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ABSTRACT

The Great Lakes Resource Access Project (Region V RAP) serves Head Start programs in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. The Region V RAP conducts an annual needs assessment to determine the training and technical assistance needs of the Head Start Disability Services Coordinators. A survey for assessing needs for the 1997-98 academic year was used to gather data for the study. In addition to sections containing census information and general training and technical assistance needs information, this survey included sections designed to gather information regarding three salient issues: (1) children's screening and developmental assessment; (2) serving parents with disabilities; and (3) impact of welfare reform on Head Start services. Survey results (presented in 37 tables comprising the bulk of this report) indicated that in response to the specific issue of children's screening and developmental assessment, the majority of programs (75%) reported administering screening tests in the Fall. The most important selection criterion in choosing a screening instrument was that it was easy to follow. With respect to parents with disabilities, the majority of programs in all regions reported serving parents with special needs within the last year (ranging from 73% of programs in Chicago to 92% in Ohio). Parents with emotional disabilities constituted the largest group of parents with special needs (58%) served by the program. With respect to welfare reform, close to one-half of programs (48%) reported their staff's level of knowledge about welfare reform as general awareness. Program coordinators indicated their staff's greatest need to be information about possible changes in roles (76%), followed by information about possible changes in services (75%), information about collaboration with day care providers (75%), and information about the welfare reform (67%). Other training and technical assistance needs included transitioning and program performance standards. Overall, the majority of programs were satisfied with RAP services. (The survey instrument is appended.) (LPP)

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Great Lakes Resource Access Project Annual Needs Assessment Report 1997-98

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INTRODUCTION

The Great Lakes Resource Access Project (Region V RAP) serves Head Start Programs in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. The Region V RAP conducts an annual needs assessment in order to determine the training and technical assistance needs of the Head Start Disability Services Coordinators (DSCs). The DSCs are asked to complete a survey with input from other component coordinators and staff members. The survey for assessing needs for the 1997-98 academic year was distributed in January, 1997, and all surveys returned by March 18, 1997, were used in compiling this report.

The survey format was different from past years in that it included sections designed to gather specific information regarding three salient issues: a) Children's Screening and Developmental Assessment, b) Serving Parents with Disabilities, and c) Impact of Welfare Reform on Head Start Services. Rating scales, forced choice, and open-ended item formats were used. Other sections of the survey were similar to those on previous surveys, including items regarding Census Information, Training and Technical Assistance Needs in the areas of policies, planning, classroom concerns, and multicultural issues. New to the survey included items requesting information on infants/toddlers, families, size of communities served by individual Head Start programs, and RAP services accessed by programs. Information on training or technical assistance received in the past also was new to the survey. As in the previous year's survey, respondents also were asked to indicate how satisfied they have been with the Great Lakes RAP services.

All data in this report is presented in tables accompanied by explanatory notes. Results for Illinois do not include Chicago. Results from Chicago are presented separately because the system is large and different from the other areas of Illinois in many respects. In most of the tables, data is presented for each geographical area (i.e., Ch, IL, IN, OH, MI, MN, WI) as well as totals for the region.

SUMMARY OF RESULTS

The return rate of surveys averaged 65% (n=269), ranging from 25% (n=22) for Chicago to 100% (n=47) for Indiana Head Start Programs (see Table 1). Fifty percent (50%) or more of programs in Chicago, Illinois, Michigan, and Ohio served communities of at least 50,000 people, while more than 50% of programs in the states of Indiana, Minnesota, and Wisconsin served communities of less than 50,000 people (see Table 5). Overall, the 269 programs which responded reported serving 97,046 preschool-aged children in 4,098 classrooms or 2,049 centers (see Table 2). Of the preschool children served, 4,114 also were enrolled in other programs (i.e., dually enrolled). Preschool classroom teaching staff included 4,205 teachers, 4,393 teacher assistants, and 502 special needs aides. Programs reported providing home-based educational services to 10,547 preschool-aged children, with a staff of 949 teachers. Programs also reported serving 1,659 infants and toddlers, and 83,681 families.

In terms of disabilities, the three most frequently reported areas for infants and toddlers were multiple disabilities, developmental delays, and health problems (see table 3). For preschool-aged children, the three most frequently cited disability areas were speech and language delays, health problems, and developmental delays (see Table 4).

In response to the specific issue of **children's screening and development assessment**, the majority of programs (75% or more) reported administering screening tests in the Fall (see Table 6). Less than a third of programs in each region

or state administered screening tests during the Spring. At least fifty percent (50%) of programs in four states (Illinois, Michigan, Minnesota, and Wisconsin) reported administering screening tests at other times (e.g., when a child enrolls). The DIAL screening instrument was used by at least 50% of programs in Illinois, Indiana, Minnesota, and Wisconsin (see Table 7). The only other screening instrument used by at least 50% of programs was the Denver in Michigan. The most important selection criteria in choosing screening instrument(s) was that it was easy to follow (65%), followed by easy to explain to parents (51%), quick to complete (49%), and easy to manage (45%) (see Table 8). Eighty-seven percent (87%) of programs reported that they used the same screening instrument for all children (see Table 9). Teachers were involved in the screening in the majority of programs (92%) (see Table 10). Parents were involved in screening in less than one-half of the programs (48%). DSCs were involved in 44% of programs, while speech therapists were involved in the screening process in 35% of programs. DSCs reported their staff's confidence in conducting screening to be good in the majority of cases (93%) (see Table 11). Forty-five percent (45%) of programs always or usually adapted screening for children with disabilities; 55% of programs made minimal or no adaptation in screening for children with disabilities (see Table 13). The majority of programs reported using observations and parent reports as primary methods in the identification of children with emotional issues (see Table 14). Seventy-five percent (75%) of programs report screening results to parents through conferences (see Table 15). Other means of reporting screening results to parents include home visits (63%) and letters (27%).

On-going development assessment, on the other hand, was conducted as needed by 37% of programs, three times of more by 36% of programs, twice a year (22%), and once a year (4%) (see Table 16). The majority of programs (85%) used direct observation as a method of assessment (see Table 17). Other methods of assessment included parent information (58%), curriculum-based (45%), play-based (39%), norm-referenced (38%), and portfolio review (31%). The majority of DSCs (90%) reported their staff's confidence as good to excellent, while 10% reported their staff's confidence as fair or poor (see Table 18). Sixty-one percent (61%) of programs adapted assessement for children with disabilities, while 39% reported making minimal or no adaptation in assessment (see Table 19). Ninety-two percent (92%) of programs always or frequently used assessment information in developing goals for children (see Table 20).

The majority of programs in all regions reported **serving parents with special needs** within the last year (ranging from 73% of programs in Chicago to 92% of programs in Ohio) (see Table 21). Parents with emotional disabilities (e.g., depression) constituted the largest group of parents with special needs (58%) served by the programs, followed by parents with cognitive disabilities (55%), physical disabilities (48%) and sensory impairments (45%) (see Table 21). The majority of programs characterized their working relationships with parents with special needs as good to excellent (see Table 22). Twenty-three percent (23%) of programs indicated a somewhat difficult or difficult working relationship with parents with emotional disabilties. Thirteen percent (13%) of programs reported having

somewhat difficult or difficult relationships with parents with cognitive disabiliites. Eleven percent (11%) of programs reported somewhat difficult or difficult relationships with parents with sensory impairments, and 8% of programs reported having somewhat difficult or difficult relationships with parents with physical disabilities. Assistance provided to parents with special needs included referrals to community agencies (85%), provision of educational information in different ways (78%), social support (76%), and adapting materials (48%) (see Table 23). The top three areas of referrals for parents with special needs were social support services (76%), mental health services (72%), and self-help skills assistance (53%) (see Table 25). Three-fourths of programs reported staff's competence in identifying mental health symptoms as good to excellent (see Table 24). One-fourth reported their staff's competence in identifying mental health symptoms as fair or poor. The majority of programs (81%) indicated that their staff interacted well with mental health agencies (see Table 26). Nineteen percent (19%) indicated their staff's competence in interacting with mental health agencies as difficult. The majority of programs (88% or more) did not have written policies in regard to working with parents with special needs (see Table 28).

Close to one-half of programs (48%) reported their staff's level of knowledge about **welfare reform** as general awareness (see Table 29). Only 24% of programs reported that their staff was already exploring ways to the reform demands. In terms of staff preparation, 14% of programs have had no or little discussion about the reform (see Table 30). About one-half (49%) of programs have provided staff with

general information. Thirty-seven percent (37%) of programs have discussed with staff about the impact of reform on personal roles, organizational structure, or services. Programs reported that the reform will affect parent involvement the most (83%) (see Table 31). Other areas where changes are expected include parent volunteers (78%), child care services (77%), enrollment of children (73%), family services (62%), parent education (62%), service delivery (58%), and health/managed care (57%). Programs indicated their staff's greatest need to be information about possible changes in roles (76%), followed by information about possible changes in services (75%), information about collaboration with day care providers (75%), and information about the welfare reform (67%) (see Table 32).

Other training needs indicated, in order of greatest need, were: a) transitioning: preparing children, families, and programs, b) writing individualized lesson plans to address IEP objectives, c) communicating with parents with special needs, d) resources for parents with special needs, e) adapting materials, activities, and environment, f) providing social and emotional support to parents with special needs, g) serving bilingual children and their families, and h) choosing and implementing developmentally appropriate practice (see Table 33).

Technical assistance needs, in order of greatest needs, were: a) program performance standards, b) transitioning: preparing children, families, and programs, c) serving bilingual children and their families, d) intercomponent coordination, e) disability services regulations, e) writing a disability services plan, f)) writing individualized lesson plans to address IEP objectives, g) choosing culturally valid

screening/assessments, h) working with therapists in the classroom, i) state and federal disability laws, j) specifying goals, objectives, and role responsibilities on IEPS, k)) adapting materials, activities, and environment, l) promoting social interaction among children, and m) adapting environment and materials for parents with special needs (see Table 34).

In terms of disability areas, programs indicated the greatest training and technical assistance needs in: a) behavior disorders, b) speech delay, c) attention deficit hyperactive disorder, d) attention deficit disorder, e) developmental delay, and f) autism (see Table 35).

When asked about RAP services accessed by the programs, 61% used phone resource, 54% of programs reported receiving training, 48% used network meetings, and 33% used on-site technical assistance (see Table 36). The majority of programs (96%) were satisfied to extremely satisfied with RAP services (see Table 37).

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Table 1.

Needs Assessment Survey Return Rates

Geographical Area	Number of Surveys Mailed	Number of Surveys Returned	% Returned
Entire Five-State Region	412	269	65
Lower three states	257	166	65
Chicago	87	22	25
Illinois	43	31	72
Indiana	47	47	100
Ohio	80	66	83
Upper three states	155	103	66
Michigan	70	38	54
Minnesota	41	28	68
Wisconsin	44	37	84

Table 2.

Characteristics of Programs

Program Type/ Information	Chicago (N = 22)	Illinois (N = 31)	Indiana (N = 47)	Ohio (N = 66)	Michigan (N = 38)	Minnesota (N = 28)	Wisconsin (N = 37)	Totals (N = 269)
Classroom-based								
Centers	68	194	245	767	349	218	208	2,049
Classrooms	172	483	512	1,515	680	297	439	4,098
Teachers	169	509	500	1,481	821	334	391	4,205
Children	4,836	8,185	10,109	38,253	20,612	5,248	9,803	97,046
Dually Enrolled	157	540	148	1,905	407	332	625	4,114
Teacher Assistants	174	489	484	1,512	1,066	302	366	4,393
Special Needs Aides	2	58	22	123	91	115	91	502
Home-based								
Teachers	4	98	92	386	127	156	86	949
Children	88	1,150	1,010	4,124	1,335	1,820	1,020	10,547
Infants/Toddlers	0	270	169	303	712	25	180	1,659
Families	3,021	8,041	8,755	32,649	17,232	6,467	7,516	83,681

Table 3.

Number of infants/toddlers with Diagnosed and Suspected Disabilities

Category	CH	IL	IN	OH	MI	MN	WI	Region
At-risk	0 (0)	0 (1)	1 (0)	6(1)	0 (0)	0 (2)	0 (7)	7 (11)
Autism	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Emotional/Behavioral	0 (0)	0 (0)	0 (0)	3 (15)	1 (7)	0 (0)	0 (0)	4 (22)
Health	0 (0)	1 (0)	0 (0)	4 (6)	12 (6)	0 (0)	0 (0)	17 (12)
Hearing	0 (0)	2 (0)	1 (0)	0 (0)	0 (3)	0 (0)	1 (0)	4 (3)
Mental Retardation	0 (0)	2 (0)	0 (0)	0 (1)	0 (2)	1 (0)	0 (0)	3 (3)
Orthopedic	0 (0)	1 (0)	2 (0)	1 (2)	2 (2)	0 (0)	3 (1)	9 (5)
Learning Disability	0 (0)	0 (0)	0 (0)	1 (7)	0 (0)	0 (0)	0 (0)	1 (7)
Speech/Language	0 (0)	1 (3)	2 (1)	0 (0)	1 (5)	1 (0)	5 (1)	10 (10)
Traumatic Brain Injury	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Visual	0 (0)	0 (0)	1 (0)	1 (0)	0 (0)	0 (0)	1 (0)	3 (0)
Developmental Delay	0 (0)	0 (0)	1 (1)	9 (4)	0 (0)	5 (0)	9 (11)	24 (16)
Multiple	0 (0)	0 (0)	2 (0)	4 (2)	2 (0)	0 (0)	50 (0)	58 (2)

Note: Values enclosed in parentheses represent number of children with suspected disabilities.

Table 4.

Number of Preschool Children with Diagnosed and Suspected Disabilities

Category	CH	IL	IN	OH	MI	MN	WI	Region
At-risk	1 (6)	23 (94)	50 (354)	3 (134)	128 (217)	23 (1240)	2 (415)	595 (2156)
Autism	3 (2)	5 (4)	16 (2)	22 (12)	14 (4)	17 (5)	4 (3)	81 (32)
Emotional/Behavioral	68 (30)	34 (41)	51 (68)	231 (320)	68 (121)	36 (50)	72 (72)	560 (702)
Health	32 (2)	148 (27)	132 (69)	295 (52)	392 (70)	86 (35)	102 (62)	1187 (317)
Hearing	1 (0)	23 (6)	24 (19)	24 (13)	41 (11)	24 (6)	14 (22)	149 (77)
Mental Retardation	8 (0)	10 (0)	154 (8)	25 (14)	52 (4)	10 (1)	36 (15)	295 (42)
Orthopedic	8 (4)	26 (5)	34 (8)	81 (21)	64 (12)	25 (5)	15 (5)	253 (60)
Learning Disability	12 (3)	28 (26)	177 (127)	210 (113)	45 (14)	11 (1)	26 (20)	509 (304)
Speech/Language	336 (50)	901 (385)	1521 (295)	3349 (836)	1653 (228)	444 (123)	942 (269)	9146 (2186)
Traumatic Brain Injury	2 (0)	3 (1)	0 (0)	4 (2)	5 (1)	5 (0)	4 (2)	23 (6)
Visual	4 (3)	17 (6)	48 (14)	21 (2)	31 (2)	8 (5)	7 (8)	136 (40)
Developmental Delay	6 (7)	281 (110)	22 (32)	260 (98)	77 (44)	434 (65)	62 (84)	1152 (440)
Multiple	4 (1)	24 (4)	127 (15)	114 (28)	75 (1)	122 (2)	30 (5)	496 (56)

Note: Values enclosed in parentheses represent number of children with suspected disabilities.

Table 5.

Primary Geographic Areas Served

Region	Large Community (>100,000 people)	Medium-size Community (50,000 - 100,000 people)	Small Commmunity (10,000 - 50,000 people)	Rural Community (<10,000 people)
Chicago	67%	29%	0%	5%
Illinois	27%	23%	27%	23%
Indiana	15%	32%	30%	23%
Ohio	37%	26%	26%	11%
Michigan	32%	38%	16%	14%
Minnesota	8%	19%	31%	42%
Wisconsin	14%	33%	22%	31%

Table 6.

Screening Schedule

Region	Fall	Spring	Other (e.g., when child enrolls)
Chicago	96%	0%	18%
Illinois	77%	23%	58%
Indiana	92%	13%	37%
Ohio	91%	20%	49%
Michigan	84%	18%	63%
Minnesota	82%	14%	54%
Wisconsin	86%	33%	50%

Table 7.
Screening Instruments Used

Category	CH	IL	IN	OH	MI	MN	WI	Region
Battelle	0%	6%	0%	14%	3%	4%	0%	4%
Brigance	27%	16%	17%	27%	8%	11%	3%	16%
Chicago Early	18%	10%	4%	3%	13%	7%	8%	9%
Denver	5%	23%	23%	40%	55%	39%	32%	31%
DIAL	9%	53%	53%	11%	18%	68%	54%	38%
Peabody Picture Vocabulary	0%	9%	9%	3%	3%	4%	8%	5%
Other (e.g.,)	55%	13%	13%	44%	29%	54%	30%	34%

Table 8.
Reasons for Selecting Screening Instrument(s)

Category	CH	IL	IN	OH	MI	MN	WI	Region
Easy to follow	68%	61%	64%	74%	58%	64%	65%	65%
Affordable	27%	29%	55%	41%	37%	39%	38%	38%
Quick to complete	36%	48%	55%	55%	47%	54%	51%	49%
Only available test	0%	3%	2%	2%	5%	7%	0%	3%
Easy to manage	50%	32%	45%	59%	40%	54%	35%	45%
Easy to adapt	36%	26%	26%	24%	25%	36%	38%	30%
Easy to explain to parents	41%	45%	57%	55%	42%	57%	60%	51%
Other (e.g., used in school district	36%	32%	32%	33%	24%	32%	30%	31%

Table 9.
Use of Screening Instrument(s) Across All Children

Category	CH	IL	IN	OH	MI	MN	WI	Region
Same Screening Instrument(s) Are Used For All Children	91%	93%	96%	95%	89%	64%	83%	87%
Different Screening Instrument(s) Are Used For Different Children	9%	7%	4%	5%	11%	36%	17%	13%

Table 10.

Persons Involved in Screening Process

Category	CH	IL	IN	OH	MI	MN	WI	Region
DSC	18%	48%	53%	46%	26%	54%	60%	44%
Teacher	100%	84%	87%	100%	95%	86%	92%	92%
Speech Therapist	18%	48%	47%	49%	21%	29%	32%	35%
Parent(s)	55%	23%	47%	52%	53%	50%	57%	48%
School Psychologist	9%	16%	6%	18%	13%	7%	19%	13%
Other (e.g., teacher assistant)	36%	71%	40%	27%	40%	54%	54%	4%

Table 11.

Staff's Confidence in Conducting Screening

Category	CH	IL	IN	OH	MI	MN	WI	Region
Excellent	14%	13%	23%	19%	25%	18%	11%	18%
Very Good	38%	58%	45%	43%	42%	61%	62%	50%
Good	33%	23%	21%	31%	33%	11%	22%	25%
Fair	10%	3%	11%	8%	0%	11%	5%	7%
Poor	5%	3%	0%	0%	0%	0%	0%	1%

Table 12.

Extent of Parent Involvement in Screening

Category	CH	IL	IN	OH	MI	MN	WI	Region
Always Involved	29%	13%	28%	26%	24%	18%	19%	22%
Usually Involved	19%	16%	19%	23%	22%	29%	32%	23%
Somewhat Involved	29%	42%	34%	37%	27%	32%	32%	33%
Little or No Involvement	24%	29%	19%	14%	27%	21%	16%	21%

Table 13.
Extent Screening is Adapted for Children with Disabilities

Category	CH	IL	IN	OH	MI	MN	WI	Region
Always Adapted	15%	33%	30%	30%	34%	33%	25%	29%
Usually Adapted	15%	13%	16%	24%	17%	19%	11%	16%
Some Adaptation	55%	33%	34%	21%	37%	33%	44%	37%
Little or No Adaptation	15%	20%	21%	25%	11%	15%	20%	18%

Table 14.
Methods Used in Identifying Children with Emotional Issues

Category	CH	IL	IN	OH	MI	MN	WI	Region
Observation	100%	100%	98%	99%	97%	100%	100%	99%
Behavior Rating Scales	27%	55%	55%	58%	45%	68%	62%	53%
Parent Report	82%	94%	92%	94%	95%	89%	89%	91%
Inability to Screen	68%	45%	49%	53%	55%	61%	43%	53%
Other (e.g., Consult with Mental Health Specialist)	23%	52%	26%	30%	26%	21%	41%	31%

Table 15.
Reporting Screening Results to Parents

Category	CH	IL	IN	OH	MI	MN	WI	Region
Conference	96%	65%	72%	76%	76%	64%	76%	75%
Home Visit	14%	68%	68%	68%	68%	79%	78%	63%
Letter	5%	26%	32%	39%	29%	32%	24%	27%
Other (e.g., telephone)	14%	10%	21%	15%	18%	36%	16%	19%

Table 16.
Rate of Conducting Developmental Assessment

Category	CH	IL	IN	OH	MI	MN	WI	Region
Once a Year	10%	7%	2%	0%	0%	4%	6%	4%
Twice a Year	29%	24%	18%	24%	16%	31%	15%	22%
As Needed	48%	38%	33%	31%	37%	39%	35%	37%
Other (e.g., Three Times or More a year; On-going)	14%	31%	47%	45%	42%	27%	44%	36%

Table 17.
Methods of Assessment

Category	CH	IL	IN	OH	MI	MN	WI	Region
Norm-Referenced	27%	29%	36%	47%	40%	43%	43%	38%
Curriculum-based	41%	40%	51%	41%	53%	50%	41%	45%
Direct Observation	73%	87%	83%	91%	90%	93%	76%	85%
Play-based	36%	35%	47%	50%	53%	29%	22%	39%
Parent Information	46%	55%	57%	67%	71%	68%	41%	58%
Portfolio Review	5%	42%	23%	30%	47%	36%	35%	31%

Table 18.
Staff's Confidence in Conducting Assessment

Category	CH	IL	IN	OH	MI	MN	WI	Region
Excellent	18%	10%	13%	9%	22%	11%	9%	13%
Very Good	36%	45%	47%	38%	43%	43%	31%	40%
Good	27%	32%	32%	45%	30%	39%	54%	37%
Fair	18%	13%	6%	6%	5%	7%	6%	9%
Poor	0%	0%	2%	2%	0%	0%	0%	1%

Table 19.

Extent Assessment is Adapted for Children with Disabilities

Category	CH	IL	IN	OH	MI	MN	WI	Region
Always Adapted	18%	28%	43%	38%	43%	36%	22%	32%
Usually Adapted	35%	28%	21%	26%	29%	32%	31%	29%
Sometimes Adapted	41%	31%	23%	23%	17%	29%	38%	29%
Little or No Adaptation	6%	14%	13%	13%	11%	4%	9%	10%

Table 20.

Extent Assessment Information is Used in Developing Goals

Category	CH	IL	IN	OH	MI	MN	WI	Region
Always Used	53%	66%	72%	66%	60%	54%	57%	61%
Frequently Used	26%	28%	17%	26%	36%	46%	38%	31%
Sometimes Used	21%	7%	7%	8%	5%	0%	5%	8%
Never Used	0%	0%	4%	0%	0%	0%	0%	1%

Table 21.

Percent of Programs who Served Parents with Disabilities Within the Last Year

Category	CH	IL	IN	OH	MI	MN	WI	Region
Percent of Programs Having Contact or Served Parents with Disabilities in the Past One Year	73%	90%	83%	92%	86%	85%	86%	85%
Percent of Programs who Served:								
Sensory Impairments	23%	36%	47%	44%	53%	57%	54%	45%
Physical Disabilities	36%	39%	47%	53%	58%	57%	46%	48%
Cognitive Disabilities	32%	61%	62%	52%	47%	61%	70%	55%
Emotional Disabilities	41%	55%	64%	65%	53%	61%	70%	58%

Table 22.

Working Relationship with Parents with Special Needs

Category	CH	IL	IN	OH	MI	MN	WI	Region
Parents with:								
Sensory Impairments								
Excellent/Very Good	25%	52%	62%	44%	59%	39%	26%	44%
Good	67%	38%	27%	38%	33%	56%	61%	46%
Somewhat Difficult/Difficult	8%	10%	12%	19%	8%	6%	13%	11%
Physical Disabilities								
Excellent/Very Good	21%	40%	63%	54%	61%	50%	43%	47%
Good	64%	55%	27%	30%	35%	50%	48%	44%
Somewhat Difficult/Difficult	14%	5%	9%	16%	4%	0%	10%	8%
Cognitive Disabilities								
Excellent/Very Good	29%	36%	61%	44%	64%	41%	29%	43%
Good	64%	48%	39%	34%	12%	47%	61%	44%
Somewhat Difficult/Difficult	7%	16%	0%	23%	24%	12%	11%	13%
Emotional Disabilities								
Excellent/Very Good	14%	28%	52%	45%	47%	45%	21%	36%
Good	54%	60%	39%	24%	21%	39%	54%	42%
Somewhat Difficult/Difficult	31%	12%	10%	31%	32%	17%	25%	23%

Table 23.
Strategies Used

Category	CH	IL	IN	OH	MI	MN	WI	Region
Provided Educational Information in Different Ways	64%	81%	75%	77%	82%	82%	84%	78%
Adapted Materials	23%	32%	62%	47%	55%	68%	51%	48%
Provided Social Support	73%	68%	83%	82%	76%	75%	73%	76%
Referrals to Community Agencies	77%	84%	87%	92%	87%	86%	84%	85%
Other (e.g., Used Interpreter)	5%	19%	15%	29%	16%	18%	22%	18%

Table 24.

Staff's Competence in Identifying Mental Health Symptoms

Category	CH	IL	IN	OH	MI	MN	WI	Region
Excellent	16%	3%	4%	16%	14%	12%	3%	10%
Very Good	42%	31%	38%	29%	23%	44%	16%	32%
Good	26%	38%	38%	32%	34%	28%	47%	35%
Fair	16%	24%	16%	18%	29%	12%	31%	21%
Poor	0%	3%	4%	5%	0%	4%	3%	3%

Table 25.

Referrals Made for Parents with Special Needs

Category	CH	IL	IN	OH	MI	MN	WI	Region
Leisure/Recreation Activities	14%	23%	23%	41%	40%	46%	32%	31%
Substance Abuse Services	50%	45%	30%	53%	32%	39%	51%	43%
Self-Help Skills Assistance	36%	61%	60%	71%	47%	50%	43%	53%
Mental Health Services	68%	74%	77%	73%	74%	68%	70%	72%
Social Support Services	68%	81%	72%	79%	74%	82%	78%	76%
Suspected Abuse/Negligence	23%	42%	43%	56%	42%	57%	65%	47%

Table 26.
Staff's Competence in Interacting with Mental Health Agencies

Category	CH	IL	IN	OH	MI	MN	WI	Region
Excellent	10%	10%	22%	18%	24%	23%	14%	17%
Good	80%	73%	67%	69%	64%	50%	57%	66%
Somewhat Difficult	5%	3%	11%	10%	6%	23%	23%	12%
Fairly Difficult/Difficult	5%	13%	11%	3%	6%	4%	6%	7%

Table 27.
Staff's Competence in Interacting with Parents with Special Needs

Category	CH	IL	IN	OH	MI	MN	WI	Region
Excellent	11%	3%	11%	13%	27%	11%	6%	12%
Very Good	21%	35%	46%	36%	33%	46%	38%	36%
Good	58%	59%	37%	40%	36%	37%	47%	45%
Somewhat Difficult/Difficult	11%	3%	6%	11%	3%	6%	9%	7%

Table 28.

Availability of Written Policies for Parents with Special Needs

Category	CH	IL	IN	OH	MI	MN	WI	Region
Parents with:								
Sensory Impairments								
Yes	19%	7%	7%	10%	7%	10%	7%	10%
No	81%	93%	93%	90%	93%	90%	93%	90%
Physical Disabilities								
Yes	19%	7%	7%	10%	24%	10%	10%	12%
No	81%	93%	93%	90%	76%	90%	90%	88%
Cognitive Disabilities								
Yes	19%	7%	7%	8%	21%	10%	7%	11%
No	81%	93%	93%	92%	79%	90%	93%	89%
Emotional Disabilities								
Yes	19%	7%	7%	8%	24%	10%	10%	12%
No	81%	93%	93%	92%	76%	90%	90%	88%

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Table 29.
Staff's Level of Knowledge About Welfare Reform

Category	CH	IL	IN	OH	MI	MN	WI	Region
None/Little	5%	10%	6%	2%	6%	11%	3%	6%
General Awareness	36%	61%	53%	47%	44%	43%	49%	48%
Specific Aspects	27%	10%	9%	12%	14%	11%	8%	13%
Understands Consequences	9%	7%	17%	12%	6%	11%	11%	10%
Exploring Ways to Meet Reform Demands	23%	13%	15%	29%	31%	25%	30%	24%

Table 30.
Staff's Preparation to Handle Welfare Reform

Category	CH	IL	IN	OH	MI	MN	WI	Region
No/Little Discussion	0%	30%	28%	10%	11%	11%	11%	14%
General Information Given	68%	43%	48%	43%	33%	64%	46%	49%
Impact on Personal Roles	5%	0%	0%	6%	8%	0%	6%	4%
Impact on Organization	5%	7%	0%	8%	14%	0%	6%	6%
Impact on Services	23%	20%	24%	33%	33%	25%	31%	27%

Table 31.

Service Areas Where Changes Are Expected Due to Welfare Reform

Category	CH	IL	IN	OH	MI	MN	WI	Region
Enrollment of Children	73%	77%	70%	79%	63%	79%	70%	73%
Service Delivery	50%	39%	53%	71%	50%	71%	70%	58%
Resources for Jobs	73%	58%	70%	65%	58%	68%	65%	65%
Child Care Services	77%	68%	81%	79%	76%	79%	81%	77%
Role of Providers	36%	45%	47%	55%	47%	54%	62%	49%
Family Services	55%	58%	66%	62%	58%	64%	68%	62%
Parent Training	32%	58%	55%	59%	45%	50%	62%	52%
Parent Education	73%	58%	57%	58%	58%	57%	76%	62%
Parent Volunteers	73%	68%	85%	73%	87%	82%	81%	78%
Parent Involvement	82%	77%	89%	82%	82%	86%	81%	83%
Health/Managed Care	46%	39%	77%	59%	50%	64%	65%	57%

Table 32.
Staff's Needs in Regard to Welfare Reform

Category	CH	IL	IN	OH	MI	MN	WI	Region
Information About Welfare reform	36%	81%	75%	65%	68%	71%	73%	67%
Information About Possible Changes in Services	73%	74%	81%	80%	71%	79%	70%	75%
Information About Possible Changes in Roles	73%	77%	81%	74%	63%	86%	78%	76%
Information About Collaboration with Day Care Providers	77%	74%	79%	77%	68%	79%	76%	75%

Table 33.

Areas Where More Than 50% of Programs Indicated Training Need

Category	CH	IL	IN	OH	MI	MN	WI
Transitioning: preparing children, families, & programs		√	√		√	√	√
Writing individualized lesson plans to address IEP objectives	√	√	√	√			
Serving bilingual children and their families						√	
Choosing and implementing developmentally appropriate practice		√					
Adapting materials, activities, environment	√				√		
Promoting social interaction among children		√					
Communicating with parents with special needs	√	√		√			
Providing social and emotional support to parents with special needs	√			√			
Resources for parents with special needs	√	√			√		

Table 34.

Top 3 Areas in Technical Assistance Needs*

Category	CH	IL	IN	OH	MI	MN	WI
Intercomponent coordination						√	√
Disability Services Regulations			√				√
State and Federal Disability Laws		√					
Program Performance Standards		√			√	√	
Writing a Disability Services Plan	√				√		
Specifying goals, objectives, and role responsibilities on IEPs					√		
Writing individualized lesson plans to address IEP objectives					√	√	
Transitioning: preparing children, families, & programs	√			√			√
Choosing culturally valid screening/assessments			√			√	
Serving bilingual children and their families		√	√	√			

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Category (continued)	CH	IL	IN	OH	MI	MN	WI
Adapting materials, activities, environment		√					
Promoting social interaction among children		√					
Working with therapists in the classroom	√			√			
Communicating with parents with special needs							
Adapting environment and materials for parents with special needs		√					
Providing social and emotional support to parents with special needs							
Resources for parents with special needs							

*Note: Some areas are tied for Top 3

Table 35.

Top 3 Training and Assistance Needs in Specific Disability Areas*

Category	CH	IL	IN	OH	MI	MN	WI
Behavior Disorder	√	√	√	√	√	√	√
Speech Delay	√	√		√		√	√
Attention Deficit Hyperactive Disorder		√	√		√		
Attention Deficit Disorder	√				√		
Developmental Delay	√	√					
Autism			√	√		√	√

*Note: Some categories are tied for Top 3

Table 36.
RAP Services Accessed by Programs

Category	CH	IL	IN	OH	MI	MN	WI	Region
On-Site Technical Assistance	9%	45%	36%	35%	32%	39%	32%	33%
Training	41%	45%	45%	52%	63%	68%	63%	54%
Networking Meetings	27%	39%	68%	41%	55%	50%	55%	48%
Phone Resource	41%	81%	60%	64%	45%	89%	45%	61%

Table 37.
Program Satisfaction with RAP Services

Category	CH	IL	IN	OH	MI	MN	WI	Region
Extremely Satisfied	6%	31%	41%	19%	39%	25%	42%	29%
Quite Satisfied	50%	52%	50%	63%	49%	68%	53%	55%
Moderately Satisfied	19%	17%	9%	19%	9%	7%	6%	12%
Somewhat Dissatisfied	25%	0%	0%	0%	3%	0%	0%	4%
Dissatisfied	0%	0%	0%	0%	0%	0%	0%	0%

APPENDIX A

GREAT LAKES RESOURCE ACCESS PROJECT
1996-97 NEEDS ASSESSMENT

Date: _____

Name of site: _____ Phone: _____

Address of site: _____

Head Start Grantee: _____ Early Head Start Grantee: _____

Primary geographic area served: ___ Large community (more than 100,000 people)
___ Medium (50,000 - 100,000) ___ Small (10,000 - 50,000) ___ Rural (less than 10,000 people)

Disabilities Services Coordinator: _____

Name of person
completing this form: _____ Position: _____

Please list any new disabilities your staff may be working with this year:

_____

Census information:
Names of counties served: _____

# of centers: _____ # of classrooms: _____ # of classroom children: _____

# of classroom teachers: _____ # of teaching assistants: _____ # of special needs aides: _____

# of home-based children: _____ # of home-based teachers: _____ # of infants/toddlers: _____

# of children dually enrolled: ____ # of families served: _____

EHS target population: _____

Number of children with suspected and diagnosed disabilities:

	Birth-3		Ages 3-5	
	Suspected	**Diagnosed**	**Suspected**	**Diagnosed**
Part H	_____	_____	_____	_____
At-Risk	_____	_____	_____	_____
Autism	_____	_____	_____	_____
Emotional/Behavioral	_____	_____	_____	_____
Health (including ADD/ADHD)	_____	_____	_____	_____
Hearing impairment/Deafness	_____	_____	_____	_____
Mental Retardation	_____	_____	_____	_____
Orthopedic Impairment	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Speech/Language Impairment	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Visual Impairment/Blindness	_____	_____	_____	_____
Other impairments:				
Developmental Delays	_____	_____	_____	_____
Multiple Impairments	_____	_____	_____	_____

What RAP services have you used? (check all that apply) __ On-site TA __ Training
__ Networking meetings __ Phone resource __ Other: _____

To what extent have you been satisfied with the services RAP has provided your program?
(Circle the number that best describes your feelings. Feel free to explain your response.)

1	2	3	4	5
Dissatisfied	Somewhat Dissatisfied	Moderately Satisfied	Quite Satisfied	Extremely Satisfied

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Children

Screening and on-going developmental assessment of children are mandated services that Head Start programs provide. Different programs use various means to implement these services. Please provide us the following information so that we may better serve you.

For <u>screening</u> (i.e., to determine if a child needs additional assessment):

1. When is it done? ___ Fall ___ Spring ___ Other: _____

2. What screening instrument(s) are used? ___ Battelle ___ Brigance ___ Chicago Early
___ Denver ___DIAL-R ___ Peabody Picture Vocabulary ___ Other: _____

3. Why were these instruments selected over others? (Check all that apply)
___ Easy to follow ___ Affordable ___ Quick to complete ___ Only available test
___ Easy to manage ___ Easy to adapt ___ Easy to explain to parents ___ Other: _____

4. Are the same instruments used for all children? ___ Yes ___ No

5. Who is involved in the screening?
___ DSC ___ Teacher ___ Speech Therapist
___ Parents ___ School Psychologist ___ Other: _____

6. How would you rate your staff's confidence level in doing screening?
___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

7. To what extent are parents involved in the screening process?
___ Always involved ___ Usually involved ___ Somewhat involved ___ Little or no involvement

8. To what extent is screening adapted for children with disabilities?
___ Always adapted ___ Usually adapted ___ Adapted to some extent ___ No adaptation

9. How do you decide when to refer children with emotional issues? (Check all that apply)
___ Observation ___ Behavior rating scales ___ Parent report ___ Inability to screen
___ Other: _____

10. How are the screening results reported to parents? (Check all that apply)
___ Conference ___ Home visit ___ By letter ___Other: _____

11. Describe any unique screening practices in your program: _____
_____
_____

For <u>on-going</u> developmental assessment (i.e., to determine if a child is making progress):

12. When is it done? ___ Once a year ___ Twice a year ___ As needed ___ Other: _____

13. What methods of assessment are used? (Check all that apply)

___ Norm-referenced/standardized assessment
___ Curriculum-based assessment
___ Direct observation
___ Play-based assessment
___ Parent information
___ Portfolio review
___ Other: _____

14. How would you rate your staff's confidence in doing assessment?
___ Excellent ___Very Good ___ Good ___ Fair ___ Poor

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15. To what extent is assessment adapted for children with disabilities?
___ Always adapted ___ Usually adapted ___ Adapted to some extent ___ No adaptation

16. To what extent is information from assessment used in developing goals for children?
___ Never ___ Sometimes ___ Frequently ___ Always

17. Please describe your process for case conferencing and developing goals for children: _____
_____
_____
_____

18. Please describe any unique assessment practices in your program: _____
_____
_____

Families -- Working with Parents with Special Needs

Based on your contacts with parents with sensory, physical, cognitive, or emotional disabilities, please provide us with the following information. Feel free to consult with your staff about any of the questions.

19. Did your program have any contact or serve parents with disabilities within the last year __ Yes __ No

20. Please indicate the number of parents with special needs your program served last year:
____ Sensory impairments ____ Physical disabilities ____ Cognitive disabilities
____ Emotional problems ____ Other: _____

21. How would you describe your staff's working relationship with parents with sensory impairments (for example: visual or hearing impairment, etc.)?
___ Excellent ___ Very Good ___ Good ___ Somewhat difficult ___ Difficult

22. How would you describe your staff's working relationship with parents with physical disabilities (for example: uses wheelchair, cerebral palsy, etc.)?
___ Excellent ___ Very Good ___ Good ___ Somewhat difficult ___ Difficult

23. How would you describe your staff's working relationship with parents with cognitive disabilities (for example: mental retardation, developmental delay, ADD, etc.)?
___ Excellent ___ Very Good ___ Good ___ Somewhat difficult ___ Difficult

24. How would you describe your staff's working relationship with parents with emotional disabilities (for example: depression, etc.)?
___ Excellent ___ Very Good ___ Good ___ Somewhat difficult ___ Difficult

25. What strategies have been used to work with all parents with special needs? (Check all that apply)
____ Provide educational information in different ways
____ Adapt materials
____ Provide social support
____ Referrals to community agencies
____ Other: _____

26. Please rate your staff's confidence/competence in identifying symptoms that may indicate a need for mental health evaluation for parents: ___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

27. For parents with special needs, referrals were sometimes made for: ____ Leisure/recreation activities
____ Substance abuse services ____ Self help skills assistance ____ Mental health services
____ Social support services ____ Suspected abuse/negligence ____ Other: _____

28. How would you rate your staff's competence/confidence in interacting with mental health agencies?
___ Excellent ___ Good ___ Somewhat difficult ___ Fairly difficult ____ Difficult

29. Please rate the confidence/competence level of your staff in **interacting** with parents who have special needs?
___ Excellent ___ Very Good ___ Good ___ Somewhat difficult ___ Difficult

30. Do you have written policies concerning involvement of parents with:

Sensory impairments	___ Yes	___ No
Physical disabilities	___ Yes	___ No
Cognitive disabilities	___ Yes	___ No
Emotional disabilities	___ Yes	___ No

31. Other comments on this issue: _____
_____
_____

Communities/Collaboration
Welfare Reform Legislation

The new federal welfare reform legislation may impact the ways we serve children with disabilities and their families. Issues associated with availability of parents and the need for full day services for children may be raised. We would like to know your concerns and thoughts about the possible impact on Head Start services.

32. Please rate your staff's level of knowledge about the welfare reform: (Please check only one)

____ None/little
____ General awareness
____ Knowledgable about specific aspects
____ Understands consequences of reform on services
____ Already exploring ways to meet reform demands
____ Other comments: _____
_____

33. How are staff prepared to handle the reform? (Please check only one)

____ There has been no or little discussion
____ General information given or discussed
____ Information about impact on personal roles
____ Information about organizational changes
____ Information about impact on services
____ Other: _____

34. In what areas do you expect changes in regard to services provided to children and families? (Check all that apply)

____ Enrollment of children	____ Service delivery	____ Resources for jobs
____ Child care services	____ Role of providers	____ Family services
____ Incentives for parent training	____ Parent education	____ Parent volunteers
____ Parent involvement	____ Health/Managed care	____ Other: _____

35. Please indicate your staff's needs where applicable: (Please check all that apply)

____ Information about welfare reform (e.g., requirements)
____ Information about possible changes in services
____ Information about possible changes in roles
____ Information about collaboration with day care providers
____ Other: _____

36. How has welfare reform/managed care impacted health services for children with disabilities? _____
_____
_____

Please indicate your needs and how you feel they would be best met by placing an 'X' in the appropriate space. Keep in mind the following definitions: Training occurs in a group setting either in the local Head Start program or off-site. Technical Assistance (TA) addresses a specific program issue and often occurs via on-site consultants. If you have previously received training from RAP--regardless of whether the same training need is indicated at the present time--please indicate where appropriate.

	TRAINING	TA	RECEIVED
Policies and Regulations			
* Intercomponent coordination	_____	_____	_____
* Disability Services Regulations	_____	_____	_____
* Writing a Disability Services Plan	_____	_____	_____
* State and Federal Disability Laws (i.e., IDEA, ADA)	_____	_____	_____
* Program Performance Standards	_____	_____	_____
Cross-Cultural Concerns			
* Choosing culturally valid screening/assessment instruments	_____	_____	_____
* Promoting multicultural appreciation in the classroom	_____	_____	_____
* Serving bilingual children and their families	_____	_____	_____
Individual Education Plans			
* Individualized Family Service Plans for Infants/Toddlers	_____	_____	_____
* Establishing a multidisciplinary team	_____	_____	_____
* Specifying goals, objectives, & role responsibilities on IEPs	_____	_____	_____
* Ongoing assessment and revision of IEP goals and objectives	_____	_____	
* Transitioning: preparing children, families and programs	_____	_____	_____
* Home-based programming	_____	_____	_____
Classroom Instruction			
* Writing individualized lesson plans to address IEP objectives	_____	_____	_____
* Adapting materials/activities/environment for children with disabilities	_____	_____	_____
* Choosing and implementing developmentally appropriate practices	_____	_____	_____
* Working with therapists in the classroom	_____	_____	_____
* Promoting social interaction among children	_____	_____	_____
Working with Parents with Special Needs			
* Communicating	_____	_____	_____
* Building trusting relationships	_____	_____	_____
* Adapting environment and materials	_____	_____	_____
* Providing social and emotional support	_____	_____	_____
* Resources for parents with special needs	_____	_____	_____

Do your staff members need training or technical assistance in working with **children ages 3-5** with specific disabilities? Which disabilities? _____

Do your staff members need training or technical assistance in working with **infants and toddlers** with specific disabilities? Which disabilities? _____

Please list your top 3 **CHALLENGES** to serving children with disabilities and their families?

_____ _____ _____

Please list your top 3 **TRAINING** needs for the 1996-97 academic year? You may include those listed above, any related to collaboration, families, or children's behaviors, or any need not previously mentioned.

_____ _____ _____

Thank you for your time and contributions. Your input is valuable and appreciated. You will receive a report of the results for your state in April, 1997.

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