Questionnaire

“Developed a parent letter sent to them prior to service describing to them what is expected at the time of service; developed an evaluation participation form at which time of the evaluation, the parents and other team members sign.” (6/96 Lehigh County, PA)

“Changed information spoken and given to families that prepares them for the assessment and IFSP development.” (6/96 Lehigh County, PA)

“Pre-assessment planning meetings/materials became essential parts of the assessment process.” (6/95 Washington County, MD)

“Welcome packet was completed to send to families prior to evaluation.” Copies sent to Trans/Team: About Assessment Day, How Can We Help?, Summary of My Child’s Development. (9/95 Derry, NH)

“Intake forms have been changed to provide more information about the evaluation to families; pack toy bag together and discuss areas to target during assessment.” (7/95 Laconia, NH)

“Pre-assessment and post-assessment procedures are streamlined and more family-centered.” Copies sent to Trans/Team: About Assessment Day. (12/95 Forestville, MD)

Action Plan Review

“Families now make more decisions in all aspects of service delivery. Families are more prepared to participate in assessment and IFSP. Families now receive written materials prior to assessment and providers have a checklist to remind them of information to share with families. As a result of team action planning, the RISE team is more “team interactive during the assessment process; team members prepare more for assessment, better understand their roles, and use more instruments as resources for assessment.” (6/95 Keene, NH)

“Developed draft of pre-assessment questionnaire and it will be reviewed by preschool coordinator; developed a position statement for the purpose of the pre-assessment conference.” (11/94 Bowie, MD)

“Now have half-hour pre-assessment planning before assessment with assessment team; also have time together to do additional assessment preparation.” (5/95 Derry, NH)

“Use weekly meetings to share pre-assessment information and family’s roles and concerns; schedule pre-assessment planning time at the same time assessment is scheduled (set aside half-hour before assessment).” (7/95 Laconia, NH)

Copies sent to Trans/Team: List of procedures to prepare families, Preparing the team. (3/96 Eagle Pass, TX)

“Fifteen minute meeting before and fifteen minutes after to plan and debrief.” (3/95 Beltsville, MD)

“Developed a guide to early intervention year-round service provision in Prince Georges’ County explaining all services including transdisciplinary assessment to families.” (11/94 Bowie, MD)

Assessment

Follow-up Questionnaire

“Team encourages and solicits family participation and accepts families as team members.” (2/96 Clinton County, MD)

“Practicing new strategies during assessment -- team members now observe a wider range of behaviors, asking families about their impressions families have of their role in the assessment process; including new strategies for play-based assessment; Use of more open-ended questions, increasing team members comfort levels and preparing an outline of questions to ask during assessment.” (7/95 Laconia, NH)

Assessment - “using one facilitator that makes evaluations more efficient; toy baskets now organized.” (4/96 Wheeling, WV)

“Modified arena testing using teams, two people handle children.” (11/95 Beltsville, MD)

“More structure to assessment/IFSP responsibilities.” (1/96 Garland, TX)

“Multidisciplinary team assessment with family participation level improved substantially.” (6/95 Washington County, MD)

“Evaluation team members’ roles have been defined, better organized; more adherence to transdisciplinary approach.” (5/96 Derry, NH)

“Now practicing arena assessment in various settings (how, community, our center); everyone practiced at least one annual review in the arena model.” (8/95 Capital Heights, MD)

“Dividing team into two geographical teams with representatives from each discipline; evaluations scheduled according to geographic teams to increase opportunities for collaboration and program sharing/planning.” (4/96 Wheeling, WV)

“We now do more team assessments; we opened up one specific a week for team assessments; we assess at OT and PT’s offices when needed/possible.” (1/94 Mt. Pleasant, TX)

“Home-based assessment; community-based assessment.” (7/96 Stafford County, NH)

“Service coordinators now play a much bigger role in assessments.” (6/96 Bowie, MD)

“Other members of the evaluation team take notes and have conversation with parents.” (6/96 Wolfeboro, NH)

“Assessments are more play based and family centered; assessment materials are more organized and appropriate.” (12/95 Forestville, MD)

Action Plan Review

“Teams are using arena assessment format and attempting to do play-based assessments.” (2/96 Clinton County, MD)

“Team assessments now have been more observation of the child at play, families participate more, and arena roles (facilitator, coach, recorder, and parent person) are assigned; perceived more flexible and family-centered.” (8/94 Morgantown, WV)

“Smaller groups in assessment which increases participation.” (8/93 Tyler, TX)

“Arena testing (4 monthly), teams A & B - 2 times each.” (6/96 Bowie, MD)

“Expanded home visiter’s role on assessment team to do “running monologue” for families to help families understand what is going on.” (7/95 Derry, NH)

The interagency “group has worked to establish an independent assessment team for the initial evaluation, child entering early intervention services; the purpose and procedure for the assessment team will be developed over the next six months or more.” (6/94 Luzerne-Wyoming Counties, PA)

“The assessment team has divided in half with two people plus (intake person); doing all assessments in family’s home; (intake person) acts as a liaison for the family.” (3/95 Concord, NH)

“Education and Speech are working together (in assessment), using one instrument each, about one hour in length (5/94 Queen Anne’s County, MD)

Copies of assessment procedures sent to Trans/Team: “follow child’s lead, play; explain to families.” (3/95 Eagle Pass, TX)

“Used strategies for problem-solving learned in Trans/Team training to do required quality evaluation, work with families, area agencies, and all other related community agencies.” (12/94 Wolfeboro, NH)

Copies of Debriefing Notes sent to Trans/Team (2/95 Forestville, MD)

Post-Assessment/IFSP Meeting

Follow-up Questionnaire

“Completing the IFSP after the evaluation (same day).” (5/96 Laconia, NH)

Action Plan Review

“IFSP right after assessment - fewer outcomes, - always at a separate time.” (3/95 Eagle Pass)

“Follow-up visit with family after assessment to develop the IFSP and to introduce the service coordinator; someone from the assessment team also participates for continuity; team no longer meets without family following assessment.” (5/95 Stafford, NH)

“Different way of speaking to families in IFSP meetings, - more questions directed to families, - asking ‘what do they want’; less outcomes - 3-4 now rather than 10-15 as in the past.” (8/93 Tyler, TX)

“Families have the opportunity to share their ideas first and other team members follow the family’s lead;

During the IFSP meeting, the team works more collaboratively to determine outcomes and services.” (6/95 Keene, NH)

“Post assessment sharing with families takes place immediately after the assessment.” (8/94 Morgantown, WV)

“IFSP at assessment - going well when IFSP is done.” (11/94 Bowie, MD)

“More information is now shared with the family about developmental levels during writing of the IFSP.” (7/95 Laconia, NH)

“Extended assessment time for discussion afterwards.” (5/95 Wheeling, WV)

Assessment Report/IFSP

Follow-up Questionnaire

“Service coordinators now play a much bigger role in assessments and in writing assessment reports.” (5/96 Laconia, NH)

“IFSP more immediate and family-focused.” (7/96 Stafford County, NH)

“IFSP and evaluation are one document now; one report writer.” (6/96 Wolfeboro, NH)

“Time management at evaluation has improved so that IFSP is initiated if not entirely completed.” (5/96 Derry, NH)

“IFSP forms have gone through several revisions and are in a final format, IFSP is more family-friendly; parent survey completed regarding age levels used in reports; now incorporating age levels/ranges in our developmental evaluation.” (5/96 Laconia, NH)

“Better organization of IFSP (what and how to write in it).” (5/95 Eagle Pass, TX)

“We’ve created a new IFSP, but FICC has not approved it yet!” (5/96 Fairfax, VA)

“Service coordinators now play a much bigger role in assessments and in writing assessment reports.” (6/96 Bowie, MD)

“Some staff are writing integrated narrative reports.” (2/96 Clinton County, MD)

“Paperwork changed to reflect family focus.” (7/96 Stafford County, NH)

Action Plan Review

Regarding IFSP - “Reduced number of pages, removed redundant items, changed language from strengths and needs to concerns, needs and priorities; outcomes/goals now on same page with concerns and priorities; added other family members’ line to description of self.” (5/95 Stafford County, NH)

“Team now does three-month and six-month IFSP reviews consistently.” (5/95 Stafford County, NH)

“No longer use observations by discipline in report; team takes notes at IFSP meeting and service coordinator writes up notes and shares with the team.” (7/95 Wolfeboro, NH)

“IFSP changed terms, moved information to new locations, separated child and family outcomes, put all services on one page.” (12/94 Wolfeboro, NH)

“IFSP forms were revised and changes made in presentation to families.” Copies of new IFSP sent to Trans/Team: new developmental summary sheet, new child & family headings, new service page

“services are now better defined as to when, how, and where happen”. “identify service coordination as a separate service so that the team can clearly identify these as an early intervention service for each child.” (9/95 Derry, NH)

“Have developed pages (on NCR paper) for county-wide IFSP document.” (6/94 Luzerne-Wyoming Counties, PA)

“IFSP form changed - now something we can live with for a while - has less scores, more descriptive, focusing on team reports.” (8/93 Tyler, TX)

“More information is now shared with the family about developmental levels during writing of the IFSP.” (7/95 Laconia, NH)

“Developed a draft assessment summary (copy sent to Trans/Team); developed by ‘processing by for writing IFSP committee’.” (11/94 Bowie, MD)

“Draft “Comprehensive Evaluation Report” outline.” (9/95 Lehigh County, PA)

“IFSP format has been revised.” (11/94 Concord, NH)

“The team has changed how they write the assessment report, in family-friendly language and written in conjunction with each other; more timely in meeting 45-day time line.” (3/95 Concord, NH)

“Started doing the plan with the family at the IFSP meeting and giving copy of the document at conclusion of meeting; team has adapted CDR post-assessment discussion form.” (3/95 Concord, NH)

Transdisciplinary Implementation

Follow-up Questionnaire

“The children in the program are being served through a transdisciplinary approach; they have primary service providers who consults with other service providers, if necessary; there are some parents who feel that the transdisciplinary model is ineffective and they want more services - in these cases, the children have received direct from all teams.” (5/96 Laconia, NH)

“Staff members are attempting to implement transdisciplinary services.” (2/96 Clinton County, MD)

Team is using “primary service provider consult model.” (11/95 Beltsville, MD)

“We have tried to focus our service delivery on a primary provider model versus interdisciplinary; when a second team member is called in, their consultation is never done without the primary provider in attendance.” (5/96 Fairfax, VA)

Teaching and Learning /Team Consultation

Follow-up Questionnaire

“Divided larger team into two smaller teams to make coordination among teams easier; using speech therapist for more consulting rather than direct service; consultation on a regular basis (twice a month) has been built into the team schedule.” (2/96 Clinton County, MD)

“Increased training/cross-training of staff.” (6/96 Bowie, MD)

“Used August retreat to pound out transdisciplinary issues and the team has followed up on that approach; set up time for consultation and cross-training and feel this has happened; 4-5 staff inservice trainings per year; devote up to half-hour of weekly staff meetings for transdisciplinary issues.” (5/96 Fredericksburg, VA)

“Increased attendance and interest in early intervention training which was planned by the entire team.” (6/95 Washington County, MD)

“Developed time for colleague consultation two times a month and instituted joint visits for consultation; developed follow-up form for use by consultants.” (11/95 Beltsville, MD)

“Team is more comfortable with boundaries (crossing disciplines) and doing a variety of jobs.” (12/95 Forestville, MD)

“Physical therapist (1 day/week position) taken off evaluation team for better utilization of hours; all staff together on Thursday: half-hour in a.m. of inservice (staff take turns doing), next half-hour for case consultation (group and individual); Wednesday staff meeting 30-45 minutes case consultation also; include home visitors in assessment process and involving them in pre-assessment meeting.” (5/96 Derry, NH)

“We have organized inservices on arena assessments.” (5/96 Laconia, NH)

“Increased team meeting/collaboration time.” (4/96 Wheeling, WV)

Plan includes "general training on inservice days; individual training during regular consultation; primary service provider philosophy introduced during hiring and new staff orientation." (11/94 Bowie, MD)

"Implementation of PSP - limited number of PSP model exposures at this time, but those occurring are successful for the most part." (11/94 Bowie, MD)

"Four inservices have been planned for this year to facilitate a quality transdisciplinary approach, focusing on cross-training among disciplines; primary service provider and the consultant providers will do one to two joint visits to help facilitate a smooth initiation of services." (10/95 Capitol Heights, MD)

"'Lunch and Learns' topics generated by education committee; staff development day- SIFT." (3/94 St. Petersburg, FL)

"Started to develop orientation for new staff." (11/94 Concord, NH)

Team Building

Follow-up Questionnaire

"We have been meeting monthly with a small group of MH/MR and DDS staff to discuss issues and try to improve services; this is working better than our previous large group meetings." (11/94 Lebanon County, PA)

"Developed task force to implement suggestions and continue to meet periodically to review and adjust changes as need arises; interagency group reviewed the intake through evaluation and subsequent treatment process; identified process/points at which information passes from service coordinators to private providers and vice versa." (6/96 Lehigh County, PA)

"Staff meetings were changed so that less negative conversation was tolerated; more structure to staff meetings." (7/96 Garland, TX)

"Team is more supportive of each other; has developed into a working team; total team (interagency) involvement in decision making for early intervention program; more interactive as a team in planning and problem solving; the team meets together more often and at regularly scheduled times." (3/94 Claremont, NH)

"Divided team into two geographic teams (north/south) with representation from each discipline on each team; increased team meeting/collaboration time." (4/96 Wheeling, WV)

"Better communication skills." (8/94 San Antonio, TX)

"The team learned how to participate and collaborate in decision making." (10/95 Eagle Pass, TX)

"There is much better communication between teams." (5/96 Laconia, NH)

"Better agenda planning; incorporating new members into team." (11/94 Concord, NH)

Action Plan Review

"The program has been able to meet regularly and has found this to be extremely helpful; the "core" team has meet once a month; ED and SP are continuing to meet - this is going well." (5/94 Queen Anne's County, MD)

"Regular team meetings (both county and full staff) were instituted with chair and notetakers assigned; group action plan continued at full staff meeting; purchased answering machine and voice mail." (8/94 Morgantown, WV)

Improved communication "discussion/collaborate between home visit providers for individual child." (5/95 Wheeling, WV)

"Wednesday staff meetings - now more structured ...; agenda set; stick to time limit." (5/95 Derry, NH)

"Administrative issues will be addressed through monthly meetings with supervisors, clarification of roles, problem solving and positive feedback; rotate note-taking responsibilities during team meetings." (5/96 Laconia, NH)

"Take person "attends all staff meetings; team building has been tremendous." (3/95 Concord, NH)

“Started communication notebook at mailboxes for all staff; committees working - efficient groups, roles and responsibilities; suggestion box; staff meeting - facilitation improving.” (3/94 St. Petersburg, FL)
“Block”/team meetings were scheduled on a regular monthly basis.” (5/94 Washington County, MD)

Natural Settings

Follow-up Questionnaire

Action Plan Review

“Teaming for home visits; therapists in the home; improved discipline/collaboration between home visit providers for individual children; changed title of the child development specialist.” (5/95 Wheeling, WV)

“A few intakes and evaluations in the home; more choices for families; LEAP group moved off-site; written proposal for full-time LEAP person.” (5/95 Wheeling, WV)

“Have stopped holding toddler group at center and have started a toddler group within the community at a church; more inclusive community-based services.” (3/95 Concord, NH)

“In September, we initiated a pilot program at (a) preschool where six of our infant/toddler children are integrated into the community preschool for a half-day per week program; this class is team taught by an infant educator and a preschool teacher.” (10/95 Capitol Heights, MD)

Trans/Team has copies of issues related to home visiting. (3/95 Beltsville, MD)

“More home intervention.” (3/94 St. Petersburg, FL)

“Outcomes are more frequently measured by the family, and strengths and services are more frequently written in terms of the family’s daily routine and in natural environments.” (6/95 Keene, NH)

Interagency Collaboration

Follow-up Questionnaire

“We developed our plan and meet regularly as an interagency team to review the plan.” (8/95 Capitol Heights, MD)

“Nurses and social workers are now attending monthly team meetings as often as their schedule allows; agenda developed for each meeting.” (6/95 Washington County, MD)

Action Plan Review

“The interagency group meets regularly to do joint planning for systems change and the support and resources needed.” (6/94 Luzerne-Wyoming Counties, PA)

Interagency team meets for “learn and lunch every second Friday; three committees and direct reports from communities.” (3/94 Jacksonville, FL)

“Implementing Part H - more interagency coordination; all staff involved in interagency collaboration.” (3/94 St. Petersburg, FL)

Copy of list of activities sent to Trans/Team for “Consultation with community providers and physicians” (3/95 Beltsville, MD)

Transition

Follow-up Questionnaire

Action Plan Review

“New position ‘transition social worker’ at school system, works closely with Child Find and other

agencies; interagency teams in outlying counties; procedures guide will be updated.” (3/94 Jacksonville, FL)

“A committee has been organized to help facilitate a smooth transition from Part H to Part B services; a program was initiated for preschool teachers to do a home visit prior to the start up of school to meet the family and discuss the child’s current needs.” (10/95 Capitol Heights, MD)

“Developed transition document called ‘Look at Me’ recently revised and information added (documentation for children who aren’t re-evaluated right before transition.” (5/95 Derry, NH)

“Meeting regularly with Department of Education regarding transition.” (3/94 St. Petersburg, FL)

Evaluation

Follow-up Questionnaire

“Time set aside to include pre and post evaluation conferencing.” (5/96 Derry, NH)

Action Plan Review

“Established parent advisory and support group.” (3/94 St. Petersburg, FL)

“A feedback form used relatively consistently by assessment team members.” (5/95 Stafford County, NH)

“We are establishing a parent committee as part of our infant and toddler program..., the committee will meet monthly.” (10/95 Capitol Heights, MD)

“Community feedback; parents attended an Open House meeting in September; the parents were introduced to the idea of participating in a parent group, a telephone tree for parents, and a parent newsletter; a rough draft of a parent survey of services has been developed.” (11/95 Capitol Heights, MD)

Trans/Team received copies of two forms: Assessment feedback from families & Assessment Debriefing. (2/95 Forestville, MD)

“Program can obtain information about family satisfaction with assessment process from program’s quality assurance process; team members will speak with families directly about the assessment process to obtain feedback.” (7/95 Wolfeboro, NH)

“Parent resource person in place: meets with families, does home visits, can do FSPs, helps do focus group with parent to parent.” (3/94 Jacksonville, FL)

Family-Centered

Follow-up Questionnaire

“Team members perceive ‘the process’ to be more flexible and family-centered.” (8/94 Morgantown, WV)

“Increase of centering on child and family instead of being focused on the agency; therapists more sensitized to family’s needs.” (6/96 Lehigh County, PA)

“Communication with families improved - better planned, organized, family participation.” (5/96 Derry, NH)

More “seamless” process between intake and service delivery (7/96; Stafford County, NH)

Action Plan Review

Improved “clinic process and characteristics; written procedures for staff.” (3/94 St. Petersburg, FL)



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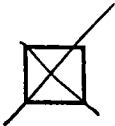


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