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ABSTRACT

This final report describes Project BLEND (Beginning Learning Experiences in Developmentally Inclusive Groups and at Home), a project designed to develop, implement, evaluate, and disseminate an ecological model for early intervention for children with developmental delays. Project BLEND included the following components: (a) the partnership (family, child care, BLEND) that was the context in which all activities for supporting each child's development were designed and implemented; (b) service coordination that assisted parents in establishing child care services and coordinating services from other agencies; and transition planning that assisted the child and family in making the transition to their next environment. In the first phase of the project, this model was developed and refined. In the second phase, the model was fully implemented with an existing early intervention center and community child care programs in middle Tennessee. In the third phase, the model was replicated in two sites: a school system in an urban setting that serves young children with disabilities (ages 3-5) and a second site that serves infants and toddlers with developmental delays and their families in a rural community. The report describes the project's activities and includes project implementation and replication checklists in the appendices. (Contains 12 references.) (Author/CR)

Model Demonstration Projects for Young Children with Disabilities: 3 + 2

Project BLEND

(Beginning Learning Experiences in Developmentally Inclusive Groups and at Home)

(1991 - 1997)

FINAL REPORT

Early Education Program for Children with Disabilities
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Abstract

The purpose of Project BLEND (**B**eginning **L**earning **E**xperiences i**n** **D**evelopmentally Inclusive Groups and at Home) was to develop, implement, evaluate, and disseminate an ecological model for early intervention. This project was based upon the following conceptual framework and assumptions:

- For many children in the 1990s, the human ecology of childhood includes child care and home settings; an ecological model of early intervention should be embedded in those settings;
- Child care outside of the home is a basic need for many families that is particularly difficult to meet when their child has developmental delays;
- High quality child care can represent one dimension of a normalized early intervention setting for very young children with developmental delays;
- Children acquire developmental skills through active engagement in a stimulating physical and social environment;
- For children with developmental delays, a central focus of a normalized early intervention program is to provide individualized experiences or adaptations within the normalized environment that, when necessary, support active engagement in the environment;
- Families can promote the acquisition, transfer, and maintenance of important developmental skills through embedding activities within their daily routines;
- Preparation for a child's transition to future settings occurs in both the child care and home settings.

Project BLEND included the following components: (a) the family-child care-BLEND partnership that was the context in which all activities for supporting each child's development were designed and implemented; (b) service coordination that assisted parents in establishing child care services for their children with developmental delays and coordinating services from other agencies; and (c) transition planning that assisted the child and family in making the transition to their next environment. In the first phase of the project, this model was developed and refined. In the second phase, the model was fully implemented with an existing early intervention center and community child care programs in middle Tennessee. In the third phase, the model was replicated in two sites. The first replication site represented a school system in an urban setting that serves young children with disabilities between the ages of three and five. The second site serves infants and toddlers with developmental delays and their families in a rural community.

A range of evaluation information was collected during model implementation and replication to evaluate the effects of the model for children and families. Evaluation activities were completed with each child participating in the BLEND community-based model. Specific evaluation activities also were conducted with children who were participating in non-integrated center or school-based programs. These children comprised contrast groups for purposes of model evaluation.

Developmental assessments were completed with each child participating in the BLEND community-based model. A measure of each child's progress on their IFSP/IEP goals was collected at regular intervals during the year. Also, project staff completed observations in each child's class to collect information about children's participation in classroom activities. The developmental assessments and classroom observations were conducted with the contrast groups as well. At the end of each year of participation, consumer satisfaction surveys were completed, usually through interviews, with participating families and child care programs.

Project materials and outcomes have been disseminated throughout the funding period.

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Project BLEND
(**B**eginning **L**earning **E**xperiences i**n** **D**evelopmentally Inclusive Groups and at Home)

In response to Priority 1 of the Early Education Program for Children with Disabilities (CFDA No. 84-024B) (Federal Register, 1991), we proposed to develop, implement, evaluate, replicate, and disseminate an ecological model of early intervention for very young children with disabilities and their families. This model has lead to the children's independent and successful participation in normalized, nonsegregated environments.

Conceptual Framework

The theoretical orientation of this project is based on the ecological psychology of Bronfenbrenner (1979), the applied ecology of child development that Nicholas Hobbs (1982) and colleagues employed in the their treatment of children with behavior disorders, the more recent application of eco-cultural theory that Weisner and colleagues (Bernheimer, Gallimore, & Weisner, 1990; Darling, 1989) have employed in working with families of children with disabilities, and the principle of normalization espoused by Wolfensberger (1972, 1991). In following an ecological orientation (an indepth discussion of this model appears in the original grant application), the conceptual framework for Project BLEND includes the following operating assumptions:

--For many children in the 1990s, the human ecology of childhood includes child care centers and home settings; an ecological model of early intervention should be embedded in those settings;

--Child care outside of the home is a basic need for many families that is particularly difficult to meet when their children are very young and have disabilities;

--High-quality child care can represent one dimension of a normalized early intervention setting for very young children with disabilities;

--Children acquire developmental skills through active engagement in a stimulating physical and social environment;

--For children with disabilities, a central focus of a normalized early intervention program is to provide individualized experiences or adaptations within the normalized environment that, when necessary, support active engagement in the environment;

--Families can promote the acquisition, transfer, and maintenance of important developmental skills through embedding activities within their daily routines;

--Home and child care programs must be coordinated in the sense that members of both systems are promoting the acquisition of the same skills for young children with disabilities (to the extent that those skills are required in both systems or a future system); and

--Preparation for children's transitions to future settings occurs in both child care centers and home settings.

Goals and Objectives

The purpose of Project BLEND was to develop, implement, evaluate, replicate, and disseminate an ecological model of early intervention for very young children with disabilities and their families. The original goals and objectives of the project are identified below. In the next sections, we will describe in more detail project activities over the five years addressing each goal.

Goal 1: To develop an ecological model of early intervention for very young children with disabilities and their families.

Objective 1.1: Develop a service coordination for families component.

Objective 1.2: Develop an inclusion collaboration component.

Objective 1.3: Develop a home-center "bridge" component.

Objective 1.4: Develop a transition services component.

Goal 2: To implement an ecological model of early intervention for very young children with disabilities and their families in the Susan Gray School.

Objective 2.1: Create a system for transition from a nonintegrated center-based program to a community-based, center-home program.

Objective 2.2: Identify child care centers in the community that will accept children with disabilities

Objective 2.3: Locate funding options for community child care.

Objective 2.4: Train staff of child care centers.

Objective 2.5: Design collaboratively an IFSP.

Objective 2.6: Design collaboratively and employ an activity-based intervention for children with disabilities in child care centers.

Objective 2.7: Design collaboratively and employ an activity-based intervention for children with disabilities in their homes.

Objective 2.8: Provide ongoing integration consultation at child care centers.

Objective 2.9: Provide home-center "bridging" consultation.

Objective 2.10: With families, identify next environment.

Objective 2.11: Conduct environmental analysis within the next environment.

Objective 2.12: Design and employ a transition plan for the next placement.

Goal 3: To evaluate the effects of the model for families and children.

Objective 3.1: Measure the degree of project implementation that occurred for children and families in the project and equivalent experiences for contrast children.

Objective 3.2: Analyze pre- and post-intervention test differences on the Battelle Developmental Inventory (BDI) for children in the integrated child care group and a contrast group of children from a nonintegrated, center-based program.

Objective 3.3: Analyze pre- and post-intervention differences in family knowledge, functioning, and satisfaction for children in the integrated child care group and a contrast group of children from a nonintegrated, center-based program.

Objective 3.4: Analyze post-intervention differences in placement in next setting for children in the integrated child care group and a contrast group of children from a nonintegrated, center-based program.

Objective 3.5: Analyze differences in cost for project and contrast programs.

Goal 4: To replicate demonstration model in two early intervention agencies.

Objective 4.1: Implement intervention model at Outlook Nashville following the objectives identified in Goal 2.

Objective 4.2: Evaluate intervention model at Outlook Nashville following the objectives identified in Goal 3.

Objective 4.3: Implement intervention model at Developmental Services (Foundations) in Dickson, TN following the objectives identified in Goal 2.

Objective 4.4: Evaluate intervention model at Developmental Services (Foundation) in Dickson, TN following objectives identified in Goal 3.

Goal 5: To disseminate products developed by the project.

Objective 5.1: Complete intervention manuals that describe each of the four components of the project.

Objective 5.2: Conduct training workshops at state and local conferences.

Objective 5.3: Conduct training workshops at national conferences.

Objective 5.4: Present results of evaluations of project at state, local, and regional conferences.

Objective 5.5: Present results of evaluations of project at national conferences.

Objective 5.6: Publish results of evaluations of the project in peer reviewed professional journals.

Project Activities by Goals

Goal 1: To develop an ecological model of early intervention for very young children with disabilities and their families.

BLEND Component Overview

Project BLEND used an individualized family service planning (IFSP) approach; consequently, each BLEND experience had pieces that were unique to that situation. At the same time, there are components that can be described as a framework for the model. The following section focuses on the three main components of Project BLEND: the Family - Child Care - BLEND Partnership, Service Coordination, and Transition.

Family - Child Care - BLEND Partnership

From the time of initial contacts with one another, family members, child care and BLEND staff began to develop a working partnership. All program activities occurred in the context of this partnership as the team shared and planned together. While in practice, activities occurred in a fluid fashion - that is activities and responsibilities intertwined and overlapped among team members - for purposes of description, individual activities will be highlighted here.

Collaboration with Child Care

Child care staff participated in the IFSP process as members of the child's team. The IFSP process included such activities as assessments, sharing information, program planning, participation in IFSP meetings and other team meetings, and other activities as determined by the team.

Child Care Visits

Collaboration with child care included regular visits in the participating child's program. Typically, the BLEND teacher visited one or more times a week as determined by the child's team planning. Prior to starting the classroom visits, BLEND and child care teachers met to discuss the timing of the visits and what would occur during visits. For instance, initially, the BLEND teacher might have spent time observing in the class to become familiar with the child in his/her environment. Visits might be made at different times during the program's day to learn about how the child spends time during the day and about classroom routines. At the same time, the children and staff in the classroom were getting to know the BLEND teacher. Some times the BLEND teacher would be requested to come at specific times to observe the child in particular routines or activities or to accommodate the program's schedule.

The BLEND teacher's role in each class was determined with the staff of the class. During her visits, a BLEND teacher might be assisting with the activity that was taking place, might be assisting the participating child, might be assisting other children or might be coordinating another activity. Frequently a combination of these activities occurred during visits, with the child care and BLEND teachers working out what felt comfortable in the context of each situation. In some instances, Project BLEND teachers provided supplemental information about facilitating young children's development or demonstrated effective procedures for promoting children's engagement during routine activities in children's child care programs.

While there was a "BLEND" child in the class, the BLEND teacher did not necessarily single out that child. Often, the BLEND teacher would be in the activity area where the child was playing and at the same time be conscious of not separating the child from the group or activity. The teacher looked for opportunities to support the child's development in the context of his/her play. Developmental goals on which the child was working were incorporated into the regular class routines and activities.

"Naptime Visits"

Along with classroom visits, the child care and BLEND staff scheduled time to meet away from the children for sharing resources, information, and planning. Most of these visits happened during the children's rest time and became known as "naptime visits". Discussions focused on how to incorporate targeted outcomes in the daily routines and activities. We found these visits invaluable for keeping communication lines open and for addressing questions and concerns as they arose. Families and other team members often participated in the naptime visits, also.

Collaboration with Families

The individual planning processes were guided by families' interests and were supportive of families' natural care giving roles, responsibilities, and routines. As previously noted, the IFSP process included such areas as assessment, program planning, resource and service coordination, and all other activities identified by the team.

Family Visits

Each family and BLEND teacher arranged times to get together for sharing information and planning. The purpose of family visits depended on parents' priorities and often changed during the course of participation in the program. For example, some family visits, particularly initial visits, pertained to exchange of relevant information and planning; whereas later visits often focused on selecting appropriate toys and demonstrations of how to support child development within the context of common home routines and activities. Also, family visits were one way of maintaining regular contact and communication, essential ingredients in collaboration.

Family visits occurred at a variety of places depending on what was convenient with each family. For example, we have met at child care, at local "fast food" restaurants, at therapy appointments, and at families' homes. Times for the visits were worked out according to everyone's schedules; some visits took place during the day, some during evenings or weekends. The number of visits varied and was decided upon and altered according to current situations and families' preferences. Often, there were more frequent visits initially when a family began participation in BLEND, and at other times such as preparing for an upcoming IFSP meeting or during transition activities. Generally, with exceptions as noted, visits were scheduled at least monthly, with phone contacts in between visits.

As with child care visits, what happened on family visits varied with each family and situation. The family and teacher (and other team members who might be involved) determined what would be useful at a given time. Sharing updates and other information was one purpose for getting together. Specific planning for home activities, for obtaining services, and for team meetings are examples of other visit activities. At times, the teacher might be modeling or demonstrating an approach that the family was interested in using at home related to an outcome from the IFSP. On some visits, the teacher brought specific materials related to an area of development the child was working on. There was

not one prescribed agenda or purpose for visits. As with other areas of the program, an individualized approach was used.

Visit Notes

One practice we found very helpful for keeping in touch with families was to leave notes at the child care program in the child's cubby or bag. Each time a teacher visited the child care, she wrote a "visit note" describing the activities that occurred during the visit. These notes also were useful for exchanging other messages between the family and teacher.

Service Coordination

Service coordination, as all other components, varied in response to the priorities and preferences of each child and family. Because of the Project BLEND teachers' flexible role and their knowledge of community resources and individual planning processes for children with developmental delays, they were frequently selected as service coordinators for the families involved in the Project. In those instances where another member of the team was named as service coordinator, The BLEND teacher coordinated efforts and activities with that designated service coordinator.

The purpose of the service coordination component was to insure the timely procurement and review of services and resources needed by children and their families; it involved following up on the IFSP and coordinating activities from the plan. Although service coordination varied based on the preferences of parents and the needs of their children, it often included providing information about services available in families' communities and, when indicated, making referrals and promoting linkages to those services. In addition, Project BLEND teachers reviewed the implementation of services and progress on goals that were delineated in families' and children's individual plans. For example, if team members determined that a child needed a speech and language assessment, a Project BLEND teacher might work collaboratively with parents and service providers to make sure an assessment was obtained and, when indicated by the assessment, to assist with arranging any needed therapy and consultation services. Other examples of service coordination activities included acting as a link among services, making referrals, participating in a family's search for a child care program, and providing information about advocacy organizations and family support resources in the community.

In this model, service coordination extended to the child care staff as well, for instance in sharing information on community resources generally or responding to a specific request for information or service. Linking any other services a child might be receiving with child care is another example of a type of activity that occurred. For example, if a child attended speech therapy outside of the child care program, the BLEND teacher was often a link for information between the two programs, facilitating arrangements so the program staff could meet or otherwise be in contact with one another. Additionally, in

planning for transition, the BLEND teacher often was designated as coordinator of transition activities.

Transition

Transition occurs whenever there is a change in educational programming or setting, for example when a child is entering or leaving a program. Transition is an ongoing process that often extends several months before and several months after a child actually transfers to a new program. Planning for transition was part of the IFSP process. As team members planned for a child's transition, they reviewed current programming and services and discussed preferences and priorities with respect to future services and settings. Each IFSP included transition activities that were planned by the team. Transition activities that usually occurred before a child's moving to another program included obtaining relevant information about possible services and settings, visiting possible future programs, meeting personnel in possible future settings, and developing transition plans to facilitate the child's enrollment in a new program. In addition, administrative guidelines of many new programs, particularly formal educational programs, have required eligibility documentation, assessment information, and exchange of previous individual planning information. Following completion of a child's transition activities and their enrollment in a new program, BLEND teachers continued to support families and personnel in new settings through follow-up activities such as telephone conversations and home visits with families and telephone contacts and program visits with personnel in a child's new setting. In collaboration with parents and new personnel, Project BLEND teachers determined how well children's transitions progressed and, when needed, provided further assistance to children, their families, and staff members in the children's new programs. Although the transition component was the last program element to be employed with families, transition planning was an important final phase for providing well-coordinated and comprehensive early intervention services to families.

The transition process continued until transition activities planned in the IFSP and any additional activities decided upon were completed. Assessing the transition process was one of the transition follow-up activities. Participating family and child care personnel provided information to evaluate and improve the transition process.

Goal 2: To implement an ecological model of early intervention for very young children with disabilities and their families in the Susan Gray School.

Project BLEND Model Implementation

Project BLEND (**B**eginning **L**earning **E**xperiences i**n** **D**evelopmentally Inclusive Child Care and at Home) was a model demonstration project funded by the Federal Department of Education. BLEND was funded as a "three plus two" such that the first three years of funding were for model development, implementation and evaluation. The "plus two" years were for systematic replication of the model. The overall goal for

Project BLEND was to develop, implement, and evaluate an ecological model of inclusive early intervention for infants and toddlers (birth to three) with developmental delays and their families (Odom, Brown, & Horn, 1991).

The model was developed as a part of an ongoing early intervention program serving infants and toddlers with developmental delays and their families. This program provided a variety of early education service options including a centered-based infant parent clinic, centered-based part day segregated toddler classrooms, and part-day reverse mainstream toddler classes. The BLEND model became one of the options available to families. All families participated in an initial Individualized Family Service Plan (IFSP) development meeting. It was at this point that families working together with professionals from the program chose the service option that best addressed their family's and child's resources, priorities and concerns. If a family selected the BLEND option, efforts began immediately to identify an appropriate child care program. Given many families' needs for out-of-home care, a number of families who selected the Project BLEND option had previously enrolled their children in child care programs. When children were already involved in child care programs, Project BLEND personnel worked with families to establish informal cooperative agreements and working relationships with critical personnel in children's child care programs (e.g., administrators, teachers). The minimum requirements for participating child care programs were: (a) the program was licensed by the appropriate state agency; and (b) the program participated in regular visits by Project BLEND personnel. For the children who were not enrolled in child care programs, Project BLEND personnel worked closely with parents to identifying child care services that best met the families' needs. Program visits to potential child care settings were conducted prior to the final selection of child care services. Project BLEND personnel also assisted eligible families in obtaining funding for child care tuition (e.g., Federal Block Grant Funds for Child Care). Early intervention services provided by Project BLEND personnel were funded by existing state funds for services for infants and toddlers with developmental delays and were provided at no cost to families.

Two full-time early intervention teachers served as Project BLEND teachers. Each teacher served eight young children and families. Because children were enrolled in child care services throughout the community, Project BLEND teachers worked with as many as eight community child care settings. Participating child care programs represented a range of community child care options from large center-based programs with multiple classes to small family-based child care programs with only several children. Children were served by Project personnel until the age of three, at which point they transitioned out of the services provided by the cooperating early intervention program. In some instances, however, families chose to remain in community-based child care settings or other preschool programs rather than enrollment in the existing early childhood special education programs in the local education agency (LEA). Because many children entered the program before or shortly after their first birthday and continued until their third birthday, Project BLEND teachers often worked with the same children and families for as long as two years. During the initial three years of model development,

implementation, and evaluation, a total of 35 children and families were served by Project BLEND personnel. Children served by Project BLEND personnel had a range of developmental difficulties (e.g., moderate developmental delays, multiple disabilities, autism).

Prior to Project BLEND, the early intervention teachers had been responsible for working directly in classroom settings. Once BLEND was implemented, BLEND teachers were given a new professional role as visiting teachers who were expected to work collaboratively with: (a) families of young children; (b) personnel in community child care programs (e.g., child care centers, family child care) that the children attended; and (c) related service personnel who worked with the children (e.g., speech therapists, occupational therapists, physical therapists). While initially developing and implementing the three program components of Project BLEND, the important role of the visiting teachers and the critical need for collaborative efforts with families and professionals became apparent. The overall objective of the collaborative consultation strategy was to establish and maintain effective partnerships among parents and professionals for promoting inclusive services for children enrolled in the BLEND project.

The new professional role of Project BLEND teachers allowed them to encourage working partnerships among adults involved with children enrolled in the Project. Hence, much of Project BLEND teachers' time and effort was spent coordinating children's families' services and facilitating both communication and planning among parents and professionals. The assistance provided by visiting teachers included planning that focused on: (a) children's developmental needs; (b) how to solve problems if and when they occurred in either child care programs or homes; and (c) how to promote children's active participation in common activities and routines in both their child care programs and homes. In addition, Project BLEND teachers provided supplemental information and materials for parents and child care personnel and, when appropriate, demonstrated strategies for facilitating children's development and participation in common activities in child care programs and homes. This new professional role and an accompanying commitment to a philosophy of collaboration were essential in implementing individualized programs to meet the needs of the children and families enrolled in the Project.

Throughout the implementation phase, the BLEND staff met regularly for continued development of and modifications to the model. The BLEND coordinator met individually with the BLEND teachers regarding implementation activities and issues, accompanied teachers on visits to child care sites, and participated in team meetings with teachers and families.

For additional descriptions of the specific project components and activities, please refer to the narrative found under Goal 1 above as well as the Project Implementation Checklist found in Appendix A.

Evaluation

During project years one through three, a total of 35 children and families signed up as BLEND participants. During the same period, 21 children and families signed up to be in a contrast group for purposes of model evaluation. Contrast group participants were enrolled in non-integrated classes at Susan Gray. Depending on the child's age upon enrolling in BLEND, some children participated in the project for two years (until they turned three).

Initial developmental assessments were completed for the BLEND group and the contrast group using the Battelle Developmental Inventory. Battelles were repeated at six month intervals corresponding to review dates for IFSPs; if a child exited the program before the six month review date, a Battelle was completed if it had been at least three months since the previous assessment. The Family Interest Survey and the Family Support Scale were completed by families before the initial IFSP and again before the second IFSP as general measures of families' concerns, interests, and supports. Beginning in Year 2, we collected information on engagement in each child's setting using the CASPER (Code for Active Student Participation and Engagement - Revised). Next placement analysis was conducted for the BLEND and contrast groups as children transitioned to the next setting.

Beginning in Year 3, Goal Attainment Scaling (GAS) was developed for child based outcomes from the IFSPs of participants in the BLEND group. These were reviewed on a monthly basis until the next IFSP outcomes were developed. Consumer satisfaction surveys were completed at the end of the project implementation period with family and child care participants. More detail about these measures, descriptions of children (both BLEND and Contrast), and findings are presented in the section under Goal 3 - Evaluation.

**Goal 4 will be addressed next followed by Goal 3. The reason for doing this is that Goal 4 addresses the two years of model replication. That is, where was model replication conducted, rationale for replication sites selected, how was model replication conducted and finally how was the model modified as a result of differences in replication sites. Goal 3 addresses evaluation of the impact of model implementation in the original site, as well as, in replication sites. Thus, logically replication needs to be presented first even though numerically the sequence is incorrect.

Goal 4: To replicate demonstration model in two additional programs.

Based on our experiences in developing, implementing, and evaluating the BLEND model in one early intervention setting we then systematically replicated in two new sites for years four and five. We conducted a systematic replication rather than direct replication based on the outcomes of initial implementation. The model development site represented an urban (located in Nashville) setting and served infants, toddlers (birth through two) and their families. Our plan was through systematic replication to broaden

the applicability of the model in terms of both age of target population and setting (urban vs. rural).

The nature of our two replication settings allowed us to systematically address these two generalization issues. Site one, Metropolitan Nashville Public Schools preschool special education program, represented an urban setting but served young children with disabilities between the ages of 3 and 5. This age difference brings with it all the pragmatic and philosophical differences that have been identified between the Part B and Part H service delivery systems, as well as the obvious differences that increasing age of the children precipitates. These include categorical eligibility rather than developmental delay or established risk; IEPs rather than IFSPs; special education services and related services rather than early intervention services; and a child focus rather than family focus.

Site two, Foundations in Dickson, Tennessee, served infants and toddlers (birth through two) and their families but represented a rural setting. This setting allowed us to address feasibility issues in terms of rural setting. Some of the differences that we anticipated and that have been identified in the professional literature included: a) possible social and professional isolation, b) fewer service options including specialized early intervention services and child care, c) stronger sense of community spirit and more personalized environments, and d) more informal, less bureaucratic communication and organizational structures (Helge, 1991).

Replication Site One: Metropolitan Nashville Public Schools Preschool Special Education Services

Description

The Metropolitan Nashville Public Schools serve approximately 70,000 school-aged children. Of these children, 13,580 are living in poverty and 20,827 (33.7%) receiving free or reduced lunch. The student populations of Nashville represent a range of demographics including SES, family structure, and ethnicity that characterizes metropolitan areas nationally. Of the school-aged children approximately 9,527 (13.6%) receive special education services. The following categories of children are served: children with mental retardation, speech/language impairments, hearing impairments, visual impairments, physical disabilities, health disabilities, autism, learning disabilities, serious emotional disturbances, and multiple disabilities. In Fall of 1991, the system began providing services to three-year-old children with identified disabilities. Children with identified disabilities were served in a range of service options including noncategorical classrooms within regular education campuses, categorical programs (e.g., visual impairments, hearing impairments, speech/language delays, multiple disabilities, autism & serious emotional disturbances) within regular education campuses, noncategorical classes in a segregated preschool center, and provision of specialized services on the grounds of public and private community preschool programs. The system was actively seeking to broaden choices for families of young children with disabilities with a focus on providing services models that are flexible and responsive to

family needs and support participation in natural, integrated settings. In their agreement to serve as a replication site for BLEND, the school system agreed to support two early childhood special education teachers and one paraprofessional to serve a maximum of 16 young children (3 to 5 years of age) with disabilities through a BLEND model. Since fall of 1992, personnel from BLEND have participated with Metro school personnel and other community and family representatives on a Metro Preschool Task Force. A main focus of the task force has been creating a community vision for preschool special education services in Nashville. During spring, summer, and early fall 1994, BLEND worked with Metro's Director of Special Education and the Preschool Coordinator in moving the delivery of preschool special education services from primarily school-based segregated classroom settings to an array of services that includes community-based program options. During the '94-'95 school year, Metro moved from initial fall startup involving 16 children in community-based services to serving over 50 children in community preschool and child care programs.

Implementation

Prior to the start of the '94-'95 school year, BLEND developed and implemented several inservice opportunities with Metro staff on such topics as "communicating with families" and "collaborative consultation". During the school year, we provided training on specific project components including evaluation measures to be used in replication. BLEND's project coordinator met regularly with the "Metro-BLEND" teachers. Periodic all team meetings were held with broader representation from Metro and BLEND for planning and discussion.

Initially, Metro planned to designate two early special education teachers and one educational assistant to serve a maximum of 16 preschool children with disabilities through a BLEND model across the two years of replication. BLEND participated in initial staff recruitment and orientation. In the '94-'95 school year, the BLEND-designated staff consisted of one full time early childhood special education teacher, two "job-sharing" special education preschool lead teachers, and one educational assistant. Each of the two lead teachers acted in a lead teacher-coordinator role 50% of the time and as a preschool itinerant teacher (BLEND teacher) for the other 50% of their position. As the response to the community-based approach grew through the year, Metro contracted with additional personnel as needed to serve children in community settings. By the beginning of the second year of replication there were 7 full-time community-based itinerant teachers, two full-time lead teachers, a full-time lead preschool speech therapist and a full compliment of educational assistants to support the nearly one hundred children in community-based settings. An additional note is that the self contained, early childhood special educational center was closed for direct service, serving as a home-base for the preschool staff.

BLEND served in a consulting role for the Metro-BLEND teachers and for contract teachers in the community-based model. Along with previously described activities, the BLEND coordinator met individually with the BLEND teachers to check in on

implementation activities and issues, accompanied teachers on visits to their child care sites, and participated in team meetings as decided upon with the teachers and families. Also, BLEND participated regularly in meetings and inservices for all the teachers participating in the community-based model.

Evaluation

For purposes of evaluation of the BLEND model during the '94-'95 school year, 13 children and families signed up as BLEND participants. We established a contrast group of 12 children enrolled in Metro's school-based classes. These classes provided services to children for 2 1/2 hours a day in self-contained classrooms within regular elementary schools. While some social interaction with Kindergartners in the school occurred, they primarily were viewed as non-inclusion sites. The same array of related services was available to these children as to those in the community-based program. Contrast children were "roughly" matched to BLEND children by chronological age, gender, and severity of disability as defined by the lead teachers who knew both groups.

In the second year of replication, ('95-'96), 10 children and families (this was a completely new group from the first year) signed up as BLEND participants for the purpose of evaluating the model. Because of the significant reduction in the number of children served in school-based programs we went to a neighboring school district to recruit contrast children. These children were all served in two classrooms housed in an elementary school. These children also attended for a half day and received related services on site. As with the first contrast group children were matched by age, gender and severity of disability.

For the BLEND and contrast groups, we completed initial (pre) and end of the school year developmental assessments utilizing the Battelle Developmental Inventory. Also, we collected information on engagement in the preschool settings for all groups using the CASPER (Code for Active Student Participation and Engagement - Revised).

For the BLEND group, Goal Attainment Scaling was also used. The review schedule was every 4 weeks with information being incorporated in the teachers' progress reports which were completed every 12 weeks. Implementation checklists for replication (found in Appendix B) were developed and were used on an ongoing basis with the Metro teachers; the replication activities lists were individualized to address the challenges of each situation. A replication checklist for systems planning was used with Metro preschool administrators for identifying potential system issues in model replication. Next placement analysis for the BLEND and contrast groups were conducted as children transitioned to the next setting. Consumer satisfaction surveys were completed during the summer with family and child care participants. More detail about these measures, descriptions of children (both BLEND and Contrast), and findings are presented in the next section under Goal 3 - Evaluation.

Modifications in Model

As anticipated some modifications were made to the model as we implemented with the Metro Schools program. With the school system, decisions about eligibility for services, long term goals, and program model were all made at the initial Multidisciplinary Team Intake Meeting. The actual location of the program was often not determined until later. While the family was an active member of this initial team meeting, many other of the services providers including the itinerant ECSE and the ECE teacher often were not present or even identified. Teaming and true collaboration between teachers and families required additional efforts. The Metro system supported the teachers in routinely conducting Naptime Visits on a regularly scheduled basis and producing visit notes for each program visit. The visit notes were created in duplicate so that one went into the child's "classroom notebook", one went home to the family and the itinerant teacher kept one. Naptime meetings were open to all members of the team including the family, however, because of time and schedule constraints the participation by families was not as regular in some instances. Further, the school system did not have as strong a family centered philosophy as the early intervention providers did, and thus the family homevisiting component was not a regular aspect of the program. However, itinerant teacher all reported having regular contact with the families through notes and telephone conversation.

An additional modification included the provision by the school system of the full array of services identified on the IEP, rather than the multiple agency model frequently implemented in the Part H service system. This included supporting the portion of the preschool tuition addressing IEP goals and providing related services on site again as specified by the IEP. Because of the exchange of funds a more formal, legal contract was drawn up between the school system and a cooperating child care or preschool. The final addition, was the provision of transportation to and from the child care or preschool program for the eligible children at not cost to the child.

Replication Site Two: Foundations Developmental Preschool Services - Dickson

Description

Foundations was established as a rural replication site for the Family, Infant, and Toddler (FIT) Project. This HCEEP model demonstration project was funded through the Kennedy Center and Peabody College in the early 1980s. Since its establishment, the program has received continuation funding from the Tennessee Department of Mental health and Mental Retardation to provide early intervention and related services to families in Dickson County and its surrounding counties. Dickson County has a population of 35,000, with Dickson being the largest city with approximately 12,000 residents. Foundations is the only early intervention program available in the county and its surrounding counties. There are 20 licensed child care programs and/or family group home providers in the county. Foundations serves children in Houston County (population 16,754) as well. Foundations serves 29 children (7 through Part H funding; 22 through DMH/MR). Nine of the children attended Foundation's on-site program at

the beginning of replication. Ten children were served through child care program (9 in centers, 1 at family child care). Foundations staff provided services in 3 different child care settings. In most cases, the children with developmental delays attended the same program but participated in different classrooms within that center. Ten children were served through Foundation's home-based services. Foundations had a goal of phasing out their on-site component by July 1995, with expectations of meeting their goal prior to that time. The early intervention staff consisted of two full time early interventionists, one part-time early interventionists (4 full days a week), and three contracted-by-visit staff.

Implementation

As with the Metro replication site, BLEND staff participated in planning with Foundations during the spring, summer, and fall prior to beginning Year 4 of the grant. Starting in 1993, Foundations began serving some of its students in community child care programs. Additionally, students continued to be served at home and in Foundations' center-based program. As part of their annual planning, staff at Foundations developed a goal of phasing out their center-based program as part of their agency's mission of "building an inclusive community". By the end of 1994, Foundations closed its center-based program (ahead of its projected mid-1995 date), and was providing early intervention services for children at their homes or at community child care programs. By the end of replication year 1, Foundations served 26 children, eight of whom were receiving services at child care programs. Also, a satellite early intervention program had opened in a neighboring (Cheatham) county. This program served approximately 11 children and families with one being served in community child care.

During the summer and fall of 1994, BLEND developed and implemented staff development sessions on specific components of the model including evaluation measures such as the Battelle and Goal Attainment Scaling. Staff from BLEND also participated in these sessions.

BLEND served in a consulting role for the Foundations teachers. As with the Metro Nashville site, BLEND's project coordinator met individually with the Foundations staff to check in on implementation activities and issues, accompanied teachers on visits to their child care sites, and participated in regular staff meetings and planning sessions as when, for example, Foundations was discussing annual objectives. Additionally, BLEND's coordinator met with Foundations' director for continued joint planning in addressing staff and systems issues in replication.

Evaluation

For purposes of evaluation of the BLEND model, a total of 10 children and families signed as BLEND participants over the two years of replication. Since Foundations operates on a twelve month year, we continued to add BLEND participants throughout Year 4 & 5 as families chose Foundation' community-based mode.

Initial developmental assessments were completed for the BLEND group using the Battelle Developmental Inventory. Battelles were repeated at six month intervals corresponding to review dates for IFSPs. Goal Attainment Scaling was developed for child based outcomes from each participant's IFSP. These were reviewed on a monthly basis until the next IFSP outcomes were developed. We did not complete the Family Interest Survey and Family Support Scale on a routine basis. Foundations teachers chose from these and other materials as appropriate for addressing families' concerns and interests. CASPER data was collected for BLEND children during the summers. The initial development site's Contrast group served as Contrast for this site, as well.

Replication checklists for implementation (found in Appendix B) were used with the Foundations' teachers to note progress and address any areas of concern. A replication checklist for systems planning was used with the director to identify and address any system issues in model replication.

Next placement analysis was conducted as children exited Foundations when they turned three. Consumer satisfaction surveys were completed at the end of each child and family's involvement with the project. Interviews were conducted with family and child care participants.

Modifications in Model

Four staff members at Foundations provided early intervention services at child care programs. Each of these staff members also served children through the home-based program. One aspect of Foundations' community-based model is that while some of the children are enrolled in the child care where they are receiving early intervention services, others attend the child care solely as their early intervention program for amounts of time as designated in their IFSPs. For children not enrolled in the child care program, their early intervention teacher was present during all of their scheduled times at the child care and in some instances provided transportation for a child to and from the child care.

Other aspects of the model at Foundations included more informality in some procedures. For example, staff meetings were often held at "potluck" lunches, and spontaneous meetings of the BLEND teachers occurred sitting around a kitchen table at the agency. Also, operating decisions often were made by one or two persons whereas in the larger urban systems there usually were more steps and organizational structures involved in the process. At the same time, introduction to and participation in the project evolved over an extended period of time. The project coordinator worked together with Foundations' director and staff for several months prior to families enrolling in BLEND.

Goal 3: To evaluate the effect of the model for families and children

As mentioned earlier, we are addressing this goal out of numerical sequence, since we are combining the evaluation data collected on the model both for the original site (Susan

Gray School – Early Intervention) as well as, for the two replication sites (Metro Nashville Public Schools and Foundations Early Intervention Program). A range of evaluation information was collected to answer specific questions about the Project BLEND model. The majority of these questions were addressed for both the original implementation program and for replication programs. However, there were some that were discontinued for specific reasons with replication programs. Each of the evaluation questions with its corresponding data sources and sites/programs from which data was collected is presented in Table 1 below. Following this each question is presented again with narrative to describe the methods used to answer the question and the resulting information collected.

Table 1 - Program Evaluation Questions

Evaluation Question	Data Source/Instrument	Site(s)
1. Did the children and families participating represent a diverse group of young children with disabilities?	Child Demographic Forms	Original Site Replication Sites Contrast Sites
2. How do the ecobehavioral arrangements in the inclusive community-based placements compare with more traditional self-contained center or school based programs?	Code for Active Student Participation and Engagement-Revised (CASPER)	Original Site Replication Sites Contrast Groups
3. How does participation in Project BLEND affect the development of young children with disabilities as compared to children in noninclusive center or school based settings?	Battelle Developmental Inventory (BDI) pre and post comparison using Proportional Change Indexes (PCI)	Original Site Replication Sites Contrast Sites
4. Relative to a center-based early intervention program, what are the effects of Project BLEND on Family Interest and Family Support?	Family Interest Survey Family Support Scale	Original Site Contrast Site (Early Intervention only)
5. What types of educational placements do children in Project BLEND and children in noninclusive centered or school-based settings transition to?	Follow-up contact after placement	Original Site Replication Sites Contrast Sites
6. Do Project BLEND children meet the goals established by the IFSP or IEP team?	Goal Attainment Scaling (GAS)	Original Site Replication Sites
7. How much does the Project BLEND model cost in comparison with a nonintegrated early intervention program?	Categorical Cost Estimates based on Barnett & Escobar (1989)	Original Site Contrast Site (Early Intervention only)
8. How do consumers (families and child care providers) evaluate their participation in Project BLEND?	Semi-structured Consumer Satisfaction Interviews (Family and Child Care Providers)	Original Site Replication Sites

Did the child and families participating represent a diverse group of young children with disabilities?

Over the course of the 5 years of the project, BLEND staff worked with the staffs of two early intervention programs including the Susan Gray School for Children (the original development and implementation site) and Foundations Early Intervention Program (replication site in years 4 and 5). Further during replication years 4 and 5, BLEND staff worked with the staff of a 3-to-5 preschool special education program, Metropolitan Nashville Public Schools. For all of these programs, the BLEND model represented only one of their service options available to families and children. Families selected the BLEND option in collaboration with their child's IFSP or IEP Multidisciplinary Team. During the development and implementation stages, all children and families participating in the BLEND option were considered BLEND participants. However, during replication only a subset of the full cohort of children and families participating in a BLEND option were included in the BLEND sample. The BLEND sample was viewed as the group for whom program evaluation measures were collected. This sub-set approach was utilized for logistical (cost to project staff) and pragmatic reasons (intrusiveness of the evaluation measures for families, children and service providers). In addition, as previously described contrast groups were established for both the early intervention participants (birth to 3) and for the preschool (3 to 5) children. A subset of children enrolled in a nonintegrated classroom option in the SGS school comprised the contrast group for the early intervention model. For the preschool group two contrast groups were established. The first was a matched group of children participating in noninclusive school-based classroom within the Metro Nashville Schools. The second was a matched group of children participating in noninclusive school-based classroom within a neighboring county. Table 2 provides a summary of all of these participants that comprised the program evaluation sample for Project BLEND.

How do the ecobehavioral arrangements in the inclusive community-based placements compare with more traditional self-contained center or school based programs?

To measure the ecobehavioral arrangements of original Project BLEND, replication, and contrast settings, we developed an instrument called the Code for Active Student Participation and Engagement-Revised (CASPER). The Casper is a direct observation, ecobehavioral assessment adapted from the ESCAPE system developed by Carta, Greenwood, and Atwater (1986). This momentary time sampling system generates information about group arrangement, group composition, activity, activity initiator, child behavior (and a summary measure of engagement), child social behavior, and teacher behavior. Specific categories within each of these larger variables are included in Appendix C. For more detailed information on the coding system and procedures contact Samuel Odom.

Table 2

Project BLEND
Original Early Intervention Site

BLEND Year	Participant #	Gender	Chronological Age (Months) at Initial BDI	Initial BDI Age Equivalent (Months)
1	370	M	31	21
1-2	371	F	31	24
2	372	F	32	27
2	373	M	31	15
2	374	F	33	25
2	375	F	20	11
2	376	M	16	8
2	301	F	12	5
2	302	F	12	2
2	303	M	24	21
2-3	304	M	13	8
2	305	M	27	17
2	306	M	27	19
2	308	F	27	22
2	309	M	31	24
2-3	310	M	16	10
2	311	M	35	27
2-3	312	M	13	7
2-3	313	M	10	5
2-3	314	M	22	15
2-3	315	F	31	29
3	316	F	34	22
2-3	317	M	21	14
2-3	318	M	32	26
3	319	F	24	15
3	320	F	33	38
3	321	M	19	19
3	322	F	16	12
3	323	M	32	24
3	324	M	28	23

Table 2 cont.

3	325	F	34	30
3	326	M	30	22
3	327	M	30	17
3	328	M	21	17
3	329	M	31	9

Table 2 cont.

Project BLEND
Early Intervention Contrast Site

BLEND Year	Participant #	Gender	Chronological Age (Months) at Initial BDI	Initial BDI Age Equivalent (Months)
2	170	F	32	26
2	171	F	30	3
2	172	F	32	17
2	174	M	18	13
2	175	M	30	16
2	101	M	29	11
2	102	M	28	9
2	103	F	27	20
2	104	M	21	2
2	105	F	23	3
2	106	F	28	13
2	107	F	31	15
2-3	108	F	19	11
2	110	M	18	10
2	111	M	24	17
2	112	M	19	13
2-3	113	M	26	25
3	116	F	18	14
3	117	M	21	18
3	118	F	30	23
3	119	M	27	19

Table 2 cont.

Project BLEND
Early Intervention Replication Site

BLEND Year	Participant #	Gender	Chronological Age (Months) at Initial BDI	Initial BDI Age Equivalent (Months)
4-5	4003	M	20	16
4	4005	F	29	22
4	4007	M	25	32
4	4008	M	30	18
4	4009	F	34	31
5	7001	F	26	17
5	7002	M	10	8
5	7003	F	30	16
5	7004	F	23	21
5	7006	M	26	15

Table 2 cont.

Project BLEND
Preschool Replication Site

BLEND Year	Participant #	Gender	Chronological Age (Months) at Initial BDI	Initial BDI Age Equivalent (Months)
4	2001	Male	53	24
4	2003	Male	38	26
4	2004	Female	38	17
4	2005	Female	53	27
4	2006	Male	49	34
4	2007	Male	43	13
4	2008	Female	45	35
4	2009	Male	44	19
4	2010	Female	38	24
4	2011	Male	52	27
4	2012	Male	59	39
4	2013	Male	56	24
4	2014	Female	38	24
5	5001	Female	56	41
5	5002	Male	45	33
5	5003	Female	59	39
5	5004	Male	49	26
5	5008	Male	59	28
5	5009	Female	38	24
5	5010	Male	53	38
5	5012	Male	49	30
5	5013	Male	46	29
5	5015	Male	59	35

Table 2 cont.

Project BLEND
Preschool Contrast Site

BLEND Year	Participant #	Gender	Chronological Age (Months) at Initial BDI	Initial BDI Age Equivalent (Months)
4	3001	Male	56	25
4	3002	Female	43	24
4	3004	Female	56	22
4	3005	Male	52	28
4	3006	Male	54	19
4	3007	Male	54	30
4	3008	Male	58	23
4	3009	Male	50	37
4	3010	Female	55	12
4	3011	Male	42	33
4	3012	Male	41	13
4	3013	Female	39	20
5	6001	Male	47	22
5	6002	Male	42	20
5	6005	Female	49	35
5	6006	Male	57	39
5	6007	Male	46	25
5	6008	Female	56	47
5	6009	Male	47	33
5	6011	Male	58	36
5	6012	Male	51	42
5	6013	Female	54	32

Observers collected six 1/2 hour samples of data. These samples were generally distributed across the most "educationally active" periods of the day (which were usually the mornings) and across days (if possible, observers only collected one sample per day, and usually not more than two).

Observer training occurred across a sequence of phases. Initially, the CASPER coding manual was shared across observers. Regular meetings occurred for all observers in training; these meetings were coordinated by the program evaluator for the project. Data collection began when observers reached an 80% interobserver-agreement criteria on each variable. Weekly meetings continued through the end of data collection. Inter-observer agreement percentages were calculated for 25% of all observations.

Figures 1, 2, 3, and 4 present summary data on selected aspects of the CASPER for the original site and the early intervention replication and contrast site. Figure 1 represents the level of active engagement across a variety of activities by the focal children (those being directly observed), as well as, providing an indicator of overall average active engagement of intervals observed by site. As can be seen generally, the overall engagement was similar across sites with no significant differences in type of activity in which the children were engaged except for somewhat more use of books in the contrast site. Figure 2 shows the actions the adults were directing toward the focal child if the adult happened to be with the child during the observation interval. If the adult was attending to another child or group of children a "no adult directly with the child" was coded. Here again no notable differences were found between the groups. Figure 3 presents information on who initiated the activity during those intervals in which the focal child was engaged. The primary differences seen in this figure between sites is that compared to both the original and contrast site, in the replication site the focal children more often than adults were the initiator. Further, only in the BLEND sites do we see (only slightly however) any initiation by other peers. Finally, Figure 4 provides information on the social behaviors exhibited by the children. As would be expected for this age group most of the social behavior that occurred was directed to adults. Again here we see some slight but not significant differences in social behaviors directed to peers slightly in favor of the BLEND sites. Thus, overall on the major aspects measured by the CASPER there were no significant observed differences across the settings.

Figures 5, 6, 7, and 8 present summary data on selected aspects of the CASPER for the preschool replication and contrast site. Figure 5 represents the level of active engagement across a variety of activities by the focal children (those being directly observed), as well as, providing an indicator of overall average active engagement of intervals observed by site. As can be seen generally, the overall engagement was similar across sites with no significant differences in type of activity in which the children were engaged. Figure 6 shows the actions the adults were directing toward the focal child if the adult happened to be with the child during the observation interval. If the adult was attending to another child or group of children a "no adult directly with the child" was coded. Here again no significant differences were found between the groups. It is interesting to note that the replication sites showed slightly higher levels of engagement

Figure 1

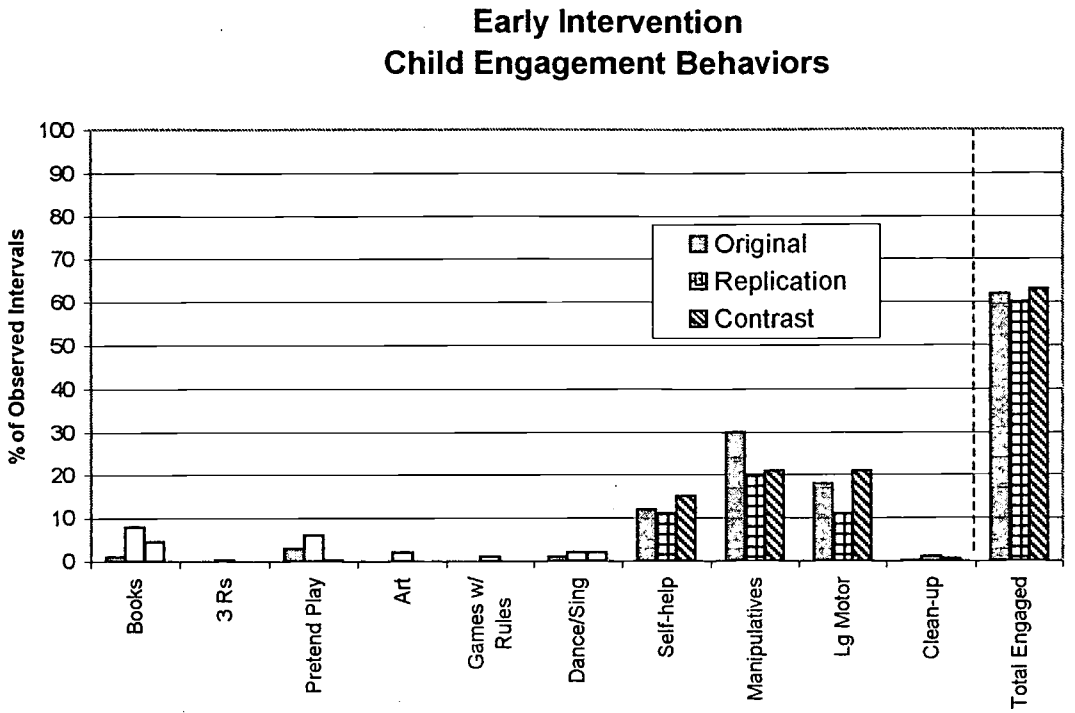


Figure 2

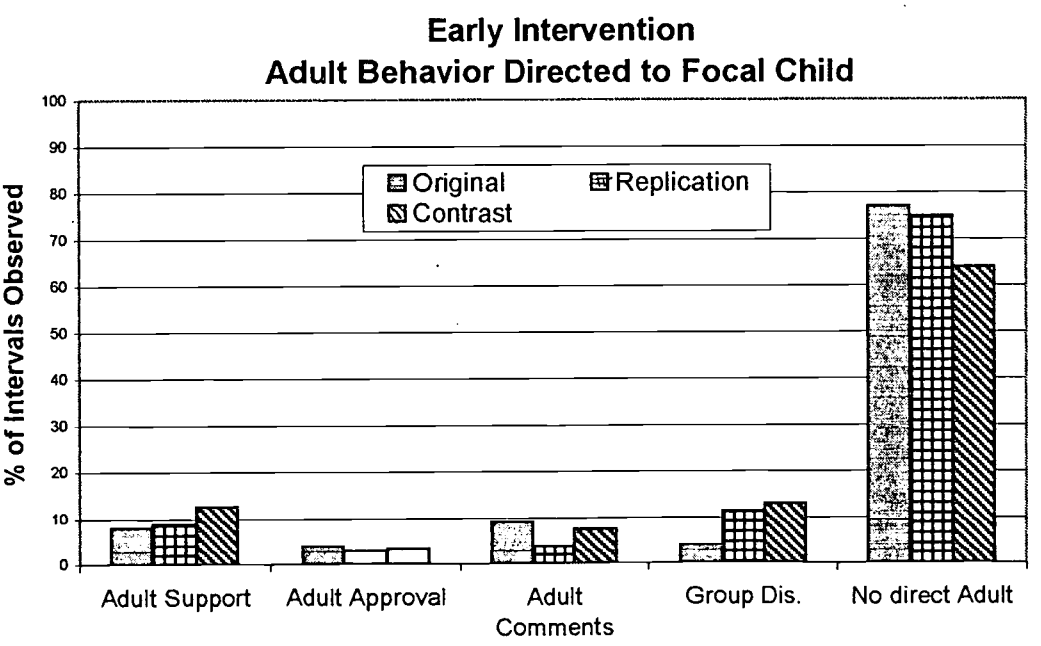


Figure 3

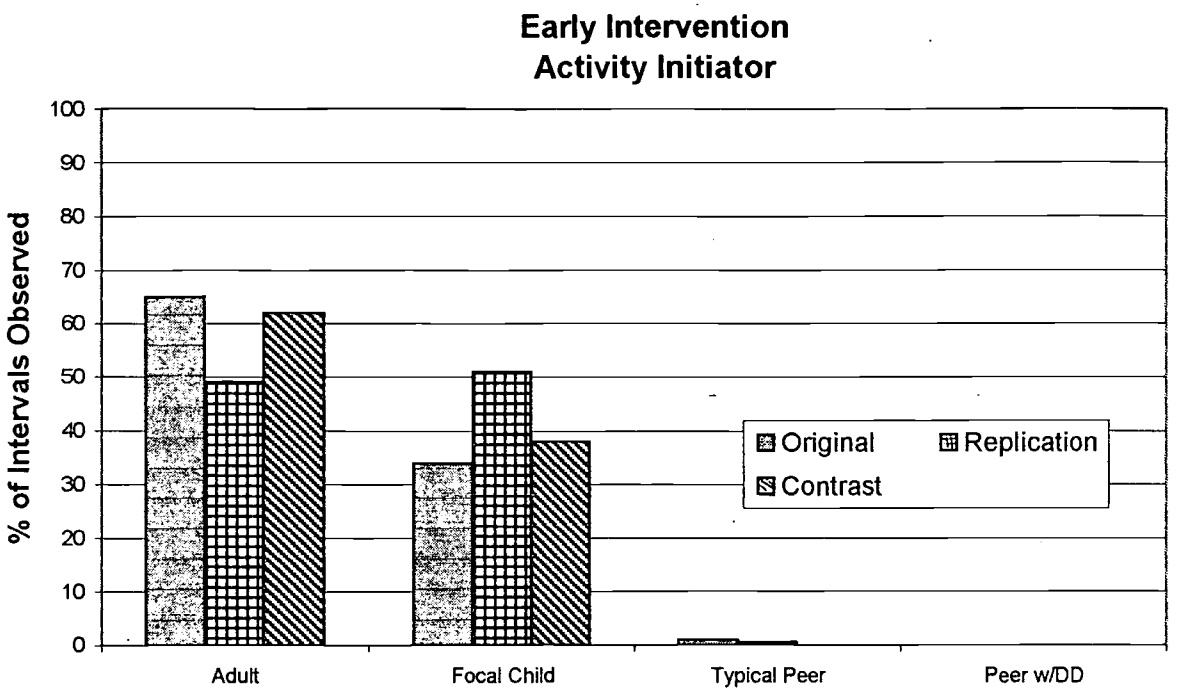


Figure 4

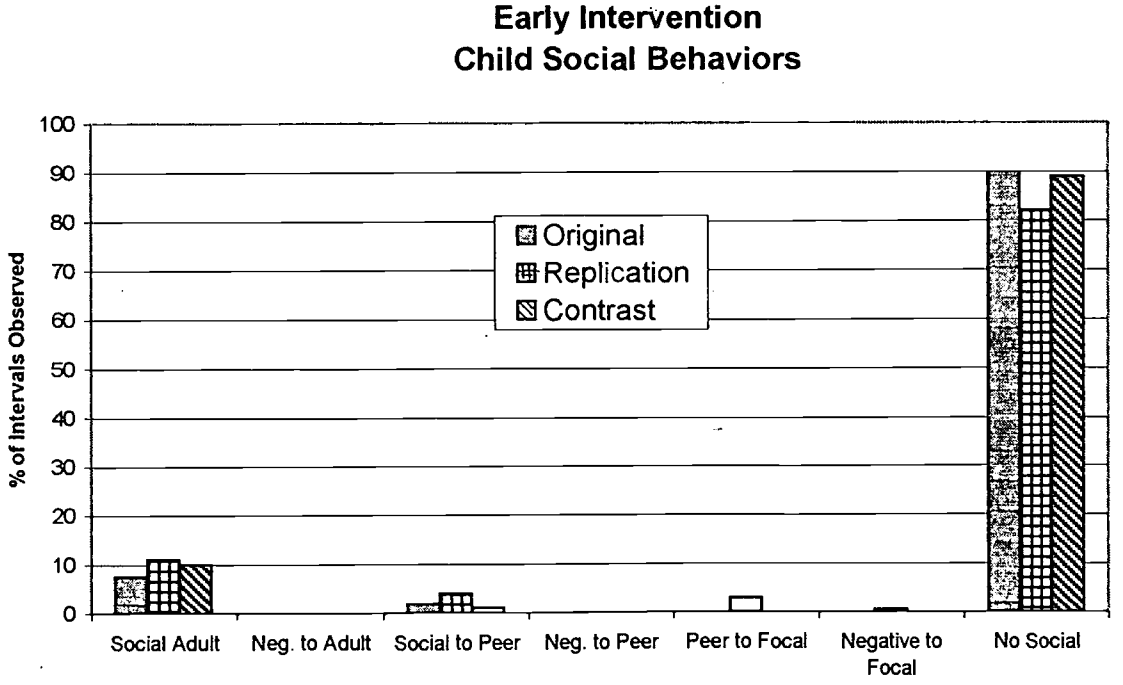


Figure 5

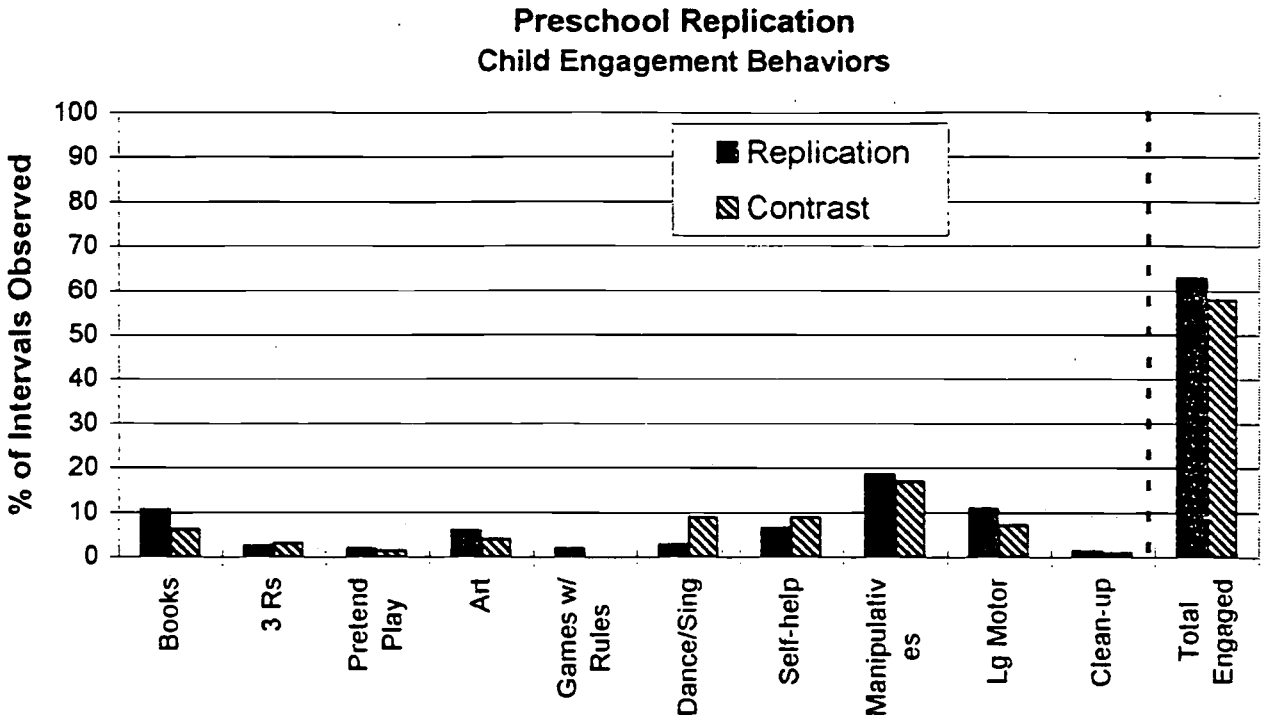


Figure 6

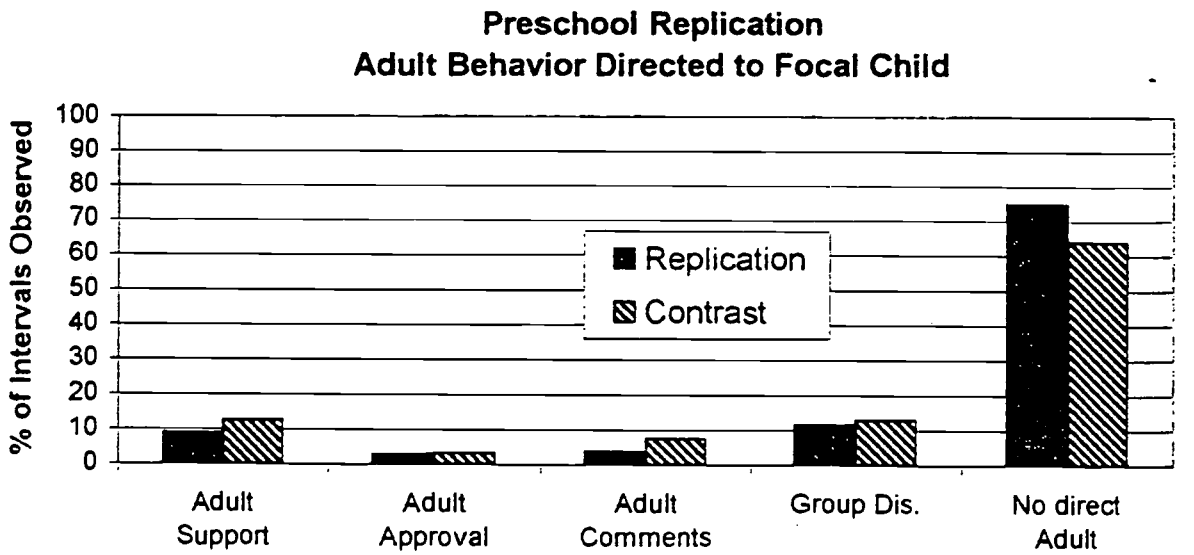


Figure 7

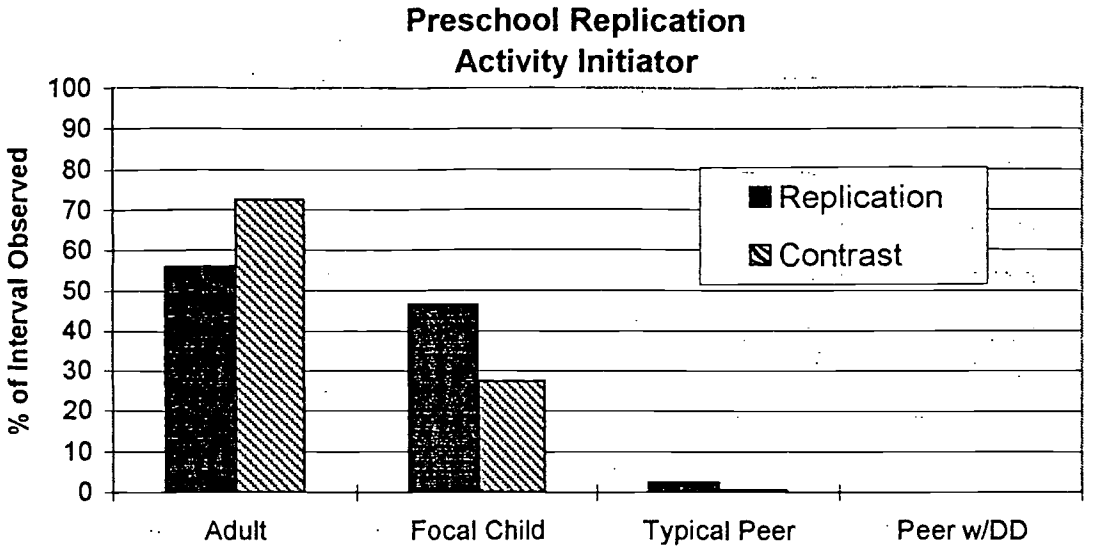
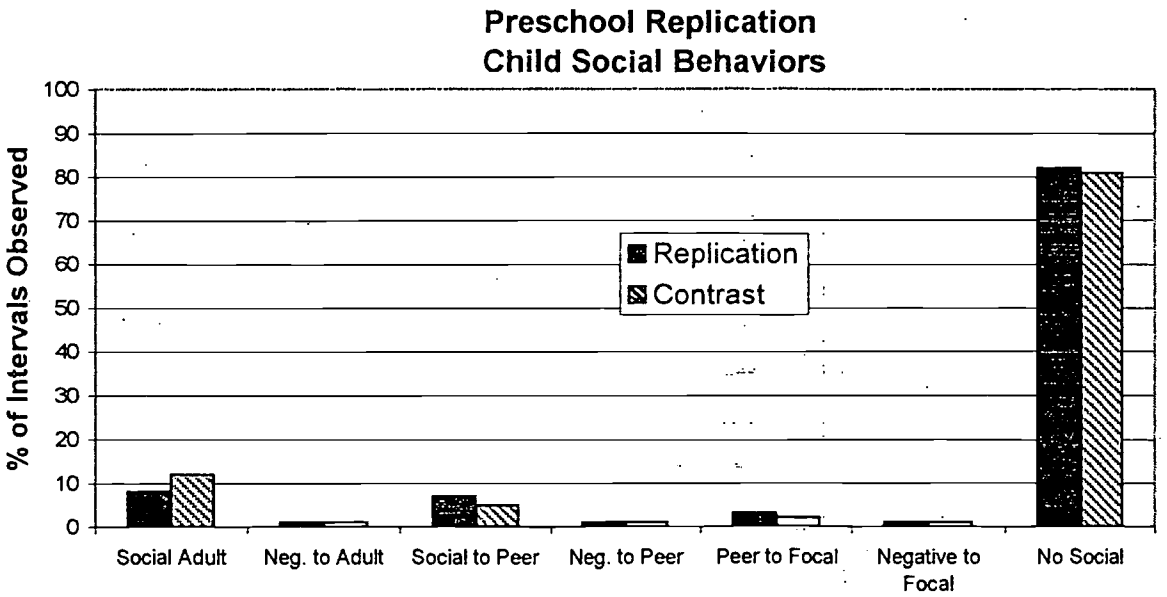


Figure 8



but slightly lower direct attention from adults. This could be interrupted to mean that the children were more independently engaged in activities. This is further illustrated in Figure 7 which presents information on who initiated the activity during those intervals in which the focal child was engaged. Here significantly more often the child was the initiator of activities in the replication sites indicting a for child directed environment. Finally, Figure 8 provides information on the social behaviors exhibited by the children. As would be expected we see slightly higher level of the social behavior for the preschool group than the early intervention group. Levels for both groups correspond with expected levels for these ages. We do also with this age group see a higher percentage of social behaviors now being directed to peers rather than just toward adults. Again here we see some slight but not significant differences in social behaviors directed to peers slighted in favor of the BLEND sites. Thus, overall on the major aspects measured by the CASPER there were no significant observed differences across the settings.

How does participation in Project BLEND affect the development of young children with disabilities as compared to children in noninclusive center or school based settings?

As a general measure of children's development, the staff of Project BLEND administered the Battelle Developmental Inventory (BDI) at the beginning of the involvement. For the early intervention group re-assessment occurred at approximately six month intervals before the IFSP review and/or as they transitioned out of the program. When a child left the program before a six-month interval had elapsed, the BDI was re-administered if a three-month period had elapsed since the previous assessment. The preschool group had BDIs completed at the end of the school year prior to the annual IEP review. To establish a standard comparison for the Project BLEND original site and preschool replication site, the BDI was administered on the same schedule to the contrast groups (described earlier). BLEND teachers and program evaluation staff administered the BDI. The calculations of BDI scores were checked for accuracy by the program evaluation staff.

To determine the change in rates of development when children were in the programs, the Proportional Change Index (PCI) (Wolery, 1983) was computed for the Developmental Index as well as each of the subdomain scores. The formula used for these calculations was: [(DA2 – DA1)/(CA2-CA1)]/(DA1/CA1)], where DA was developmental age in months from the BDI, CA was chronological age. This formula compares a child's rate of development when they are enrolled in the program with the rate before they entered the program. An index of 1 means the child is progressing at the same rate during the program as he/she was before entering the program; indexes below 1.0 indicate the child is progressing at a slower rate than before they entered the program. Although there are problems with using the PCI as the sole measure of change in development (e.g., it appears to be affected by pretest scores; it is affected by natural accelerations in development), it can be used as one source of information about development.

The PCI scores for the Early Intervention BLEND and Contrast groups of children are found in Table 3. Each chart presents the average score and the range for that average across each of the subdomains and the overall development score. The BLEND group represents the sum of all the children in the original site and the early intervention replication site. The Contrast group represents all of the children in the nonintegrated classrooms of the SGS early intervention program. Children in the BLEND model have slightly higher overall PCI scores but not significantly so. Children in the contrast group did enter the program at significantly lower developmental ages. Across groups, the average PCI scores tended to be substantially above 1.0 with one exception. The contrast groups average Motor PCI was .88. Thus, all children were making above expected gains in development with the BLEND group slightly ahead of the Contrast groups.

The PCI scores for the Preschool BLEND and Contrast groups of children are found in Table 4. Each chart presents the average score and the range for that average across each of the subdomains and the overall development score. The BLEND group represents the sum of all the children in the two years of replication. The Contrast group represents children in the non-inclusive classrooms of the Metro Nashville Schools (year 4) and Williamson County (year 5) selected to serve as comparisons for the enrolled BLEND children for the corresponding year. Children in the BLEND model had slightly higher overall PCI scores but not significantly so. Across groups, the average PCI scores tended to be substantially above 1.0. However, there was significant variability with the groups as seen by the high and low ranges. Thus, while on average all children were making above expected gains in development, there were children in both groups who were not.

Relative to a center-based early intervention program, what are the effects of Project BLEND on Family Interest and Family Support?

This measure was not used during the replication phases of the project. The teaching staff of the SGS as well as, BLEND staff did not feel that it provided a complete picture of the impact of families feelings of support and satisfaction with the BLEND model. Further, many of the teachers found more informal, ongoing procedures much more useful in assisting them in establishing appropriate activities and supports to respond to family resources, concerns, and priorities. Thus, only the analysis of the SGS BLEND and comparison group is presented below.

Family members were asked to complete the Family Interest Survey and the Family Support Scale before the initial IFSP and again before the second IFSP. (Please note that families had the opportunity to not complete the Family Interest Survey and the Family Support Scale after the initial assessment). The Family Interest Survey was selected as a general measure of interests or concerns that families may have about their children. When this measure is used as part of the IFSP process, one might expect to see changes in the number of interests/concerns as a result of implementing an early intervention program for a six month period. Also, we used the Family Support Scale to determine if differences in the families' ratings of support changed across time or was different between programs.

Table 3

BLEND Early Intervention Group
PCI

		RANGE	
	Average	High	Low
PS	1.62	6.54	0
Ad	1.62	4.76	.35
MT	1.44	6.00	0
CT	1.65	8.88	0
COG	1.92	7.66	0
BDI	1.43	3.33	.38

Early Intervention Contrast Group
PCI

		RANGE	
	Average	High	Low
PS	1.83	6.65	0
Ad	1.43	5.72	0
MT	.88	2.39	0
CT	1.76	8.67	0
COG	1.69	5.64	0
BDI	1.28	3.02	0

Table 4

BLEND Preschool Group
PCI

		RANGE	
	Average	High	Low
PS	3.15	11.11	0
Ad	1.80	3.78	0
MT	2.01	5.57	.33
CT	2.20	7.62	0
COG	3.02	7.17	.41
BDI	2.26	3.70	.79

Contrast Preschool Group
PCI

		RANGE	
	Average	High	Low
PS	2.96	13.16	.29
Ad	2.55	6.58	-.42
MT	1.61	4.48	0
CT	1.84	5.56	-3.23
COG	1.61	5.81	-1.42
BDI	2.14	3.75	.85

Table 5

Mean Number of Items Selected by Families on the Family Interest Survey and Average Conditional Probabilities

Types of Items	BLEND			Comparison		
	Initial	Second	Mean Conditional Probabilities	Initial	Second	Mean Conditional Probabilities
Child	9.56	7.11	.74	8.83	6.50	.73
Family	2.33	1.22	.60	2.16	1.33	.52
Community	4.89	2.33	.20	6.83	4.33	.53

The information for the Family Interest Survey appears in Table 5. The mean number of interests identified by families is reported by the nature of interests (subsections of the Family Interest Survey) at the initial assessment and the mean number of these initially identified interests that also occurred when this information was collected again. Conditional probabilities were also collected to determine the probability that a specific interest would continue given that it was initially identified by the family. The highest number of interests for families from both groups was for child-related items, with interests related to community and family following, respectively. For both the families in BLEND and in the comparison class, the average number of interests decreased for all three sets of items. Due to the similarity of items and a relatively small number of children for whom we had two assessments (10 in the BLEND group and 6 in the comparison group), we did not compute inferential statistics. Also, the conditional probabilities indicated that when an interest was identified at the first assessment, the probability that it would occur again at the second assessment ranged from .74 and .73 for child interests to .20 and .53 for community interests, for BLEND and the comparison classes, respectively. The general conclusions from these data are that families initial interests decreased (possibly as a result so participation in the programs) for both groups.

For the Family Support Scale, the mean ratings for first and second assessment periods for the BLEND and Comparison groups are presented in Table 6. Ratings of support varied across different types of support listed in this scale. In terms of mean ratings, there appeared to be a slight decline for Project BLEND and a slight increase for the Comparison group. If one looks at the specific items for early intervention and child care

Table 6

Mean Item Ratings for Family Support Scale

Item	BLEND		Comparison	
	1st	2nd	1st	2nd
1. Parents	3.5	3.2	4.2	3.8
2. Spouse's parents	4.2	3.1	4.3	3.0
3. Relatives	2.9	3.1	2.6	3.0
4. Spouse's relatives	2.8	2.7	4.0	3.3
5. Spouse	4.4	3.0	3.8	3.7
6. Friends	3.1	2.9	2.6	3.5
7. Spouse's friends	2.7	2.1	3.0	2.7
8. Children	4.0	3.0	2.5	3.0
9. Other parents	3.0	1.7	2.3	3.0
10. Co-workers	3.5	2.2	2.3	2.5
11. Parent groups	3.3	3.0	4.0	–
12. Social groups	2.7	3.5	2.0	–
13. Church	3.8	2.8	3.0	–
14. Physician	3.9	4.0	4.0	5.0
15. Early Intervention program	5.0	4.7	4.7	5.0
16. Child care	4.6	4.2	4.6	4.6
17. Professional helpers	4.2	4.6	4.2	4.6
18. Professional agencies	4.5	4.0	4.5	4.2
Mean	3.7	3.2	3.5	3.7

services (Items 15 - 18) the ratings are uniformly high at the first and second evaluation for each group. From these data, it appears that neither program had powerful effects on the social support experienced by parents. One problem with these data was that they represent only a small portion of the families in our project. Families were allowed to choose not to complete the scale after the first assessment, and many families exercised this option. As such, these data are very incomplete.

What types of educational placements do children in Project BLEND and children in noninclusive center or school-based settings transition to?

Transition planning is an important component for both Project BLEND and the comparison or contrast programs. The next placements and types of special education services received after transition of children from Project BLEND and the contrast groups appear in Table 7.

These data suggest that children were less likely to move into integrated settings after they transitioned from the nonintegrated classes. Our feeling is that the children's and families' participation in Project BLEND and subsequent transition process influenced the decision about the next placement for many children who did not go into special education classes. Also, we feel that working in partnership with staff at child care programs and with special education programs resulted in a greater comfort level across the community in including and supporting children with disabilities in community settings.

Do Project BLEND children meet the goals established by the IFSP or IEP team?

To determine if the children in Project BLEND were making progress on the goals established by the IFSP or IEP team, in Year 3 we began to employ an adaptation of the Goal Attainment Scaling (GAS) procedure described by Simeonsson, Huntington, and Short (1982). After the IFSP/IEP meeting, the BLEND teacher reviewed each of the goals to determine for which the GAS would be appropriate. For some goals, which have essentially dichotomous outcomes, the GAS is not useful. For most goals in which a range of outcomes may occur, the GAS is appropriate.

For the two early intervention BLEND implementations, a six month time frame was generally utilized to correspond with the IFSP 6 month review. From the outcomes in the IFSP, which are often broadly stated, the teachers specified the range of outcome that might occur in six months. These ranges from regression (assigned a value of 1), current performance at the time of the IFSP (assigned a 2), progress toward the final goal (assigned a 3), achievement of goal (assigned a 4), and progress beyond the goal for six months (assigned a 5). Assessments across each child's outcomes occurred once every month (corresponding to their monthly child progress reports). Figures 9 and 10 provide summary GAS values across children in the original implementation program (SGS) and the Early Intervention Replication Site. For the original site, all children made substantial gains on their IFSP goals with the average across goals and children exceeding attainment

Figure 9

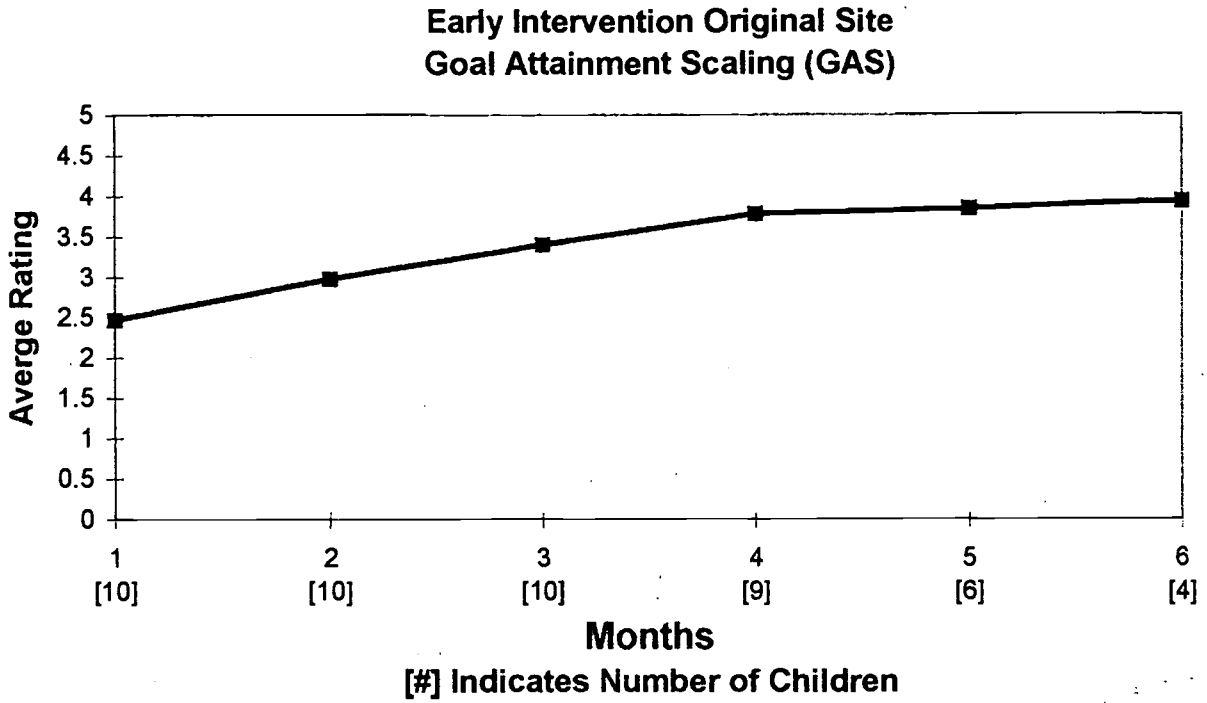


Figure 10

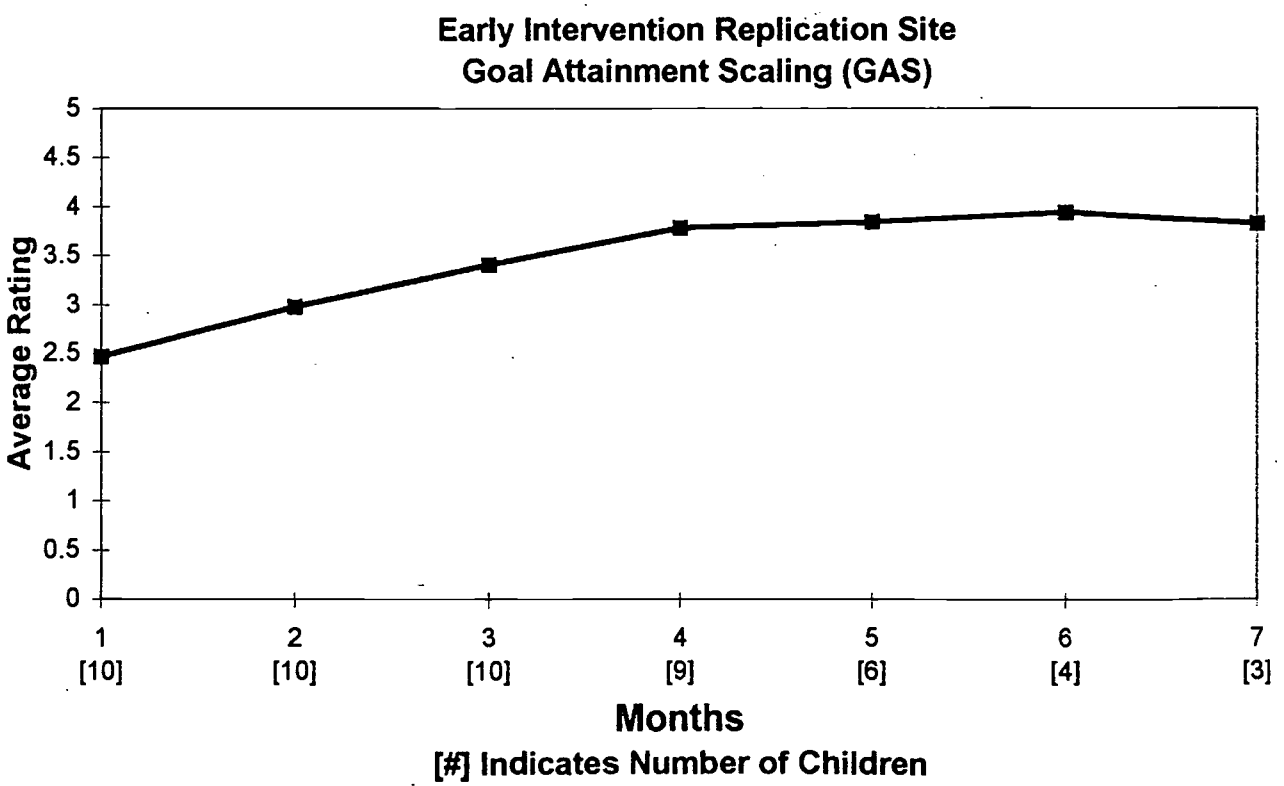


Table 7
Next Setting Information
Original Early Intervention Site
BLEND Years 1-3

Participant #	Transitioned To	Notes
370	Special Education Preschool Center	c-b not available
371		did pursue Part B services later, received OT; (cb n/a at time of exit)
372	Preschool Special Education Class	c-b not available; moved from county
373	Community Based Program	
374		ineligible for Part B
375	Early Intervention Reverse Mainstream Class	exited BLEND prior to 3rd birthday
376		exited Early Intervention prior to 3rd birthday
301	Early Intervention	exited BLEND prior to 3rd birthday
302	Early Intervention	exited BLEND prior to 3rd birthday
303	Preschool Special Education Class	c-b not available
304	Preschool Special Education Class	c-b not available
305	Preschool Special Education Class	c-b not available
306		c-b not available; did not seek services
308	Private S/L Preschool Class	S/L class paid by county
309	Preschool Self-Contained Class	vision classroom
310	Community Based Program	
311	Preschool Language Class 1x/wk	c-b not available
312	Community Based Program	

KEY

c-b community based program
S/L Speech & Language

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Table 7 cont.

313	Early Intervention Reverse Mainstream Class	exited BLEND prior to 3rd birthday
314	Community Based Program	
315		did not seek services; c-b not available
316	Community Based Program & S/L Class	initially declined Part B; c-b not available; entered c-b in fall (when c-b started)
317	Community Based Program	
318	Community Based Program	
319	declined services	attended child care out of county
320	S/L Class, then Community Based Program	
321		ineligible for Part B
322	Community Based Program	
323	Private Special Education School	c-b following year (private school closed)
324	Preschool Special Education Class	c-b not available
325	Community Based Program	
326	Preschool Special Education Class & Community Based Program	support services at c-b paid by county
327	Preschool Special Education Class & Community Based Program	support services at c-b paid by county
328	Community Based Program	
329	Child Care Center	itinerant related services; tuition paid by county; no special education itinerant

KEY

c-b community based program
S/L Speech & Language

Next Setting Information
Early Intervention Contrast Site
BLEND Years 1 - 3

Participant #	Transitioned To	Notes
101	Special Education Preschool Center	
102	Preschool Special Education Class	
103	Home - Wait listed for Head Start	
104	Special Education School	
105	Preschool Special Education Class	
106	Preschool Special Education Class	
107	Special Education Preschool Center	
108	Community Based Program	
110		ineligible for Part B
111	Head Start	
112	Moved out of state	exited prior to 3rd birthday
113	Therapeutic Preschool	
116	Community Based Program	
117	Preschool Special Education Class	
118	Therapeutic Preschool	
119	Not available	
170	Preschool Special Education Class	
171	Home	exited prior to 3rd birthday
172	Home, Considering Schools for Fall	
174	Early Intervention	exited prior to 3rd birthday
175	Preschool Special Education Class	

Table 7 cont.

Next Setting Information
Early Intervention Replication Site
BLEND Years 4 & 5

Participant #	Transitioned To	Related Services
4003		ineligible for Part B
4005	HeadStart	
4007	Transitioned out of Early Intervention	prior to 3rd birthday no longer eligible for part H
4008	Preschool Special Education Class/ Head Start	2 hr 1x/wk @ Head Start
4009	Preschool Special Education Class/ Head Start	2 hr 1x/wk @ Head Start
7001	HeadStart, then Preschool Special Education Class	
7002		exited prior to 3rd birthday, no longer eligible for part H
7003	Moved to another state	
7004	Transitioned out of Early Intervention	no longer eligible for Part H
7006		ineligible for Part B

Next Setting Information
Preschool Replication Site
BLEND Year 4

Table 7 cont.

Participant #	Transitioned To	Notes
2001	Kindergarten Inclusion	
2003	Community Based Program	
2004	Community Based Program	
2005	Kindergarten Inclusion	
2006	Kindergarten/Resource	1.5 hr/day Resource
2007	Community Based Program	Special Education Assistant 2x/wk
2008	Community Based Program	
2009	Community Based Program	Special Education Assistant 3x/wk
2010	Moved out of state	
2011	Kindergarten Inclusion	
2012		at time of exit not receiving services
2013	Kindergarten Inclusion	
2014	Community Based Program	

Next Setting Information
Preschool Contrast Site
BLEND Year 4

Table 7 cont.

Participant #	Transitioned To	Notes
3001	Non-Categorical Self-Contained Class/Kindergarten	Part-time Kindergarten
3002	Community Based Program	
3004	Non-Categorical Self-Contained Class	
3005	Non-Categorical Self-Contained Class	
3006	Non-Categorical Self-Contained Class	
3007	Non-Categorical Self-Contained Class	
3008	Kindergarten Inclusion	
3009	Community Based Program	
3010	Non-Categorical Self-Contained Class	
3011	Community Based Program	
3012	Preschool Special Education Class	
3013	Community Based Program	

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Next Setting Information
Preschool Replication Site
BLEND Year 5

Table 7 cont.

Participant #	Transitioned To	Notes
5001	Kindergarten Inclusion	
5002	Community Based Program	continuing
5003	Kindergarten Inclusion	
5004	Kindergarten Inclusion	
5008	Kindergarten Inclusion	
5009	Community Based Program	continuing
5010	Kindergarten Inclusion	
5012	Head Start (c-b)	continuing
5013	Community Based Program	continuing
5015	Kindergarten Inclusion	

KEY

c-b community based program

Next Setting Information
Preschool Contrast Site
BLEND Year 5

Table 7 cont.

Participant #	Transitioned To	Notes
6001	Preschool Special Education Class	
6002	Preschool Special Education Class	
6005	Preschool Special Education Class	
6006	Kindergarten Inclusion	
6007	Preschool Special Education Class	
6008	Kindergarten	ineligible for Part B
6009	Community Based Program	Special Education Assistant in class
6011	Preschool Special Education Class/ Kindergarten	Kindergarten 1 hr/day
6012	Preschool Special Education Class/ Kindergarten	Kindergarten 1 hr/day
6013	Preschool Special Education Class	

(#4) at the 6 month interval. The early intervention replication site children had similar gains with children averaging just at attainment (score of 4.00) at six months).

A similar strategy was utilized with the Metro Nashville replication program with minor modification because of difference in IEPs and IFSPs. That is, the GAS was set up to reflect the range of possible child outcome over a 9 month academic school year which corresponded to the IEP review dates. Figure 11 provides GAS values across children for Year 4 and Year 5 of the Preschool Replication Site. The preschool replication site children also made substantial gains toward IEP goals. At the end of 6 months these children scored on average beyond attainment.

Anecdotally, the process of conducting the GAS both in early intervention programs and preschool programs had unanticipated positive effects. After adjusting to the initial "up front" cost of developing the GAS scaling for each goal/outcomes, teacher reported finding it a very useful means for keeping track of child progress. Further the quantitative nature of the measure eased teachers' burden of needing to report child progress and change for administrators and families alike. Finally, teachers reported usefulness in having to identify specifically the range of outcomes expected for a given goal which in turn assisted them in making more specific plans for how to promote such outcomes.

How much does the Project BLEND model cost in comparison with a nonintegrated early intervention program?

Due to logistical issues cost comparisons were only conducted for the early intervention component. These logistical issues related both to presses on BLEND staff time for collecting the information and on the accessibility of this information to BLEND staff. Finally, for the school system program cost becomes a very complicated progress involving numerous overlapping variables. This was complicated by the fact that this was a new model and a very rapidly growing one for the Metro Nashville Schools. Further, the Early Childhood Research Institute on Inclusion (ECRII) for which Dr. Horn and Odom are both investigators will be conducting a cost study with the system as a part of a large cost study on inclusive programming for 3-to-5 year old children with disabilities.

The cost comparison was conducted in the following manner for the early intervention component.

Using a set of procedures developed by Barnett and Escobar (1989), we calculated cost estimates for providing services to 16 children enrolled in BLEND and 16 children in the comparison type classrooms as if this project were implemented as a service delivery option rather than a model development program (i.e., we did not include costs related to model development). These figures appear in Table 8. Salaries were based upon the current salaries to teachers. Consultation includes actual consultant services provided to children in 1992-93. Transportation costs for children were based upon the cost per child for students enrolled in the Susan Gray School. Transportation for teachers were calculated from reimbursement expenses for seven months of 1993-94, at .29 per

Figure 11

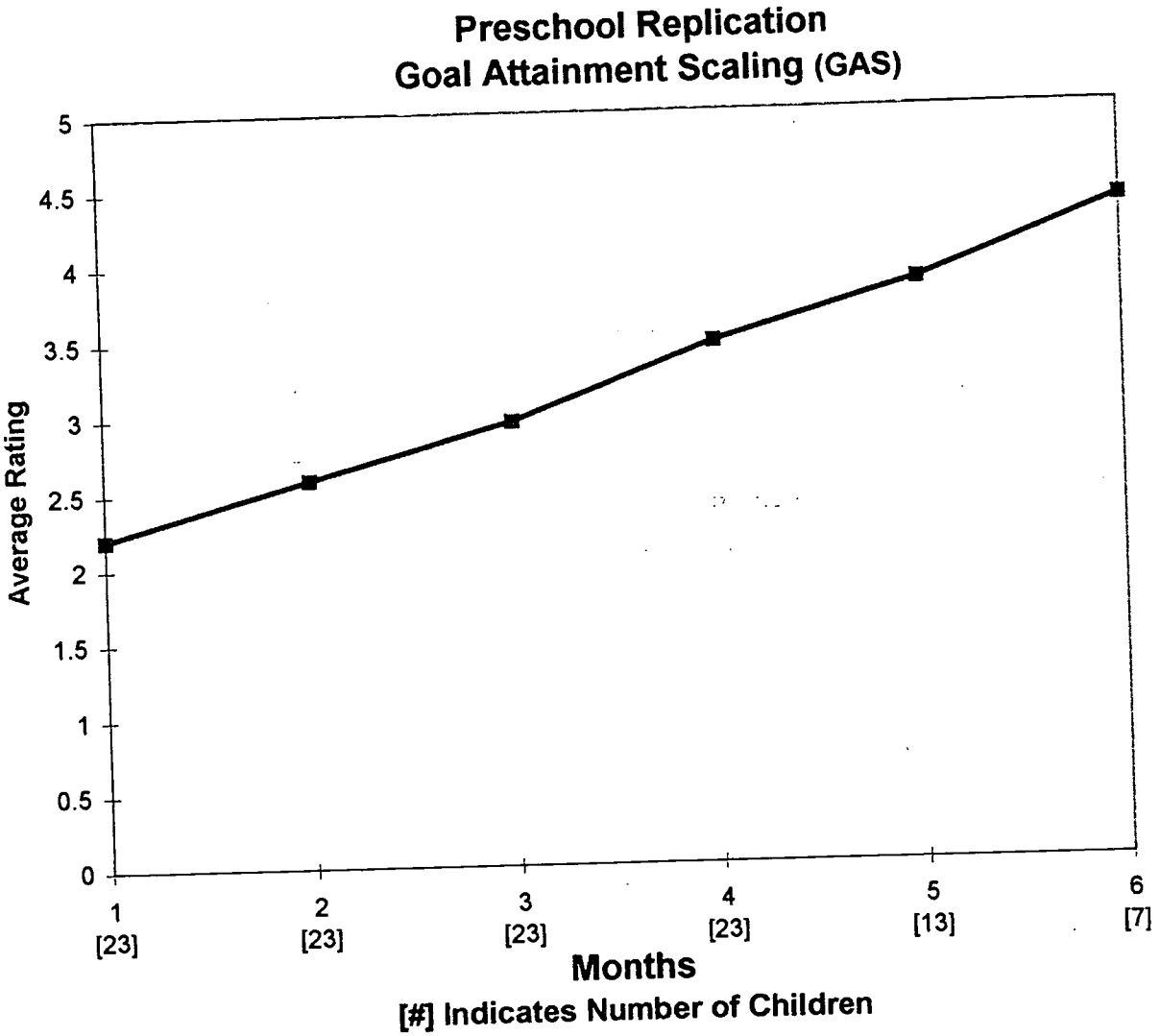
Preschool Replication
Goal Attainment Scaling (GAS)
Average Rating
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
1
[23]
2
[23]
3
[23]
4
[23]
5
[13]
6
[7]
Months
[#] Indicates Number of Children

Table 8

Cost Estimates for Project BLEND and Comparison Classes

	BLEND	Comparison
Salary (2 FTEs)	38,146	38,383
Benefits (21.5%)	8,201	8,252
Consultation P.T. Speech	 665 ---	 1,698 690
Transportation Children Teachers	 --- 3,363	 3,850 358
Equipment	---	---
Instructional Supplies	1,204	1,442
Materials	335	335
Food	---	1,491
Duplicating	372	372
Postage	106	106
Fees	308	308
Administrative Costs	14,257	14,257
TOTAL	66,957	71,542
Building (Utilities, Space, etc.)	2,544	25,443
TOTAL	$69,501	$96,985
Cost Per Child with child care	$4,344 1,600 $5,944	$6,062

mile, and prorated for 1993-94. Instructional expenses were the actual amount spent for 1992-93. Materials were the prorated amount of costs per children served in the Susan Gray School in 1992-93. Food was the actual per child expenses prorated across 16 children. Duplicating, postage, and fees were actual per child expenses prorated across 16 children. Administrative costs were the administrators' salaries, divided by children and multiplied by 16 children. Building expenses (rent, utilities, etc.) was estimated from the amount Vanderbilt usually charges for service projects (38% indirect costs. Also, cost of child care to parents for the amount of time that children with disabilities are normally enrolled in the comparison classrooms was calculated at $80 per week X 50 weeks X 16 hours per week (four hours per day counting transit).

The estimated costs per child for Project BLEND and the comparison classes were $4344 and $6062 respectively. The primary cost difference appears to be in estimated building costs. However, if the one factors in the costs that parents absorb for child care just for the comparable amount of time the comparison children are in class or in transit, the costs of the two programs are nearly identical.

How do consumers (families and child care providers) evaluate their participation in Project BLEND?

To address this question we developed an interview protocol; one form for families and one for child care providers. Interview items were designed to address the major components of the model relevant to the respondent. For child care providers these included their perspective on what the critical aspects of the model were, identification of helpful/useful aspects of the model in terms of the specific child with disabilities and/or including other children with disabilities, impact of the model more broadly on the child care provider and program, challenges and hurdles, relationship with project staff, transition or exit from the project, changes or suggestions for improvement of the model. For families, questions addressed their perspectives on what the critical aspects of the model were, identification of helpful/useful aspects, changes or suggestions for improvement of model, link between child care and home, collaboration role, and transition support and planning.

The initial set of questions was screened by various members of the project staff for relevance, use of language, and response format. Items found to be irrelevant, biased, redundant or potentially confusing were edited or discarded. Later drafts were piloted. Pilot interviews also served as a practice session for the interviewers. Interviews were conducted face-to-face with the interviewer recording the responses. Analyses of the data set were conducted using the following sequence: 1) collected all responses to each question and recorded them by question, 2) two staff members read all responses and became familiar with the overall nature of the responses, 3) individually and then together bracketed units of analysis and identified tentative categories for coding the responses, and 4) one of the two reviewers coded responses according to the themes identified, developed a tentative tally of occurrences by theme, and used a direct quotation as an example for each theme.

A subset of the salient themes for the full interviews across the original site, early intervention and preschool replication site is presented for this document. For childcare interviews salient themes for two questions addressing helpful/usefulness and improvements/changes are presented on Table 9. These salient themes with example responses are grouped by the programs from which they were drawn (i.e., original site, early intervention replication and preschool replication. Responses to similar questions from the family interview across the three program groups are provided in Table 10. For each of the questions, we grouped responses according to themes that are salient.

A common theme that runs through these comments both in terms of what's working and what needs some work is the notion of adult roles and relationships. That is, we need to continually examine the roles and relationships of all the adults supporting young children's development, with open, systematic, and ongoing communications as the critical element. If communication and collaboration are considered a valued service or activity of all early education programs, then this implies two concepts. First, that the children and families are entitled to this service as a standard part of the program. Second, this implies a financial and administrative commitment to the service of communication and collaboration. In the instance of a child care or preschool program including a young child with disabilities through a collaborative arrangement with an early intervention or early childhood special education provider, the implication is that this arrangement includes financial and administrative support for compensating staff to dedicate the time needed to establish collaborative communication practices. As one of our participants stated, *keep those communication lines open.*

Goal 5: To disseminate products developed by the project.

Throughout the years of this project, a primary mode of dissemination of Project BLEND has been through state and local conferences or directly to community agencies (see list below). The rationale for targeting this audience is that these individuals might be the first consumers to consider using the model. Across the years of the project, we have made numerous of these presentations. In addition, articles about Project BLEND have appeared in professional newsletters and journals and in Nashville area newspapers. Our brochure has been disseminated to over 3000 individuals.

Presentations describing Project BLEND and discussing results of the project also have been disseminated to a national audience at the International DEC conferences and through National Association for the Education of Young children (NAEYC) presentations as well as at Project Directors Meetings for MCH and EEPCD Projects. Additionally, the Project BLEND model has been disseminated internationally at the National Hsinchu Teacher College in Taiwan and at the International Biannual Conference on Mental Retardation and Developmental Disabilities in Finland.

Publications by Project BLEND are detailed in the list below and include several articles in peer reviewed journals in early childhood and early childhood special

Table 9

Original Early Intervention Site
Child Care Interviews

Question #1: Were there any project activities that were particularly beneficial? (E.g. for child, program, that you will find useful in your work with families and children)

Salient Theme	Example
Child care - family communication	In touch with family and teacher. IFSP meetings and afternoon meetings with teachers to discuss progress and other services.
Child specific knowledge	Gave us many handouts on different aspects of developmental problems.
Coordination	Relayed what was happening in speech that could be done in room.
Grouptime assistance	It really helped him at grouptime.
One on one work	I thought it was great when BLEND teacher would come and work one on one with him.
Resources	Looked at film that was really helpful. Shared with all staff at staff meeting.
Social integration	Beneficial from social aspect - normal children interact with delayed children without inhibition and vice versa.
Whole process	The whole process was beneficial for C.

Table 9 cont.

Original Early Intervention Site
Child Care Interviews

Question #2: If you could make changes in BLEND, what would they include?

Salient Theme	Example
Flexibility with transition age	Should not depend on age. There are cases that they need more help and you can't.
General positive	Right now I can't think of anything. I think it is just super. I really think it is a good program to involve children with regular children.
More child care visits	Depending on the child, I would recommend having visit or call twice a week.
More frequent child assessments	Regular assessments every few months to let teacher know if child is progressing...
More parent meetings	More parent meetings instead of the one IFSP parent conference. This would help to talk about what we need to work on, suggestions, etc. as we go along.

Table 9 cont.

Early Intervention Replication Site
Child Care Interviews

Question #1: Were there any aspects of your working with Foundations that were especially beneficial? For example...?

Salient Theme	Example
Foundations Teacher	There is nobody like (Foundations teacher)...She was wonderful. (Foundations teacher) is real friendly and wants to get along with everybody. ...and they (children) all love (Foundations teacher), too.
Resources	Their new ideas. They stay really up-to-date on their inservice training, and they shared that with us. (Foundations teacher) would bring things for us to use with the kids.
Service to teachers	She gave us ideas...I appreciated it, I really did. She was a lot of help. When something was going on,...you could talk to her about it. She helped me in that way. I learned many new songs and activities to teach the children.
Social integration	Kids greet C as she enters the room. Kids bring C toys. The kids are very open to it. They just think of C as one of them. The kids really enjoy getting to know C... I like the way that they accept one child that's handicapped and looks different and is different...I was happy to see my children didn't prejudice themselves against a handicapped child. It's real positive mainstreaming.
Whole process	They put our needs first, and work with our schedule. Everyday is different in daycare, and they're real flexible which I appreciate.

Table 9 cont.

Early Intervention Replication Site
Child Care Interviews

Question #2: If you were to participate in this program again, what changes would you suggest?

Salient Theme	Example
General positive	I don't have any changes to suggest because the situation worked out real well. It's good - it really is.
Parents	Work with parents more outside the center. More communication with the parent. I'm not sure the parents saw how important it was.
Scheduling	Have a different time slot. I think that takes a lot away from it. I just wish there was time to fit more activities into it. Don't start that until usually all else is done (...snack...) Coordinate programs' schedules with parents' schedule to make sure C is there when people come to see C.

Table 9 cont.

Preschool Replication Site
Child Care Interviews

Question #1: Were there any aspects of your working with Metro that were especially beneficial? For example...?

Salient Theme	Example
Child assistance	...the therapy helped loosen C up.
Child care - family communication	Every time someone came they would write a report and put it in the notebook...it was some feedback, which was good... The beneficial things were the monthly team meetings with the therapists, parents, school personnel [and child care].
Child specific knowledge	I learned a lot about C's needs...
Metro teacher	...did a great job... Metro teacher was really helpful.
Resource	Metro teacher gave lots of information, activities, etc.
Service to teachers	They were extra people to help with what we were doing and help C.
Social integration	...started having more social interactions, talking more, singing, and joining in at group time...also began playing with others.
Whole process	I think it's really great that they offer community-based programming for the children, and go as far as they do with it. A lot of school systems don't.

Table 9 cont.

Preschool Replication Site
Child Care Interviews

Question #2: If you were to participate in this program (community-based preschool program) again, what changes would you suggest?

Salient Theme	Example
Assistance	It would be nice to have somebody...with him (when he first came). Because now I don't see it as a real need...When he first came it was a big need.
Child care visits	...more than one visit a week.
Clear plan	Metro teacher should have a clear idea of what ought to be done and she ought to connect directly with the classroom teacher and say this is what we are trying to do and this is how we would like to do it, and I'm flexible in these ways.
Communication	Needs to be understanding, for example, if child care is full - don't interpret as child care is not willing.
General positive	I think they do great. I don't really know what I'd change.
Inservices	...more inservices on special needs children...
Specific child information	We needed more positive information than we had in the beginning. We couldn't understand it, and had to look up the words. Have to know more personally exactly what's wrong with child and how to deal with, what to expect...
Start-up	Everyone should start when child starts: teacher, assistant, therapists.
Team meetings	I also suggest having more meetings to collaborate goals and give feedback on where we are at...we need more communication and feedback between team members.

Table 10

Original Early Intervention Site
Family Interviews

Question #1: For you as a parent, what do you think are the most important or most helpful parts of Project BLEND?

Salient Theme	Example
BLEND teacher	Teachers were real helpful.
Child specific information	It has helped us to understand what is needed in each area of delay for child's continued progress.
Communication	The fact that they got everyone together...so we could talk about C. Notes BLEND teacher leaves are real helpful. They let me know what they have done.
Home visits	Having BLEND teacher at the house once a month.
Inclusive setting	Having the opportunity to have her in a setting like that.
Interaction among providers and families	The interaction between BLEND - day care - home.
Resource	Information shared with us...
Responsive	I like that it was convenient for me. Everything always worked around my schedule which was really useful.
Support	Also BLEND provided support and was a sounding board for me. Genuine caring concern - very professional but always genuine care.
Transition process	...guidance with future classes...

Table 10 cont.

Original Early Intervention Site
Family Interviews

Question #2: If you could make changes in BLEND, what would they include?

Salient Theme	Example
Flexibility with upper age limit	The only change I would like to see would include children ages 3 and 4.
General positive	I can't think of any that I would make. It is a wonderful program.
More detailed program information	A more detailed outline of what program offers and what's expected of you as a family.
More program publicity	Just by the grace of God I found out about your program...It could be more publicized.
Parent support group/network	It'd be nice to meet other folks...networks (or connect) with other parents in similar situations (whether BLEND parents or any parents).
Resource information	Resource information
Visits	Be good to have more frequent and longer services or duration of a visit.

Table 10 cont.

Early Intervention Replication Site
Family Interview

Question #1: Were there any aspects of your working with Foundations that were especially beneficial? For example...?

Salient Theme	Example
Child Learning	C learned a lot. They taught him to count, make a circle, potty trained...
Foundations Teacher	The teachers at Foundations were great at helping C in every way she needed helping.
General Support	Basically, everything he's done with Foundations has been beneficial. If I was having trouble or had any concerns about her needs, they were there to help.
Home Visits	That was my favorite part to me was the home visits.
Inclusive Setting	Him getting the opportunity to place with other normal children has been highly beneficial...That has been an excellent choice - to be in a regular day care setting.
Interactions between families and providers	I got comfortable with the Foundations teacher and child care teacher was really comfortable with her.
Resources	I met lots of people through them -- TIPS, TEIS, Visions, Health Department, child care programs.

Table 10 cont.
Early Intervention Replication Site
Family Interview

Question #2: If you were to participate in this program again, what changes would you suggest?

Salient Theme	Example
Flexibility in eligibility	The age thing...I wish he could stay until he turned 4 years old...
General positive	I couldn't say that I could make any changes yet because the Foundations teachers were great with C in helping her.
More child contact	I guess to spend more time with child -- more than an hour or hour and a half. It's a good hour, either up it a day or so or lessen the amount of time each day, spread it out through the whole week...

Table 10 cont.

Preschool Replication Site
Family Interviews

Question #1: Were there any aspects of your working with Metro that were especially beneficial? For example...?

Salient Theme	Example
Child care teacher	Child care teacher was very flexible. She really is a good teacher.
Child growth and learning	He's a lot more sociable now...he was in his own little world...one day teacher told me he was actually holding hands with another child...I don't think he'd be anywhere near where he is if he'd been in a special education class this whole year. ...Now she has better peer interactions...more independent and self-confidant...more willing to try some things.
Child specific information	...helped me to talk to Metro teacher. Getting input from her helped me to get more out of C at home as far as when he plays with his things...I was better able to deal with him because of my conversations.
Communication	...open communication lines...could call...just having that communication and knowing what was going on. ...they wrote when they were there, when C saw them and recommendations on things to do with C. I like that.
Documentation	As much as anything, the documentation is so important that they do for us...what skills the child has...so we can look back over a period of time is helpful.
Financial support	...it was beneficial knowing that they would support my child financially to get that interaction with other children.
General benefit	I got a comforting sense from them working with C. I really like it cause they do a lot of school activities - like drawing, coloring, take them on field trips. They are real good here.
Inclusive setting	...able to see normal kids being normal kids and that in turn helped him to become more of a normal kid.
Metro teacher	Great attitude among Metro staff - sincerity, really care.
Specific service	I work full-time and could not have gotten him to as many therapy sessions as the program provided.
Transportation	...transportation to and from school was beneficial.

Table 10 cont.

Preschool Replication Site
Family Interview

Question #2: If you were to participate in this program (community-based preschool program) again, what changes would you suggest?

Salient Theme	Example
General positive	Everything went very well for us. I can't see anything that would need to be changed. Keep it going the way it is.
Improve transportation system	Better transportation...more reliable...often late...sometimes didn't show up at all.
Lack of written reports from related services	...you don't get any of their notes (everyone receives copies of notes from the Metro staff)...
Maintain open communication	Keep those communication lines open. I think an important part of teaching a child is for the parents and teachers to communicate...anyone involved to be able to communicate.
Meeting shouldn't replace class visits	The Metro teacher saw C three weeks of the month and the last week we all met...I agree it's best not to get out of touch, but I was sorry the meeting we had had to take away from interventions in the classroom.
More specific information for Child Care teachers	...work with child care teachers to help them understand C needs, where limitations were...more of an introduction so they know all that she can do. ...inservices for child care.
One Metro teacher per child care site	...it would be nice if same Metro teacher assigned to both children. They would know the teachers in the classroom, the teachers would know them, they would know the children and the program and the philosophy rather than having the start-up with two different ones.
Reduce delays in service provision	...lag time between need being established and seeing programs...
Year around services	I would suggest that the services go year round...a parent of a child with a disability is not interested in staying the same much less regressing...they need the continuity in services because we're going to have another start-up problem...

education such as Early Childhood Research Quarterly, Journal of Early Intervention, and Dimensions in Early Childhood Education.

Conference or Agency Presentations

Bill Wilkerson Center, Nashville, TN
Leadership Conference on LRE, Nashville, TN
Nashville Area Association for the Education of Young children (NAAEYC) Directors' Group, Nashville, TN (1993, 1994, 1995)
Tennessee Early Intervention Network for Children with Disabilities (TEINCH), Nashville, TN
Council of Community Services, Nashville, TN
Nashville Area Association for the Education of Young Children (NAAEYC) Early Childhood Education Conference, Nashville, TN (1992, 1993, 1994, 1995, 1996)
United Way - Success by Six, Nashville, TN
Vanderbilt University Child Development Center, Nashville, TN
Tennessee Association for the Education of Young Children (1992 - Nashville, TN, 1995- Memphis, TN, 1996 - Nashville, TN)
Division for Early Childhood (DEC) International Early Childhood Conference on Children with Special Needs (1992 - Washington, D.C., 1994 - St. Louis, MO, 1995 - Orlando, FL, 1996 - Phoenix, AZ)
Collaborative Conference on Young Children with Special Needs and their Families, Nashville, TN, (1993, 1994, 1995, 1996)
Vanderbilt University Department of Teaching and Learning, Nashville, TN (1993, 1994, 1995, 1996, 1997)
Project LINK, Nashville, TN
Middle Tennessee Association for Persons with Severe Disabilities (MTASH) Fall Conference, Nashville, TN
Joint Conference on Children with Disabilities, Nashville, TN (1994, 1997)
Metropolitan Nashville Public Schools Inclusion Series, Nashville, TN
Tennessee Family Child Care Conference, Nashville, TN (1994, 1995)
Middle Tennessee Association of Family Child Care, Nashville, TN
National Hsinchu Teacher College, Hsinchu City, Taiwan, R.O.C.
Association for Behavior Analysis, Atlanta, GA
National Association for the Education of Young Children (NAEYC) Annual Conference, Atlanta, GA
Metropolitan Nashville Public Schools Preschool Inservices, Nashville, TN
Tennessee Early Childhood Training Alliance (TECTA), Nashville, TN
Middle Tennessee Institute on Inclusion, Nashville, TN
NAAEYC/Project LINK area meetings, Nashville and Madison, TN
Area Child Care Programs, (1991 - 1996), Nashville, TN
Vanderbilt University Department of Special Education (early childhood classes), Nashville, TN

NAEYC National Institute for Early Childhood Professional Development, Minneapolis, MN
Project HELP, Murfreesboro, TN
Tennessee Department of Education, Nashville, TN
Area Child Care Programs, Ashland City, TN
EECPD Project Directors Meeting, Washington, D.C.
National MCH Project Directors Meeting, Nashville, TN
International Biannual Conference on Mental Retardation and Developmental Disabilities, Helsinki, Finland

Newsletters

The Arc of Davidson County (Oct. 1992, Jan. 1993)
Nashville Area Association for the Education of Young Children (NAAEYC)
The Developer (Developmental Services of Dickson, TN)
TOT Talk (Susan Gray School, Nashville, TN)
Toddlers and Twos (Nashville, TN)

Radio

WSM, Nashville, TN

Mailings

licensed child care programs (Davidson and surrounding counties, TN)
TN DMHMR funded agencies
other state, local agencies
local, regional, and national information requests

Print Media

The Tennessean, Nashville, TN (March 1994, October 1996)
Nashville Parent Magazine (October 1995, June 1996)
Vanderbilt Register
The Learning Link, Peabody College of Vanderbilt University
Peabody Reflector
Tennessee's Children

Publications

Favazza, P., Odom, S. L., Horn, E. Brown, W., Holcombe, A., & Youngquist, G. (1996). CASPER - Code for Active Student Participation and Engagement Revised. EEPCD Resources Supporting Inclusion.

Horn, E. M., Heiser, J. G., Odom, S. L., &Brown, W. (1996). So how are we doing? Assessing consumer satisfaction. EEPCD Resources Supporting Inclusion.

Odom, S. L., Heiser, J. G., Horn, E. M., & Brown, W. (1996). Goal Attainment Scaling: Evaluation of child change. EEPCD Resources Supporting Inclusion.

Heiser, J. & Horn, E. (1997). Project BLEND: What we're learning about inclusion. Tennessee's Children. Winter, 9-11.

Odom, S. L., Peck, C. A., Hanson, M., Beckman, P. J., Kaiser, A. P., Lieber, J., Brown, W. H., Horn, E. M., & Schwartz, I. S. (1996). Inclusion at the preschool level: An ecological systems analysis. Social Policy Report: Society for research in child. 10 (2 & 3), 18-30.

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Odom, S., Favazza, P., Horn, E., Heiser, J., Brown, W., & Youngist, G. Comparison of child engagement across four early intervention/early childhood education service delivery models.

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Appendix A

Project Implementation Checklist

Project BLEND
Implementation Checklist

		Date Completed
I.	Referral Process	
A.	Receive referral (from family, SGS, TEIS CDC, CC, other source)	_____
B.	Contact family/arrange initial visit	_____
II.	Enrollment Activities (w/family and child care)	
A.	Describe project approach components, activities; provide written materials	_____
B.	Obtain signatures on BLEND letter, info exchanges	_____
C.	Complete any enrollment procedures for SGS if not already enrolled, e.g.,	_____
	1. Complete application 2. Present application and any eligibility documentation to SGS admissions committee 3. Notify family of admissions decision	
D.	Arrange visit to introduce ECSE to family	_____
E.	Visit to introduce ECSE (deliver Into Our Lives and any copies of paperwork)	_____
F.	Review w/family and provide copies of rights and procedural safeguards	_____
G.	If family is not enrolled in child care program, provide support in securing described CC option (e.g. through DHS Resource & Referral, list of BLEND cooperating programs, other sources)	_____

(IMPLEMEN.CHK 11/11/93)

H. If family is enrolled in child care program, contact CC: _____

1. Arrange visit to discuss BLEND _____
2. Meet with CC to describe project approach, components, activities; provide written materials _____
3. Provide copy of signed information exchange for CC records _____
4. Arrange to introduce project and ECSE to classroom teacher _____
5. Meeting w/CC teacher and ECSE _____

III. Family Visits (prior to IFSP meeting)

A. Complete BDI process _____

B. Complete with or leave with family for completion _____

1. Family interest survey and Family support scale _____

C. Share other family/CC/BLEND items, updates, etc. _____

D. Plan for activities, next steps, etc. _____

IV. Planning for IFSP Meeting

A. Schedule IFSP meeting (time, location) with team members _____

B. Gather information from team members unable to attend IFSP meeting _____

C. Plan with family for IFSP meeting _____

D. Share information re IFSP meeting, forms, etc. with child care _____

V. IFSP Meeting

A. Introductions _____

B. Description of IFSP process, including format for meeting _____

(IMPLEMEN.CHK 11/11/93)

C. Discussion of IFSP components, and completing form _____

VI. After IFSP Meeting

A. At next family visit, review completed IFSP form _____

B. Share copies of IFSP or specific components with persons/agencies as designated by family _____

C. Develop Goal Attainment Scaling _____

VII. Subsequent and Ongoing Activities

A. Plan and implement IFSP activities with family and child care _____

*B. Regular child care visits (including "nap time visits" _____

1. Leave "visit note" for family after CC visits _____

*C. Regular family visits _____

D. Ongoing service coordinator activities _____

E. Complete entries in child's notebook re visits, calls, other activities _____

F. Complete monthly observations at child care _____

*At least five visits occur each month. At least 3 visits will be at child care and at least 1 visit will be with family. Fifth and any additional visits will occur at child care or with family as planned by family, CC, BLEND.

G. Monthly reviews

1. Review notebook _____

2. Complete monthly summary and deliver to individuals at family's request _____

3. Record progress on GAS _____

(IMPLEMEN.CHK 11/11/93)

VIII. Every Six Months

A. Complete BDI activities _____

B. Complete Family Interest Survey and Family Support Scale _____

C. Complete GAS for child outcomes from previous IFSP _____

D. Plan for and have IFSP meeting _____

1. Include review of previous 6 month outcomes _____

2. Followup to IFSP meeting as in section VI of this list _____

IX. Transition Activities

A. Review transition plan from IFSP meeting _____

B. Complete transition activities from IFSP and any additional activities _____

C. Complete transition report and send copy to individuals designated by parents _____

D. Complete transition followup activities _____

E. Complete transition BID (if 3 months since last BDI) _____

F. Complete Family Interest Survey and Family Support Scale _____

G. Complete Consumer Satisfaction Surveys/next setting information sheet _____

Appendix B

Replication Checklists

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Administrative		
* supporting time for staff meetings to discuss and share information		
* developing communication systems among program components		
* supervising and supporting staff		

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Family		
* establishing partnership with family (includes describing project approach, components, activities, providing written materials)		
* initiating IFSP/IEP process		
* completing enrollment activities (includes obtaining signature on BLEND letter; introducing teacher)		

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* accessing resources for child care and other services		
* developing initial plan of action		
* completing initial BDI		

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Community		
* beginning partnership with child care program		
* visiting child care program		
* sharing information about your program (includes descriptions, written materials)		

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* completing any participation activities (includes any participation agreements) * arranging to introduce staff		

Replication Activities

Initial Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Staff * visiting child care program		
* initial meeting and planning with child care and families		
* arranging for inservices and other staff supports		
* ongoing planning for staff development priorities		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Collaboration with child care		
* maintaining IFSP/IEP and person-centered approach		
* visiting child care regularly		
* planning/sharing meetings with child care		
* conducting IFSP/IEP meetings and follow-up [including 6wk reports (Metro) and monthly summaries (Foundations)]		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* developing Goal Attainment Scaling on child outcomes/goals		
* including child's goals in activities and planning (including activity-based approaches)		
* promoting systematic communications among team members		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Collaboration with Families		
* maintaining IFSP/IEP and person-centered approach		
* visiting family regularly		
* communicating systematically with families (includes "visit note" for family after child care visits)		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* planning for supporting child's goals at home and in community		
* sharing resources		
* coordinating/linking services with family		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address' Activities	Notes/Comments
* continuing regular BDI and IFSP/IEP meetings (includes gathering information from team members unable to attend meeting). Metro - fall and spring BDI and annual IEP mtgs. Foundations - BDI and IFSP mtg every 6 months.		
* recording progress on Goal Attainment Scaling - Metro each 6 wks until next IEP mtg. - Foundations monthly until next IFSP mtg.		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Service Coordination		
* designating time for service coordination activities (includes completing entries in child's file re visits, calls, other activities)		
* linking resources, families and child care providers		
* sharing information		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* coordinating IFSP/IEP process (including follow-up to IFSP/IEP meetings) * planning for transition		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Transition		
* coordinating transition process with team		
* discussing priorities and preferences for next setting		
* developing and implementing transition plan and activities		
* making referrals; completing enrollment process		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* visiting possible future programs		
* meetings with sending and receiving staff		
* follow-ups, including visits and consultations		

Replication Activities

Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* completing exit BDI (if three months since last BDI)		
* completing consumer satisfaction surveys/next setting information sheet		

Replication Activities

Systems Planning

Activities	Strategies Used To Address Activities	Notes/Comments
Administrative		
* establishing vision of community-centered program		
* involving stakeholders in planning		
* assessing/revising policies & procedures		
* articulating service components		

Replication Activities

Systems Planning

Activities	Strategies Used To Address Activities	Notes/Comments
Community		
* becoming familiar with community child care programs		
* implementing community awareness activities		
* developing knowledge of community resources		

Replication Activities

Systems Planning

Activities	Strategies Used To Address Activities	Notes/Comments
Family		
* planning with family members as partners in program development		
* getting program information out to families		
* addressing entrance process		

Replication Activities

Systems Planning

Activities	Strategies Used To Address Activities	Notes/Comments
Staff * including staff as partners in program development * establishing roles & responsibilities for collaborative approach * planning for staff development and training		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Administrative		
* planning for start-up -- numbers of participants and staff -- locations and travel times		
* supporting time for staff meetings to discuss and share information		
* developing communication systems among program components		
* supervising and supporting staff		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Staff * conducting staff orientation to program model		
* delineating specific responsibilities		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
* arranging for inservices and other staff supports		
* ongoing planning for staff development priorities		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Collaboration with child care * promoting systematic communications among team members		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Collaboration with Families * communicating systematically with families		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Service Coordination * designating time/supports for service coordination activities		

Replication Activities

Systems: Initial & Ongoing Implementation

Activities	Strategies Used To Address Activities	Notes/Comments
Transition * designating time/supports for transition activities		

Appendix C

CASPER

CODE FOR ACTIVE STUDENT PARTICIPATION AND ENGAGEMENT--REVISED

(CASPER)

ENVIRONMENTAL AND BEHAVIORAL CODING SYMBOLS

GROUP ARRANGEMENT CODES

SO	Solitary
OO	One (adult) to One (child)
SG	Small Group
SA	Small Group with Adult
LG	Large Group
LA	Large Group with Adult
?	Can't Tell

PEER GROUP COMPOSITION CODES

AD	All Children with Developmental Delays
MD	Majority of Children with Developmental Delays
EQ	Equal Number of Children with and without Developmental Delays
MN	Majority of Children without Developmental Delays
AN	All Children without Developmental Delays
NG	No Group
?	Can't Tell

ACTIVITY AREA AND ACTIVITY CODES

T	Transition
M	Manipulative
LM	Large Motor
B	Story-time (Books)
A	Art
P	Pretend Play/Sociodramatic Play
L	Large Blocks
S	Sensory
D	Dance/Music/Recitation
F	Snack/Meals (Food)
H	Self Care (Self Help)
R	Pre-Academic/3 Rs
CP	Computer Activities
G	Circle Time (Group)
?	Can't Tell

INITIATOR OF ACTIVITY CODES

AD	Adult
CH	Focal Child
TP	Typical Peer
DP	Peer with Developmental Delays

ENVIRONMENTAL AND BEHAVIORAL CODING SYMBOLS (continued)

CHILD BEHAVIOR (Hierarchy for the following codes)

B	Books
R	Pre-academics/3 Rs
P	Pretending/Sociodramatic Play
A	Art
GR	Games with Rules
D	Singing/Reciting/Dancing
H	Self Help or Self Care
M	Manipulating
LM	Large Motor
C	Clean-up
W	Walkabout
FA	Focused Attention
NE	Not Engaged
?	Can't Tell

CHILD SOCIAL BEHAVIOR (Hierarchy for the following codes)

SA	Social Behavior Directed to Adult
NA	Negative Social Behavior to Adult
SP	Social Behavior Directed to Peer
NP	Negative Social Behavior to Peer
NO	No Social Behavior
?	Can't Tell

ADULT BEHAVIOR (Hierarchy for the following codes)

AS	Adult Support
AA	Adult Approval
AC	Adult Comment
GD	Group Discussion/Directions
NO	None
?	Can't Tell

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