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AUTHOR Porter, Patricia; Munn, Duncan; Buysse, Virginia; Tyndall, Sabrina

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ABSTRACT

Smart Start, North Carolina's early childhood initiative, seeks to improve early childhood programs and ensure that all North Carolina children enter school healthy and ready to learn. This study evaluated outcomes related to Smart Start program inclusion of young children with disabilities: (1) access to inclusive programming; (2) quality of inclusive placements; (3) coordination and integration of services in inclusive settings; and (4) family perceptions and beliefs regarding inclusion and early intervention services. Data were collected through several methods, including document review of 12 local Smart Start plans, examination of extant infant-toddler (Part H) data bases, observations of early childhood settings, focus group interviews with parents of children with disabilities and professionals, and questionnaires completed by parents of children with disabilities. Findings indicated that all 12 original partnerships had activities involving special needs children and their families. Child care programs enrolling children with disabilities provided higher quality care than those enrolling only typically developing children. In focus group interviews, parents and professionals agreed on obstacles preventing full access to inclusive early childhood settings. Parents were better able to articulate their notions about an ideal early intervention system than professionals. Parent ratings of early intervention services did not vary over time as a function of Smart Start, rather, positive parent attitudes toward inclusion were related to child placement in an inclusive rather than a segregated program, lower socioeconomic status, and being involved in decision-making about the services received. Appended are tables delineating program activities and data and copies of the data collection instruments. (Author/KB)

Smart START

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Final Report
June 1996

Patricia Porter, Principal Investigator & **Duncan Munn,** Part H Coordinator
Developmental Disabilities Section
Division of Mental Health, Developmental Disabilities, & Substance Abuse Services
North Carolina Department of Human Resources

Virginia Buysse, Project Director & **Sabrina Tyndall,** Project Coordinator
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Executive Summary

SMART START, North Carolina's early childhood initiative, began in 1993 with the goals of improving early childhood programs and ensuring that all North Carolina children arrive at school healthy and ready to learn. Although an evaluation of Smart Start is assessing the broad effects of the initiative for *all* children and families in North Carolina, this project was designed to extend the evaluation of Smart Start to include young children with disabilities and their families. Because of the Smart Start emphasis on improving the availability of quality child care across the state, the project was divided into five components to assess the following outcomes related to inclusion:

- Access to inclusive programming for young children with disabilities and their families
- The quality of inclusive placements for young children with disabilities
- The coordination and integration of services in inclusive settings
- Family perceptions and beliefs regarding inclusion and early intervention services.

A Review of Smart Start Plans

A document review of 12 local Smart Start plans representing 18 counties in North Carolina was conducted to identify activities that either ***targeted*** or ***included*** children with disabilities and their families. ***Targeted*** activities were those that focused exclusively on children with special needs; activities that ***included*** children with special needs were those that focused more broadly on *all* children, but explicitly mentioned involving children with special needs and their families.

Counties allocated from 0 to 12% ($\underline{M}$=3.13%) of their total Smart Start funds for activities targeting children with special needs and their families. Although two partnerships did not allocate any funds for activities targeting children with special needs, all 12 of the original partnerships described Smart Start activities that included children with special needs, suggesting that the needs of this population were considered in local planning efforts.

As the Smart Start initiative expands to include all 100 counties in North Carolina, it will be important to ensure that young children with disabilities and their families continue to be included in local planning efforts to create or improve early childhood services. Conducting document reviews appears to be an efficient means of monitoring these efforts. Smart Start partnerships should be encouraged to develop data management systems and reporting mechanisms at the local level to assist them in documenting the benefits of Smart Start for various constituent groups within the community, including children with disabilities and their families.

Early Intervention Service Delivery Patterns: Location, Nature, & Intensity

Extant Infant-Toddler (Part H) data bases maintained by the NC Center for Health Statistics were accessed to examine the location, nature, and intensity of early services across time for families residing in Smart Start and non-Smart Start counties. Baseline data revealed that the majority of children in the Infant-Toddler program were categorized as developmentally delayed (66%) and were receiving services primarily in home-based settings (82%). Proportions of children entering the early intervention system at baseline generally were equally distributed across all age groups, birth to 35 months.

Although the study did not detect changes in North Carolina's early intervention system that could be attributed to Smart Start, several positive overall trends emerged. Compared to previous years, children now are entering the early intervention system at younger ages and a higher proportion of children are being identified as at risk for disabilities due to environmental conditions, suggesting a heightened commitment to primary prevention efforts. Service delivery patterns should be monitored over time to determine if these trends will continue and to examine whether Smart Start activities are mediating these outcomes.

Quality of Inclusive Early Childhood Settings

Data were collected on 184 child care centers in Smart Start counties in North Carolina to assess the quality of programs that enrolled children with disabilities and compare it to the quality of programs that only enrolled typically developing children. Of the 184 child care centers, 64 (35%) enrolled at least 1 child (birth to 5) with disabilities. Overall, programs that enrolled children with disabilities provided higher quality care and education than those that enrolled only typically developing children, based on direct observations of child care classrooms. Moreover, teachers from classrooms that enrolled children with disabilities rated themselves as being more knowledgeable and skilled in working with children with disabilities and as having fewer training needs in this area than did teachers from classrooms that enrolled only typically developing children.

These findings may be interpreted in several ways. Parents and service providers may seek out the highest quality child care centers as placements for young children with disabilities. On the other hand, centers that enroll children with disabilities may attract additional training resources such as curriculum materials or consultation with specialists.

Evaluation efforts should continue to document the number of children with disabilities who are enrolled in regular child care and preschool programs to provide a yearly estimate of the prevalence of inclusive programming in North Carolina. At the same time, evaluation efforts should continue to monitor the quality of inclusive programming for young children with disabilities who are enrolled in these settings.

Focus Group Interviews with Parents and Professionals

Six focus group sessions (three with parents, three with professionals) were held in three Smart Start regions across the state. Participants were 13 parents of young children with disabilities (birth to 5) and 32 professionals representing a wide array of human service agencies such as child care, early intervention, social services, health care, mental health, public schools, and Smart Start.

Some of the major findings based on an analysis of focus group transcripts follow:

- Compared to parents, professionals were better able to articulate and describe the ***existing system*** of early intervention services.
- Parents and professionals appeared to agree on the obstacles that exist to prevent full access to inclusive early childhood settings, although professionals identified more barriers than did parents.
- Parents consistently identified a need for additional information about early intervention, early childhood, and family support services.
- Compared to professionals, parents were better able to articulate and describe their notions of an ***ideal system*** of early intervention services. The most notable characteristics of such a system included competent and caring human service professionals, mechanisms for centralizing information and consolidating services, and methods for assuring continuity in care and services across the life span.

Family Perceptions of Inclusion & Early Intervention

This component used a set of rating scales to examine parents' attitudes and beliefs toward early childhood inclusion, their perceived needs for services and satisfaction with those services, and the extent to which parents participated in making decisions about placement and the types of services they received. Participants consisted of 286 randomly selected parents of young children with disabilities from early intervention and public preschool programs across the state.

Although parent ratings did not vary over time as a function of Smart Start, several factors did emerge as explanatory variables. Consistent with previous research, parents of children enrolled in inclusive programs viewed inclusion more favorably than did parents of children enrolled in segregated settings.

New findings emerged with respect to parental involvement in decision-making and their perceptions of early intervention services. In general, parents who reported having choices and being involved in making decisions about the services they received also reported more favorable attitudes toward inclusion and fewer difficulties in parenting a child with disabilities. In addition, parents from higher socioeconomic backgrounds reported more negative attitudes toward inclusion, possibly indicating that these parents were more informed about service delivery options and less satisfied in their attempts to find appropriate inclusive placements for their children.

Family perceptions of inclusion and early intervention services should continue to be assessed to determine the stability of their perceptions over time. Regardless of whether perceptions of services change, it is essential to gather information about child, family, and program characteristics that mediate parental satisfaction, attitudes, and perceptions of services.

Background

Smart Start, North Carolina's Early Childhood initiative, began in 1993 with the goals of improving early childhood programs and ensuring that all North Carolina children arrive at school healthy and ready to learn. Unlike most state-funded projects, Smart Start was designed to be a bottom-up government initiative with decisions made by local community members that included leaders from business, local government, education, health, social services, child care and early intervention. Charged with devising the most locally appropriate strategies for meeting broad school readiness goals, local community planning teams receiving Smart Start funds were required by the state to form public non-profit partnerships. Each local partnership followed a collaborative team-based process to develop plans for improving and expanding *existing* programs for children (birth to 5) and their families, while at the same time, creating and implementing *new* programs deemed necessary by local planners.

An evaluation of Smart Start is being conducted by an interdisciplinary team of researchers at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill. The team consists of faculty from the Frank Porter Graham Center as well as faculty from Psychology, Education, Maternal and Child Health, and Social Work. Different members have expertise in child care, family services, health care, early childhood education, early intervention, program evaluation, qualitative and quantitative research methods, and statistical analysis. The evaluation team is conducting a formative and summative evaluation to document the effects of Smart Start across an array of child, family, program, and community outcomes. It is still too early to determine the long-term outcomes of Smart Start, although some preliminary conclusions can be drawn about Smart Start's implementation (North Carolina's Smart Start Initiative 1994-95 Annual Evaluation Report, 1995). These findings suggest that Smart Start efforts have already made small, but significant, improvements in overall child care quality and family services in North Carolina. The most notable finding so far, based on observations of almost 200 child care centers, is that centers receiving more Smart Start services were providing higher-quality care than those receiving few or no services. It should be noted that the state-funded evaluation of Smart Start is focusing on the broad effects of the initiative for *all* children and families in North Carolina; aside from the evaluation study funded by the U.S. Department of Education (Office of Special Education Programs), there is no concerted effort to document the effects of Smart Start on young children with disabilities and their families.

What impact has Smart Start had on programs and services for young children (birth to 5) with disabilities and their families? This project was conceived based on the premise that a thorough, systematic evaluation of Smart Start must include children with disabilities and their families. From the inception of Smart Start, there was a concern that the needs and priorities of young children with disabilities and their families would not be considered in broad reforms aimed at improving the availability and quality of early childhood services in North Carolina. Moreover, Smart Start was viewed by advocates of young children with disabilities and their families as a timely initiative with respect to changes that were underway regarding inclusion. Relative to other states, North Carolina has a long history of providing inclusive services to young children with disabilities and their families. One of the major barriers to implementing inclusion in North Carolina and other parts of the country

has been the limited number of high-quality early childhood programs to serve as inclusive placement options. The lack of quality in general early childhood settings is reflected in both inadequate program and personnel standards. Thus, efforts like Smart Start that are aimed at improving program quality represent an important step in removing obstacles to inclusive placements for young children with disabilities.

Purpose

The overall goal of the project was to evaluate the impact of the Smart Start initiative on infants, toddlers, and preschoolers with disabilities and their families who received early intervention services under Part H (Infant-Toddler) or Part B-Section 619 (Preschool) of the Individuals with Disabilities Education Act (IDEA). More specifically, the project focused on the 12 pioneer Smart Start partnerships, representing 18 counties, to address a fundamental question: What happens to preschoolers with disabilities and their families as a function of community early childhood programs and activities designed by the local partnerships? As part of the larger Smart Start evaluation effort, this project employed a mixed-methods design consisting of both quantitative and qualitative measures to assess the following outcomes:

- Access to inclusive programming for young children with disabilities and their families;
- The quality of inclusive placements for young children with disabilities;
- The coordination and integration of inclusive services; and
- Family perceptions and beliefs regarding inclusion and early intervention services.

A Review of Smart Start Plans*

Purpose

To identify Smart Start activities that explicitly targeted or included children (birth to 5) with special needs and their families as documented in the short- and long-term plans developed by the 12 pioneer partnerships

Data Source

Copies of Smart Start plans (short- and long-term) submitted by each of the 12 pioneer partnerships that were obtained from the Division of Child Development at the NC Department of Human Resources

Procedure

1) Project staff developed guidelines for identifying Smart Start activities that either ***targeted*** or ***included*** children with special needs. [Note: ***Targeted*** activities were those that focused exclusively on children with special needs; activities that ***included*** children with special needs were those that focused more broadly on ***all*** children.]
2) Two research assistants independently identified all Smart Start activities from long- and short-term plans that targeted or included children with special needs, and reliability between the two coders was established.
3) To validate our findings, we compared Smart Start activities that we identified as targeting children with special needs with activity categories developed by the Division of Child Development that included a category for state-approved Smart Start activities focusing on special needs. In addition, these documents were used to determine the funding level of each of these individual activities, as well as the total Smart Start allocations for each local partnership.

Findings

Across both short- and long-term plans, counties allocated 0 to 12% ($\underline{M}$=3.13%) of their total Smart Start funds for activities ***targeting*** children with special needs and their families. **Figure** 1 displays funds allocated by the 12 pioneer partnerships for targeted activities as a percentage of total Smart Start allocations. Examples of targeted activities include renovating classrooms to make them physically accessible for children with disabilities, creating child care subsidies for parents of children with disabilities, providing training and technical assistance for child care teachers who served preschoolers with disabilities, and supporting salaries of personnel who provided therapy and special services to children with disabilities enrolled in regular child care settings. [Note: For a complete listing of these activities, see **Appendix A.**]

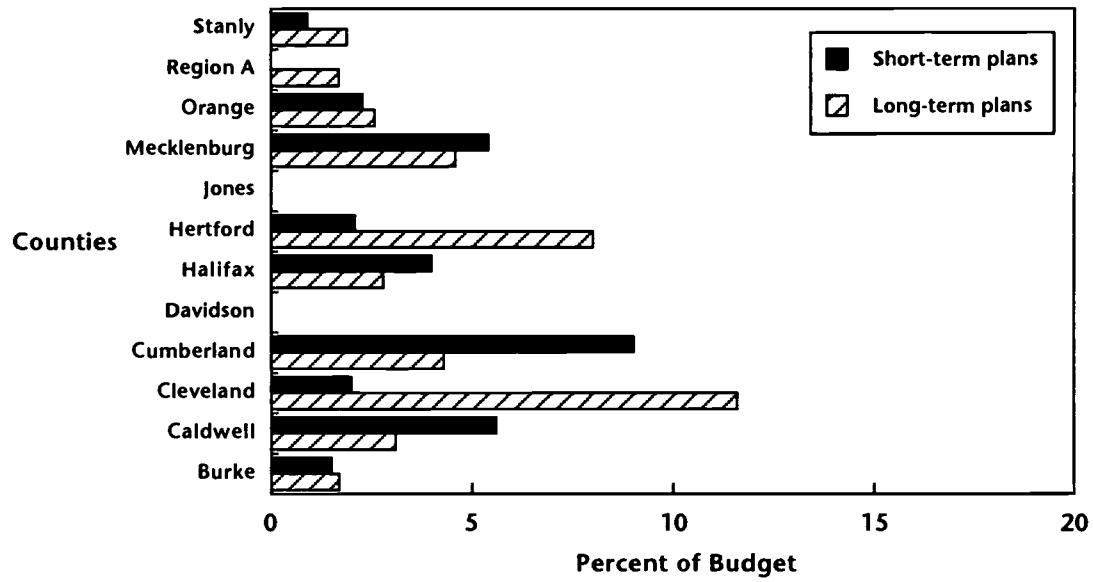
*[Note: Complete reports of the document review process and results are contained in Appendix A.]

The range of Smart Start activities that explicitly ***included*** children with special needs is evidence of the extent to which local partnerships considered this population in their planning efforts. Examples of Smart Start activities that included children with special needs follow: considering the needs of children with disabilities in purchasing toys, computers, and software packages; providing training to child care providers with some content focusing on working with children with disabilities and their families; health and developmental screening to assist in early identification and tracking efforts; and purchasing parent education materials aimed at parents of children with and without disabilities. [For a complete listing of these activities, see **Appendix A**.]

A comparison of short- and long-term plans revealed that six of the 12 pioneer partnerships increased their allocations for activities targeting special needs in their long-term plans, whereas four partnerships decreased their funding of these projects, and two remained the same.

Figure 1.

% of Total Allocations Targeting Children with Special Needs



Conclusions

The finding that counties generally allocated less than 10% of their total Smart Start funds for activities targeting children with special needs is not surprising, given the broad-based emphasis of this initiative for improving and expanding early childhood services for *all* children and families. Although two partnerships did not allocate any funds for activities targeting children with special needs, all 12 of the original partnerships described Smart Start activities that included children with special needs, suggesting that the needs of children with disabilities and their families were considered in local planning efforts.

One caveat in interpreting these findings concerns the way in which local communities chose to define the term "special needs'. The document review indicated that the 12 partnerships used a variety of terms to describe young children with disabilities (e.g., special

needs, developmentally delayed, disabled, at-risk for developing developmental delays), and these terms were used inconsistently across counties. As a result, project staff were forced to adopt a broad definition of "special needs", even though our original intent was to identify activities that targeted or included Part H- and Part B-eligible children and families. In addition, project staff made no attempt to document the extent to which each Smart Start activity was implemented as described. Therefore, the results of this study reflect the *intent* of local partnerships to target or include children with special needs and their families as documented in their Smart Start plans. It should be noted that the state Division of Child Development, which provided administrative oversight for Smart Start, played a key role in encouraging local partnerships to consider children with special needs and their families in their planning efforts and in developing a system to monitor the implementation of approved Smart Start activities.

Recommendations

1) As the Smart Start initiative expands to include all 100 counties in North Carolina, it will be important to ensure that young children with disabilities and their families continue to be included in local planning efforts to create or improve early childhood services. Conducting document reviews of local Smart Start plans appears to be an efficient means of monitoring these efforts. Ideally, document reviews should produce (a) descriptions of Smart Start activities that target or include children with special needs and their families, (b) the amount of funds allocated for these activities in relation to the total Smart Start budget, and (c) the number of children, families, and programs that benefit from these activities.
2) Targeting specific activities for young children with disabilities and those who may be at-risk for later school failure presents a challenging task for community planners. The state should assist local community planners in delineating the meaning of the phrase "special needs". They should start by sharing with local communities state eligibility criteria for infant-toddler and preschool programs under the Individuals with Disabilities Education Act and state and federal guidelines for determining who is eligible for Head Start programs.
3) Smart Start partnerships should be encouraged to develop data systems and reporting mechanisms at the local level to encourage them to document how Smart Start benefits various constituent groups within the community, including children with disabilities and their families. This information could be used to evaluate the scope of Smart Start efforts and to plan future Smart Start activities.
4) Descriptions of Smart Start activities that targeted or included children with special needs should be disseminated widely to newly funded Smart Start partnerships as a means of sharing information about activities that may be beneficial for special populations in other communities across the state.

Early Intervention Service Delivery Patterns: Location, Nature, & Intensity

Purpose

To examine the location, nature, and intensity of early services across time for infants and toddlers with special needs and their families residing in Smart Start and non-Smart Start counties

Data Source

Extant Infant-Toddler (Part H) data bases maintained by the NC Center for Health Statistics

Procedure

1) Data sets were transferred from the NC Center for Health Statistics to the Design and Statistical Computing Unit at the Frank Porter Graham Child Development Center. The data were screened for duplicate entries and out-of-range birthdates.
2) Data were segmented into three one-year periods: *Year 1* (December 2, 1992 - December 1, 1993; N=2,637); *Year 2* (December 2, 1993 - December 1, 1994; N=3,670); and *Year 3* (December 2, 1994 - December 1, 1995; N=4,325).
3) For each one-year period, the total Part H sample was subdivided into three intervention groups: children residing in *first year Smart Start counties*; children in *second year Smart Start counties*; and children from *non-Smart Start counties*.
4) Data analyses assessed change over time with respect to demographics, eligibility status, primary service settings, age at entry into the Part H system, and nature and intensity of Part H services. Data for each year were viewed as a "snapshot" of the entire service system, not an attempt to track individual children and families over time.

Findings

Baseline data (Year 1; 1992-93) revealed that the majority of children in the Part H system were categorized as developmentally delayed (66%) and were receiving services primarily in home-based settings (82%). Proportions of children entering the early intervention system at baseline generally were equally distributed across all age groups, birth to 35 months. **Figures 2 - 4** provide a comparison of baseline data to data collected in Years 2 and 3 across these variables.

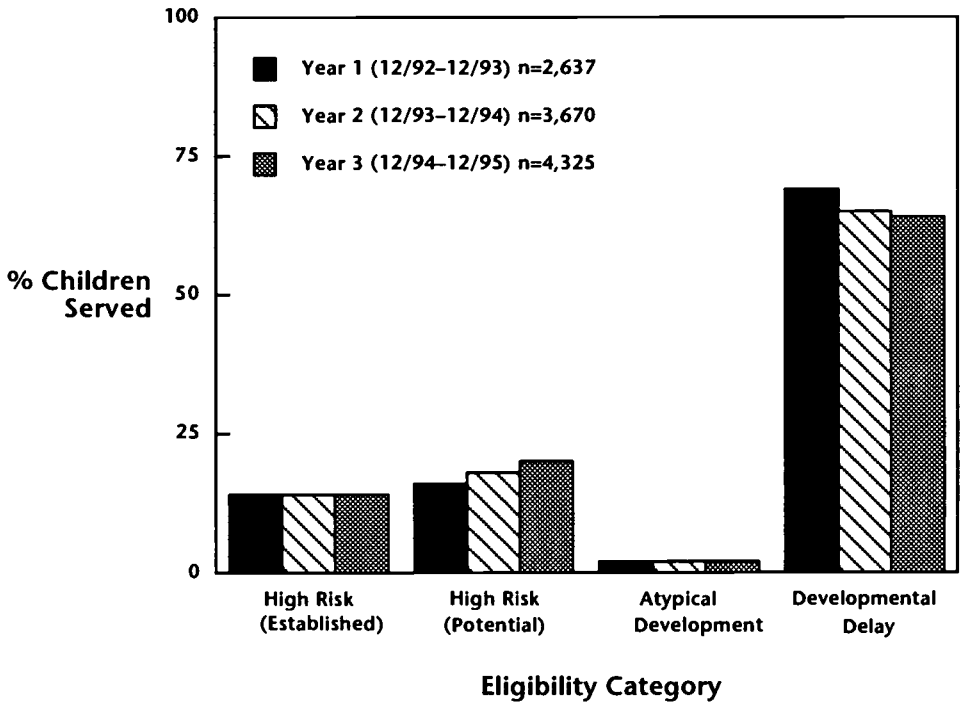
The percentage of children identified as high risk-potential across the state increased from approximately 16% in year 1 to 20 % in year 3, with this difference being statistically significant over time, Chi square=17.82, $p < .001$. The increase in the proportion of children categorized as high risk-potential was offset by a decrease in the percentage of children identified as developmentally delayed, with this difference being statistically significant over time, Chi square=14.51, $p < .001$. In Year 1, 69% of all infants and toddlers eligible for Part H services were identified as developmentally delayed, whereas in Year 3, 64% were identified as developmentally delayed. An effect for Smart Start was tested, but not found.

A statistically significant downward trend in the mean age at entry into the Part H early intervention system across the state was found, $F(2, 10629)=30.5$, $p < .0001$. In the first year, the adjusted mean age at entry was 16.04 months (.18 SE); in year two, the mean age was 14.67 (.15 SE); and in year three, the mean age was 14.30 (.14 SE). Follow-up tests indicated a significant difference in mean age at entry from year 1 to year 2, and from year 1 to year 3, but no significant differences were detected between year 2 and year 3. An effect associated with Smart Start was tested, but not found.

An analysis of the early intervention services children and families received revealed that the need for various services generally was consistent over a three-year period, with the exception of a downward trend in two types of services: home-based and specialized center-based services. It is likely that the move toward inclusive programming has reduced the need for these two kinds of early intervention services in North Carolina. **Tables 1 - 3** in **Appendix A** display a complete listing of early intervention services that were delivered across the three years.

Figure 2.

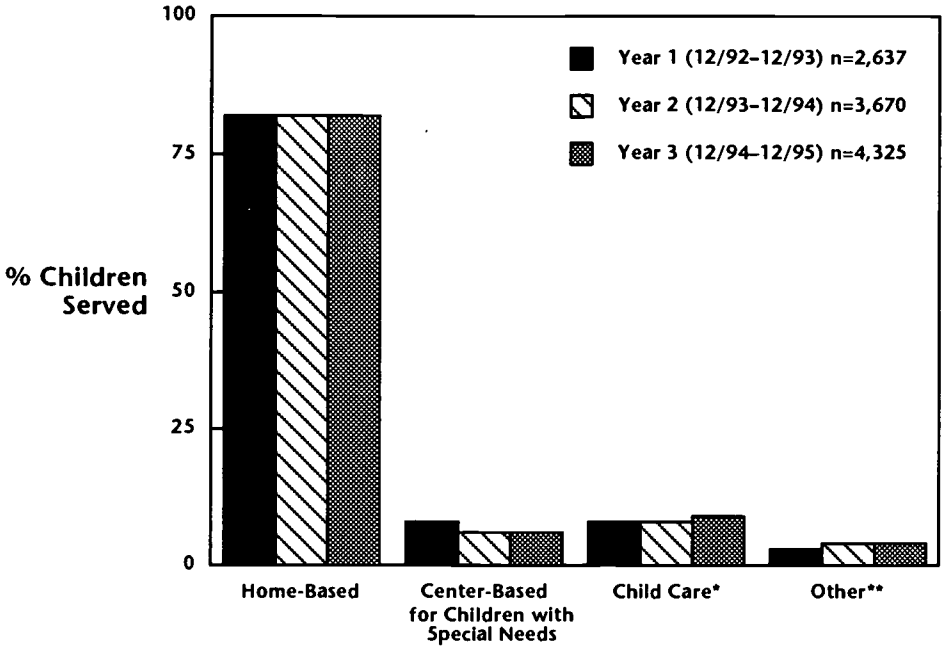
Part H Database
Children Receiving Services by Eligibility Category



Source: Health Services Information Systems Database

Figure 3.

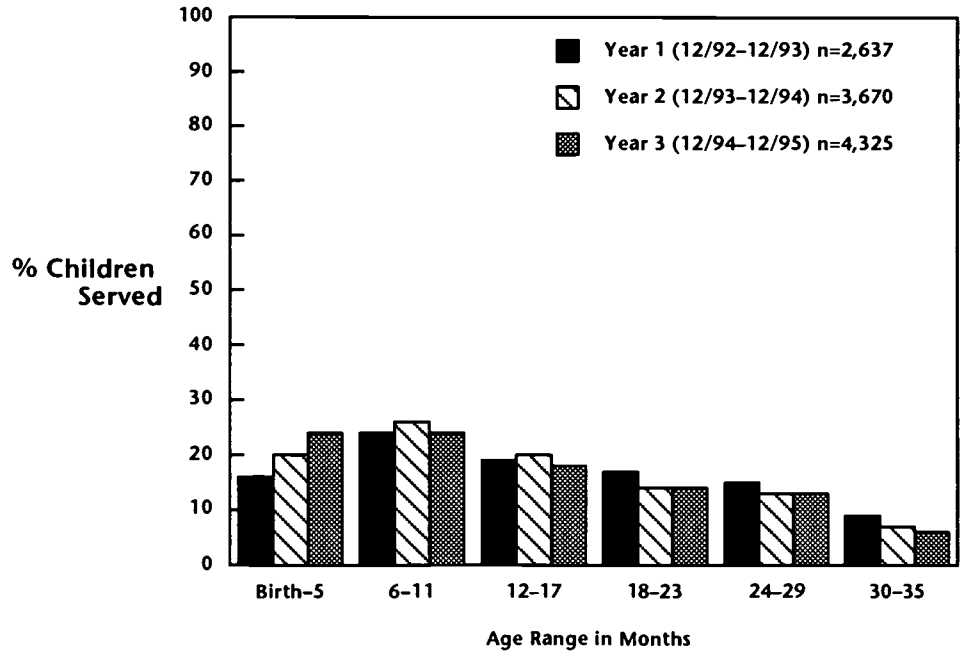
Part H Database
Children Receiving Services by Primary Service Setting



* Child Care includes day care center & family day care
** Other includes Head Start, hospital, outpatient, research facility & other service

Figure 4.

Part H Database
Age at Entry into Part H System



Source: Health Services Information Systems Database

Conclusions

North Carolina's Part H (Infant-Toddler) data system should be viewed as a useful mechanism for characterizing the state's early intervention system and for documenting change in service delivery patterns over time. Prior to the evaluation project, Part H data were being used in North Carolina for two purposes—to generate state level reports and to meet federal reporting requirements. This study demonstrated another way to use Part H data, namely to help answer fundamentally important questions such as, *Who receives services? What types of services are provided? Where are services delivered? At what age do children enter the Part H system?* Although the study did not detect changes in North Carolina's early intervention system that could be attributed to the Smart Start initiative, several positive overall trends emerged. Compared to previous years, children now are entering the early intervention system at younger ages and a higher proportion of children are being identified as at risk due to environmental conditions. These trends should be tracked over time to determine if these patterns will continue and to examine whether Smart Start activities are mediating these outcomes.

Recommendations

1) At the *state* level, North Carolina should expand its use of the Infant-Toddler (Part H) data system to monitor service delivery, to describe the recipients of early intervention services, to identify weaknesses and gaps in the service system, to automate billing procedures, to build linkages with other data systems, to assist in planning and forecasting future service needs, and to evaluate the effects of statewide interventions like the Smart Start initiative. The data should be viewed as a "snapshot" of an entire service system, not an attempt to track individual children and families over time.
2) At the *local* level, North Carolina should expand its use of the Infant-Toddler (Part H) data system to focus primarily on monitoring the status of services for individual children and families. In addition to generating reports and transmitting data to the state, these functions include developing "tickler" systems that serve as reminders about important activities on a timeline (e.g., producing copies of Individualized Family Service Plans (IFSPs) and other records, sending reminders to families and professionals about IFSP conferences, sending information to receiving programs as part of the program transition process).
3) To achieve the first two recommendations, North Carolina must be willing to commit a sizable and ongoing investment in resources to maintain the Infant-Toddler (Part H) data system. Conducting a systematic review of how data from local programs are entered, verified, and transmitted to the state and providing on-going training and technical assistance to local data entry staff are essential first steps in making this commitment.

Quality of Inclusive Early Childhood Settings

Purpose

To assess the quality of child care centers that enrolled children with disabilities and compare it to the quality of programs that only enrolled typically developing children

Sample

Data were collected on 184 child care centers in Smart Start counties. The majority of centers were randomly selected and the rest were nominated by the local partnerships as having participated in Smart Start efforts. Within each center, one preschool classroom was randomly selected for data collection.

Procedure

For each randomly selected classroom, the larger Smart Start evaluation team completed the Early Childhood Environment Rating Scale (ECERS; Harms & Clifford, 1980), an observational measure of global program quality. Items within each domain on the ECERS were rated on a scale from 1 (inadequate) to 7 (excellent). The team also conducted an interview with the director of the child care center and asked the lead child care teacher to complete a demographic form and a self-assessment of knowledge and training needs (Self-Assessment for Child Care Professionals; Wesley & Buysse, 1994). Items assessing teacher knowledge and skill across child development, early childhood environments, curriculum and learning, professionalism, and special needs were rated from 1(little knowledge and skill) to 5 (much knowledge and skill); items assessing teacher training needs across the same domains were rated from 1(little training needed) to 5 (much training needed).

Findings

Of the 184 child care centers, 64 (35%) enrolled at least 1 preschooler with disabilities.

Overall, programs that enrolled children with disabilities (M=4.44, SD=.71) provided higher quality care and education than those that enrolled only typically developing children (M=4.15, SD=.58), $t(178)$=-2.88, $p < .01$, based on total ECERS scores. Figure 5 displays mean ratings for both types of programs across all domains on the ECERS. With the exception of *creative activities* and a *developmentally appropriate factor*, there was a significant difference between the two types of programs across all domains, with programs that enrolled children with disabilities receiving higher mean ECERS ratings than their counterpart programs.

Overall, teachers from classrooms that enrolled children with disabilities rated themselves as being more knowledgeable and skilled in working with children with disabilities (M=3.73, SD=.48) than did teachers from classrooms that enrolled only typically developing children (M=3.40, SD=.71), $t(163)$=-2.44, $p < .05$. Teachers from classrooms that enrolled children

with disabilities also rated themselves and has having fewer training needs in this area (M=2.48, SD=.93) than did teachers from classrooms that enrolled only typically developing children (M=2.85, SD=.89), t(162)=1.99, p < .05. Figure 6 displays mean ratings of knowledge and training needs related to special needs for both groups of teachers.

Figure 5.

Mean ECERS Ratings (n=180)

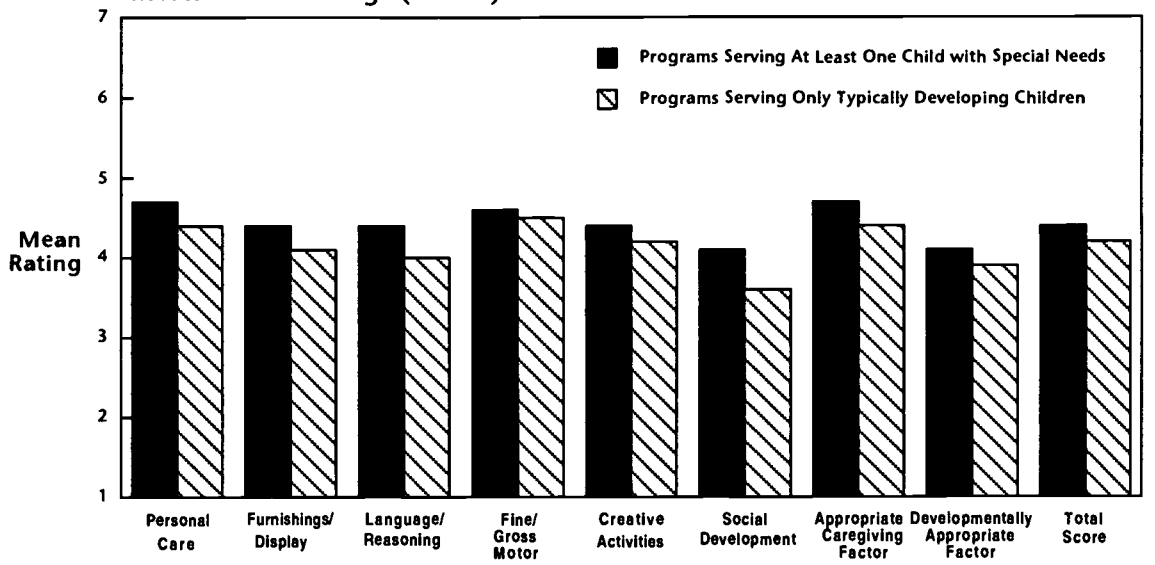
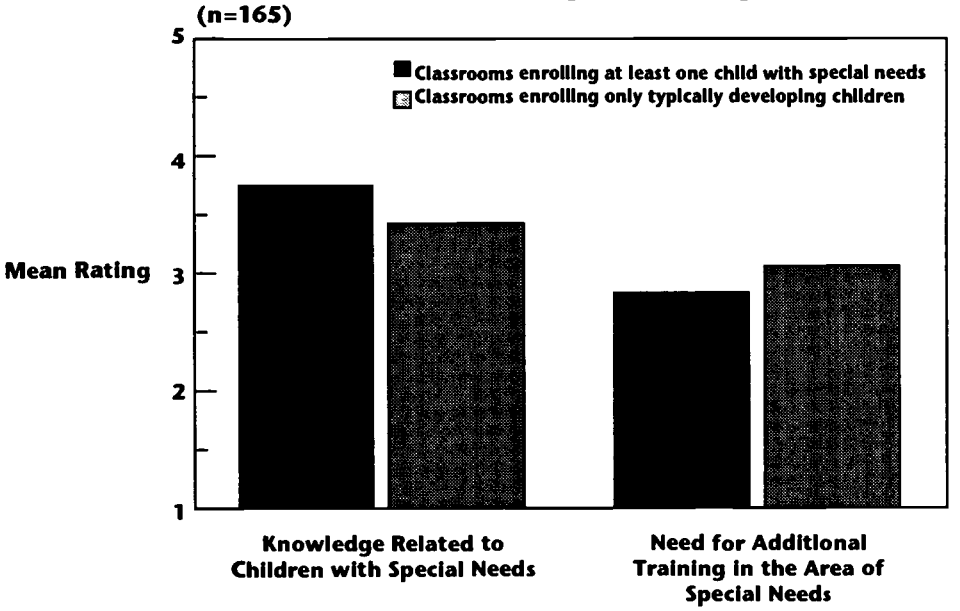


Figure 6.

Child Care Teachers' Self-Ratings of Knowledge & Training Needs (n=165)



Conclusions

These findings may be interpreted in several ways. Parents and service providers may seek out the highest quality child care centers as placements for young children with disabilities. On the other hand, centers that enroll children with disabilities may attract or seek out additional training resources such as curriculum materials or consultation with specialists that lead to better trained staff and overall improvements in program quality. Many Smart Start partnerships are providing training and technical assistance to child care teachers who care for children with special needs. As additional data are collected in future years, it will be important to document whether more children with disabilities are being served in child care programs as opposed to specialized centers—and whether their care and education will be of high quality.

Recommendations

The larger Smart Start evaluation should continue to document the number of children with disabilities who are enrolled in regular child care and preschool programs to provide a yearly estimate of the prevalence of inclusive programming in North Carolina.

Evaluation efforts should continue to monitor the quality of inclusive programming for young children with disabilities who are enrolled in these settings.

Future studies should examine the relationship between the training and technical assistance that teachers receive with respect to serving children with disabilities and their perceived competence in working with these children.

Focus Group Interviews with Parents and Professionals

Purpose
To examine parents' and professionals' views about early intervention services, as well as their experiences with service coordination efforts and inclusion

Sample
Two focus groups (one with parents and one with professionals) were held in each of three Smart Start regions: Region A, Mecklenburg, and Halifax-Hertford. Parent participants (N=13) had children who were eligible for services under the Infant-Toddler or Preschool programs of the Individuals with Disabilities Education Act (IDEA). Professionals (N=32) represented a wide array of human service programs and agencies such as child care, early intervention, social services, health care, mental health, public schools, and Smart Start.

Procedure
1. Criteria were developed for selecting a diverse group of parents and professionals from early intervention programs across the state who could participate in the study.
2. The project convened six focus group sessions (three with parents, three with professionals). The interview protocol was organized around five major themes:
   - Awareness of services
   - Barriers and supports
   - Changes in how services are provided (inclusion)
   - Effects of Smart Start
   - Envisioning an ideal service delivery system
3. Focus group sessions were audiotaped and later transcribed.
4. Project staff worked independently and as a team to "chunk" the data into responses that could be coded and to develop coding categories.
5. Interrater reliability was established across all coding categories. Raters reached consensus on responses that were assigned different codes.

Findings
Tables 4a and 4b in **Appendix A** display frequencies and percentages of parent and professional responses across coding categories. Some overarching themes follow:
- Compared to parents, professionals were better able to articulate and describe the ***existing system*** of early intervention services.
- Parents and professionals appeared to agree on the obstacles that exist to prevent full access to inclusive early childhood settings, although professionals identified more barriers than did parents.

- Parents consistently identified a need for additional information about early intervention, early childhood, and family support services.
- Compared to professionals, parents were better able to articulate and describe their notions of an ***ideal system*** of early intervention services. The most notable characteristics of such a system included competent and caring human service professionals, mechanisms for centralizing information and consolidating services, and methods for assuring continuity in care and services across the life span.

Conclusions

Findings from this study reinforce the importance of understanding inclusion and early intervention from the perspectives of individuals who have a vested interest and exert influence over decisions that shape these services in the future. Parents and professionals appear to agree on obstacles that exist which prevent some children and families from having full access to inclusive programming, or from having successful experiences in inclusive settings. There is less consensus on ways to improve the current early intervention system and on components of an ideal system of services.

Recommendations

1)Information about how parents and professionals view early intervention services should be used in conjunction with training efforts *across the state* to develop awareness about the importance of these issues and to improve the early intervention services that children and families received.

2)Focus group findings could be used as a springboard for future dialogue between parents and professionals in *local programs* as a means of building collaborative partnerships and promoting shared decision-making in these settings.

Family Perceptions of Inclusion & Early Intervention Services

Purpose

To examine parents' attitudes and beliefs toward early childhood inclusion, their perceived needs for services and satisfaction with those services, and the extent to which parents participated in making decisions about placement and the types of services they received.

Sample

We randomly selected 590 families from 67 early intervention and public preschool programs from Smart Start and non-Smart Start counties across the state—approximately 10 to 20 families from each program. Of these, 294 (approximately 50%) agreed to participate, resulting in 286 usable survey packets. A total of 146 families (51%) completed the surveys again 8 to 12 months later.

Procedure

A parent or primary caregiver (in most cases, the mother) of children with special needs ranging in age from birth to 5 completed the following measures:

- A family demographic form (race, SES, family composition)
- ***Benefits and Drawbacks to Early Childhood Inclusion*** (Bailey & Winton, 1988) on a scale of 1 (definitely not a benefit/drawback) to 5 (definitely a benefit/drawback)
- ***Barriers and Supports to Preschool Inclusion*** (Wesley & Buysse, 1994) on a scale of 1 (definitely not a barrier/support) to 5 (definitely a barrier/support)
- ***Impact on the Family Scale*** (Stein & Jessop, 1985) on a scale of 1 (child with disabilities has little impact on family functioning) to 5 (child with disabilities has a great deal of impact on family functioning)
- ***What NC Families Think of Early Intervention Services: A Survey*** (adapted from McWilliam, Lang, Vandiviere, Angell, Collins, & Underdown, 1995) on a scale of 1 (definitely given choices/opportunities to make decisions) to 5 (definitely not given choices/opportunities to make decisions)

Early intervention and public preschool program staff provided the following information about children in the study:

- **Child's age** (birth to 3 years, 3 to 5 years)
- **Primary placement type** (inclusive or segregated)
- **Severity:** ratings (on a scale of 1 [normal] to 6 [profound disability] of child functioning across nine domains on the ABILITIES Index [Simeonsson & Bailey, 1988])

Findings

Change in Parental Ratings Over Time

- No significant differences emerged between time 1 and time 2 ratings across all measures.

Differences Between Smart Start & Non-Smart Start Families

- No significant differences in mean ratings emerged between families residing in Smart Start counties and those in non-Smart Start counties.

Multivariate Analyses Examining Separate Effects of Each Mediating Variable

(child's age, severity of disability, inclusive or segregated service setting, parental involvement in decision making, parental choice, SES, & race)

- The analysis produced a significant multivariate effect for **setting type** (inclusive or segregated), $F(10, 478)=2.31$, $p < .05$. Univariate step-down tests revealed significant differences between the two groups (inclusive or segregated) on ratings of *benefits* of inclusion, $F(2, 243)=3.54$, $p <.05$, and *supports* for inclusion, $F(2,243)=4.28$, $p < .05$. Overall, parents of children enrolled in inclusive settings identified more supports ($M=4.11$, $SE=.07$) than did parents of children enrolled in segregated programs ($M=3.81$, $SE=.08$). Parents of children enrolled in inclusive programs also identified more benefits of inclusion ($M=4.40$, $SE=.06$) than did parents affiliated with segregated programs ($M=4.16$, $SE=.07$).
- There was a significant multivariate effect for socioeconomic status (**SES**), $F(5, 243)=4.63$, $p < .001$. Univariate step-down tests revealed a significant association between SES and parental ratings of *barriers* to inclusion, $F(1, 247)=21.23$, $p < .0001$, and *drawbacks* of inclusion, $F(1, 247)=5.42$, $p < .05$. Overall, parents of higher SES backgrounds identified more barriers and more drawbacks associated with inclusion.
- There was a significant multivariate effect for **severity** of the child's disability, $F(5, 237)=3.98$, $p <. 01$. Univariate step-down tests revealed a significant relationship between severity and parental ratings of *barriers* to inclusion, $F(1,241)=11.80$, $p < .001$, *drawbacks* of inclusion, $F(1, 241)=7.91$, $p < .01$, and reported *difficulties in parenting* a child with disabilities, $F(1, 241)=6.82$, $p < .01$. On average, an increase in severity was associated with more perceived barriers and drawbacks associated with inclusion and more difficulties in parenting.
- There was a significant multivariate effect for **parental involvement in decision-making**, $F(5, 241)=13.74$, $p < .0001$. Univariate models were significant across all five dependent measures: *supports* for inclusion, $F(1, 245)=16.79$, $p < .0001$; *barriers* to inclusion, $F(1, 245)=26.33$, $p < .0001$; *benefits* of inclusion, $F(1, 245)=5.02$, $p < .05$; *drawbacks* of inclusion, $F(1, 245)=6.61$, $p < .05$; and reported *difficulties in parenting a child with disabilities*, $F(1, 245)=31.66$, $p < .0001$. In general, parents who reported involvement in making decisions about placement and other services also reported more favorable attitudes toward inclusion and less difficulties in parenting.
- There was a significant multivariate effect for **parental choice**, $F(20, 787)=1.67$, $p < .05$. Univariate models revealed a significant relationship between parental choice and parental ratings of *drawbacks* to inclusion, $F(4, 241)=2.53$, $p < .05$. Overall, parents who reported having options or choices also reported fewer drawbacks to inclusion.

Overall Multivariate Analyses Adjusting for Effects of Other Variables

- A multivariate analysis performed on the combined set of mediating variables (child's age, severity of disability, service setting, parental involvement in decision making, parental choice, SES, & race) resulted in a significant overall effect for **parental involvement in decision-making**, $F(5, 214)=8.97$, $p < .0001$ and **SES**, $F(5, 214)=3.74$, $p < .01$.

Conclusions

This study examined family perceptions of inclusion and early intervention services. Although parent ratings across all measures did not vary over time as a function of Smart Start, several factors did emerge as explanatory variables. Consistent with previous research, parents of children enrolled in inclusive programs viewed inclusion more favorably than did parents of children enrolled in segregated settings.

New findings emerged with respect to parental involvement in decision-making and their perceptions of early intervention services. In general, parents who reported having choices and being involved in making decisions about the services they received also reported favorable attitudes toward inclusion and fewer difficulties in parenting a young child with disabilities. The association between socioeconomic status and attitudes toward inclusion is an interesting finding. It is unclear why parents from higher socioeconomic backgrounds reported more negative attitudes toward inclusion. One explanation is that parents from higher socioeconomic backgrounds may have been more informed about service delivery options and may have encountered more difficulties in finding an appropriate inclusive program for their children. The influence of socioeconomic status on parental views toward inclusion should be investigated more fully in future studies.

Recommendations

1) Family perceptions of inclusion and early intervention services should continue to be assessed to determine the stability of their perceptions over time. Eight to 12 months may not have constituted enough time to document any changes that may have been occurring as a result of Smart Start.
2) Regardless of whether or not perceptions of services change over time, it is essential to gather information about child, family, and program characteristics that mediate parental satisfaction, attitudes, and perceptions of early intervention services.
3) In light of the finding linking parental involvement in decision-making with favorable perceptions of services, early intervention service providers and administrators may want reexamine the ways in which family members are given choices and opportunities to play an active role, if they so choose, in determining the nature and intensity of the services they receive.

Summary

This project represents an extension of a larger evaluation study that assessed the broad effects of Smart Start for *all* children and families in North Carolina. Because of the Smart Start emphasis on improving the availability of high quality child care across the state, the project consisted of five components—each addressing some aspect of inclusive programming for young children with disabilities and their families: access, quality, service integration, and family perceptions and beliefs.

Collectively, findings from these studies suggest that young children with disabilities and their families were considered and included in local Smart Start planning efforts, although it is still to early to assess the outcomes of these efforts. Parents and professionals appear to agree that a number of program and community barriers still prevent access to inclusive programming and other types of early intervention services for many children and families in the state. On the other hand, families report more favorable perceptions toward inclusion and early intervention services when they are presented with choices and are involved in making decisions about the types of services they receive.

Furthermore, there is evidence that the quality of programs that enrolled preschoolers with disabilities was higher than that found in programs that enrolled only typically developing children. Additional evidence suggests two positive trends with respect to service delivery patterns across the state: young children with disabilities are being identified earlier rather than later and more children are being categorized as at risk for disabilities due to environmental conditions, suggesting a heightened commitment to primary prevention efforts. It remains to be seen whether Smart Start is mediating these and other outcomes and whether North Carolina's early childhood initiative will lead to improved services for young children with disabilities and their families in the future.

Appendix A
Tables & Reports

A Review of Short-Term Plans of Pioneer Partnerships: Smart Start Activities Focusing on Children with Special Needs & their Families

Executive Summary

Patricia Porter, Ph.D.
Chief, Developmental Disabilities Section
Division of Mental Health, Developmental Disabilities, & Substance Abuse Services
Department of Human Resources

Virginia Buysse, Ph.D.
Sabrina Tyndall
Cindy White
Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

As part of an evaluation representing a collaborative effort between the division of MH/DD/SAS of the Department of Human Resources and the Frank Porter Graham Child Development Center, we conducted a document review of short-term plans submitted by the 12 Smart Start pioneer partnerships. The purpose of the document review was to identify Smart Start activities that explicitly *targeted* or *included* children ranging in age from birth to 5 years with special needs and their families. This report summarizes the document review procedures and findings, efforts aimed at validating these findings, and limitations of the document review process.

Procedure

The document review consisted of the following procedures:

(1) Project staff obtained copies of the short-term plans submitted by the 12 pioneer partnerships from the Division of Child Development. The Division of Child Development also provided staff with a list of activities that were approved by the state and "tracking forms" used by the state to track county allocation of funds across categories such as health, family support, child care, and special needs.

(2) Project staff worked together as a team to develop guidelines for selecting Smart Start activities that *targeted* or *included* children with special needs and their families. *Targeted* activities were those that focused exclusively on children with special needs, whereas activities that *included* children with special needs were those that focused more broadly on *all* children and families, but also explicitly mentioned children with special needs. Because counties did not define "special needs," we included activities that mentioned a variety of descriptors such as "developmentally delayed," "at-risk," "disabilities," "social and emotional problems," "atypical development," and "special needs." Activities that targeted low-income and minority children exclusively were not considered activities focusing on children with "special needs."

(3) Two research assistants independently read the first six short-term plans and identified Smart Start activities that *targeted* or *included* children ranging in age from birth to 5 years with special needs and their families.

(4) Then, for the first six plans, the two research assistants discussed and reached consensus on their classifications of county activities.

(5) For the remaining six short-term plans, the same research assistants independently reviewed and identified Smart Start activities that targeted or included children with special needs and their families.

(6) Then, they met to discuss their results and calculate reliability. To calculate reliability, the number of activities that reviewers agreed targeted and included children with special needs was divided by the total number of options and multiplied by 100 across each plan. Percent agreement across the final six plans ranged from 83% to 100% with a mean of 92%. Project staff met to resolve any remaining differences between reviewers.

(7) Once the activities targeting or including children with special needs were identified, project staff employed a team consensus process to further categorize each activity as addressing one or more of the following objectives related to inclusion: (a) increasing access to inclusive placements, (b) improving the quality of inclusive placements, (c) enhancing service coordination and integration, and (d) increasing family participation in and satisfaction with early childhood services.

Findings

Table 1 identifies county Smart Start activities that targeted children with special needs and their families, the costs associated with each of these activities, and the total amount allocated for all such activities across the 12 partnerships. Figure 1 displays the total amount allocated for children with special needs as a percentage of the total Smart Start budget. These data suggest that counties generally allocated less than 10% of their total Smart Start dollars for activities targeting children with special needs and their families. This finding is not surprising, given the broad-based emphasis of this initiative on improving and expanding early childhood services for *all* children and families. Three partnerships (Davidson, Jones, and Region A) did not allocate any funds for activities *targeting* children with special need, although all three described activities that *included* these children and families.

A complete listing of Smart Start activities that *included* children with special needs and their families is found in Table 2. An example of a Smart Start activity that included children with special needs is a project focusing on screening and child find activities, since the intent of this activity is to identify children with health and developmental problems as soon as possible to prevent future problems from occurring. At the same time, children without special needs and their families are also expected to benefit from these early screening initiatives. The range of Smart Start activities that explicitly included children with special needs and their families is evidence of the extent to which local partnership boards considered this population in their planning efforts.

Table 3 provides a brief description of Smart Start activities that *targeted or included* children with special needs and illustrates how each activity addressed specific objectives related to the inclusion of children with special needs in regular child care and general early education programs. These objectives were determined by project staff and include (a) access to inclusive placements, (b) quality of inclusive placements, (c) service coordination and integration, and (d) family participation in and satisfaction with expanded early childhood services. In general, these data suggest that Smart Start activities targeting children with special needs were evenly distributed across the four objectives related to inclusion.

Validation

Project staff employed two strategies to validate findings resulting from the document review process.

(1) Because short-term plans represented *proposed* activities as opposed to *state-approved* activities, project staff found it necessary to obtain additional documentation from the Division of Child Development. Documents made available by the Division of Child Development made it possible for us to identify activities that were approved by the state as well as the amount of funding for each activity. This allowed us to more accurately reflect the total number of activities targeting or including children with special needs and their families found in each of the 12 short-term plans.

(2) We distributed preliminary findings of the document review to our project Advisory Board and the Division of Child Development. Project staff subsequently met with staff from the Division of Child Development, discussed several minor inconsistencies, and made revisions based on suggestions resulting from this meeting. Table 4 compares Smart Start activities identified by project staff that targeted children with special needs with those identified by the Division. Only three discrepancies were found. The Division included two activities targeting minority children and families, whereas project staff did not consider these to be focused on children with special needs. In addition, project staff included one activity that increased child care subsidies for children with special needs, whereas the Division included this activity under another category.

Limitations

The document review of short-term plans was subject to several limitations. First, as already noted, the 12 local partnership boards used a variety of terms to describe young children with special needs and their families and these terms were used inconsistently across counties. As a result, project staff were forced to adopt a broad definition of "special needs," even though our intent was to identify activities that targeted or included Part H- and Part B-eligible children and families. Second, due to the scope of this evaluation study, project staff were unable to contact each of the 12 partnerships to validate our findings. However, several other validation strategies described above were employed to ensure the validity of our results. Finally, no attempt was made to document the extent to which each Smart Start activity was implemented as described. Therefore, the results of this study reflect the *intent* of local partnerships to target or include children with special needs and their families as documented in their short-term plans.

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TABLE 1. SMART START ACTIVITIES **TARGETING** CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

BURKE COUNTY **(total allocations- $1,183,206.00)**

Activity 16 - $18,000- Inclusiveness Project Choice

$18,000 for special needs-1.5% of total budget

CALDWELL COUNTY **(total allocations- $1,187,432.00)**

Activity 11 - $12,583- Inclusion in child care

Activity 14 - $6060- Training for Inclusion

Activity 20 - $22,500- Funds for a speech Therapy

Activity 31- $25,933- Early Intervention

$67,076 for special needs- 5.6% of total budget

CLEVELAND COUNTY **(total allocations- $1,191,591.00)**

Activity 16- $ 3,899- Respite Care for Special Needs Children

Activity 17- $20,661- Evaluation services for day care providers

$24,560 for special needs- 2.0% of total budget

CUMBERLAND COUNTY **(total allocations- $1,756,602.00)**

Activity 17- $125,000- Expansion of United Cerebral Palsy Center

Activity 14- $34,948 Child Care

$159,000 for special needs- 9.0% of total budget

DAVIDSON COUNTY **(total allocations - $1,288,702.00)**

None

HALIFAX COUNTY **(total allocations- $1,062,215.00)**

Activity 5- $42,600- Improve services for special needs children

$42,600 for special needs- 4.0% of total budget

HERTFORD COUNTY **(total allocations- $482,077.00)**

Activity 23- $10,474- Special Needs Services

$10,474 for special needs- 2.1% of total budget

JONES COUNTY **(total allocations - $348,230)**

None

MECKLENBERG COUNTY **(total allocations- $2,315,446.00)**

Activity 9- $50,000- Changes for Inclusion

Activity 10- $75,000- Ancillary Services to Children

$125,000 for special needs- 5.4% of total budget

ORANGE COUNTY **(total allocations- $1,206,577.00)**

Activity 20- $20,753- Family Transitional Learning Classroom

Activity 22- $7,342- Enhanced Early Intervention Services for Young Children

$28,095 for special needs-2.3% of total budget

REGION A COUNTIES **(total allocations - $1,222,368.00)**

None

STANLY COUNTY **(total allocations- $1,001,280.00)**

Activity 12- $10,000- Subsidy for children with developmental disabilities

$10,000 for special needs- 0.9% of total budget

Figure 1

Short-Term Plans: Percent of Smart Start Allocations Targeting Children with Special Needs & Their Families

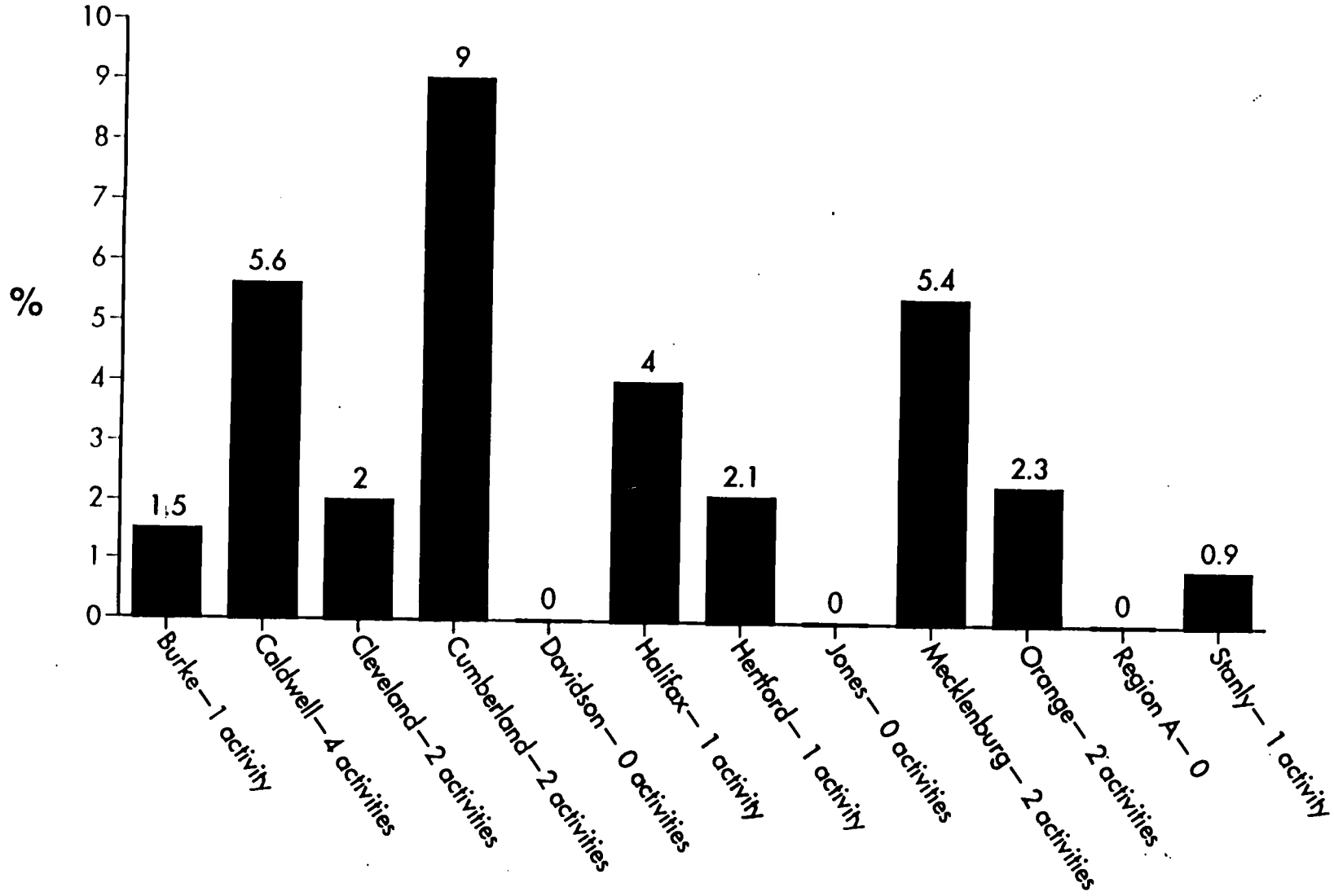

TABLE 2. SMART START ACTIVITIES THAT **INCLUDED** CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

BURKE COUNTY
Activity 26 - Mental Health Transportation Project

CALDWELL COUNTY
None

CLEVELAND COUNTY
Activity 6 - Reduce DSS Waiting List
Activity 24 - Preschool Health Check

CUMBERLAND COUNTY
Activity 15 - Improving Access to Mental Health
Activity 8 - Expansion of United Cerebral Palsy Center
Activity 19 - Health Screening
Activity 10 - Vision Screening
Activity 21 - Facility Upgrade-Association for the Blind

DAVIDSON COUNTY
Activity 5 - Increase Day Care Slots
Activity 8 - Quality Enhancement Training and Grants

HALIFAX COUNTY
Activity 13 - Improve Health Services Delivery and Quality

HERTFORD COUNTY
Activity 10 - Child Care Worker Training
Activity 11 - Health Improvements
Activity 22 - Screening for Speech and Hearing Problems

JONES COUNTY
Activity 2 - Resource and Referral
Activity 3 - Child Care Center
Activity 5 - Family Support Services
Activity 6 - Learning Materials

MECKLENBERG COUNTY
None

ORANGE COUNTY

Activity 23 - Enhanced Mental Health
Activity 27 - Vision Screening
Activity 41 - Collaboration for Child Services Coordination
Activity 45 - Screening Material and Parent Education Toys

REGION A

Activity 11 - Improve Health Services for young children

STANLY COUNTY

Activity 2 - Health and Development Screening Drive
Activity 19 - Health Screening

TABLE 3. THE RELATIONSHIP BETWEEN SMART START ACTIVITIES AND OBJECTIVES RELATED TO INCLUSION

◆ = Targets children with special needs
* = Including children with special needs

A. ACCESS TO INCLUSIVE PLACEMENT

Cumberland County

- ◆Activity 14 - *Mental Health Dept.*- Child Care: provides developmental day care services for 10 children, ages 0-3 who are at-risk
- ◆Activity 17 - *County Public Library*- Expansion of United Cerebral Palsy Center: addition of two classrooms and bathrooms to serve 15 children with special needs with 12 typically developing children

Orange County

- ◆Activity 20 - *Mental Health Authority*-Family Transitional Learning Classroom: development of a therapeutic classroom to serve preschool children with severe behavioral difficulties; the children would be mainstreamed into regular classes twice a week

Davidson County

- *Activity 5 - *Work/Family Resource Center*- Increase Day Care Slots: consider opportunities for home care and children with special needs

Stanly County

- ◆Activity 12 - *Department of Social Services*-Subsidy for Children with Developmental Disabilities: 17 children with developmental disabilities served to encourage inclusion for existing child care centers

B. QUALITY OF PLACEMENT

Burke County

- ◆Activity 16 - *Western Carolina Center Foundation*- Inclusiveness Project Choice: resource person hired to support and provide technical assistance to child care providers in caring for children with special needs

Caldwell County

- ◆Activity 11 - *Communities in School/Partnership for Children* - Inclusion in Child Care: provide money and training to day care centers in order to promote inclusion of children with disabilities
- ◆Activity 14 - *Communities in School/Partnership for Children* - Training for Inclusion: provide training to deal with issues related to inclusion of children with or at risk for disabilities

Jones County

- *Activity 2 - *Partnership for Children:* **conducting needs assessment and purchase of computers and software for children with special needs** and educational information for the parents of these children and the professionals that work with them
- *Activity 3 - *Partnership for Children* - Child Care: provides training to child care providers about working with children with special needs

Davidson County

*Activity 8 - *Work/Family Resource Center* - Quality Enhancement Training and Grants: provide training for owners/directors of child care programs in helping children with special needs

Hertford County

*Activity 10 - *Community College* - Child Care Worker Training: training of child care providers to deal with children suspected of abuse and neglect and children with developmental disabilities

Mecklenburg County

♦Activity 9 - *County Government* - Changes for Inclusion: money set aside for grants and centers and homes to request funds to make their facilities accessible for the mainstreaming of special needs children

♦Activity 10 - *County Government* - Ancillary Services to Children: additional funding to provide better care for special behavioral needs of children

C. SERVICE COORDINATION

Caldwell County

♦Activity 20- *Communities in School/Partnership for Children*-Funds for Speech Therapy-partnership will contract with local speech therapist to provide therapy on-site to all children with speech or languages disorders who attend child care centers

Cleveland County

*Activity 6- *Department of Social Services*-Reduce DSS waiting list: in subsidizing child care costs, one of the objectives is to identify sources of additional funds and services for children with special needs as well as to provide child care and learning experiences to children (0-4) living in poverty and who are educationally disadvantaged

♦Activity 17 - *Mental Health Center* - Evaluation Services for Day Care Providers: employ an early childhood specialist to work with day care providers to identify children with special needs

*Activity 24 - *Kings Mountain District Schools* - Preschool Check: six local agencies are collaborating to make sure that every child in Cleveland County has access to health screening during, April, May, and June to help identify high risk children

Cumberland County

*Activity 10 - *Partnership for Children* - Vision Screenings: three and four year old suspected of vision problems are referred to eye care professionals

*Activity 15 - *Mental Health Department*: Improving Access to Mental Health Services for Children-0 to 5 years of age treated for Attention Deficit with Hyperactivity Disorder and Post Traumatic Stress Disorder

*Activity 19 - *Health Department* - Health Screening: screenings for children from 0-5 in day cares, Head Start and pre-kindergartens at satellite sites

Halifax County

*Activity 13- *Health Department*- Improve Health Services Delivery and Quality- neonatal screening tracking, and coordination of service

Hertford County

*Activity 11 - *Hertford-Gates District Health Department* - Health Improvements: Extension of staff hours to provide immunizations, early childhood screenings and treatment

*Activity 22 - *Community Hospital* - Screening for Speech and Hearing Problems: funds will be used to purchase equipment needed to increase the agency's capacity to conduct preschool screening to detect speech and hearing problems

♦Activity 23 - *Human Services Center* - Special Needs Services: extend the hours of the early childhood intervention worker so that all children in this county who need this service could be served

Orange County

*Activity 23 - *Chapel Hill Training Outreach Project/Head Start* - Enhanced mental health services Head Start children: provide funds to access needed services for Head Start families

*Activity 41 - *Orange County Schools* - Collaboration for Child Services Coordination: Exploration of the possibility of providing Child Services Coordination services to all children in Orange County by examining the current availability, need, barriers to access, and areas for improvement

*Activity 45 - *Orange County Health Department* - Screening Materials and Parent Education Toys: Provision of screening kits, parent education materials, and toys for staff conducting home visits through the Child Services Coordination program

Region A

*Activity 9 - *Southwestern Child Development Commission, Inc.* - Expand Target Population: expand population definitions to include currently non-eligible children such as children with special needs or the children of teen mothers

*Activity 11 - *County Health Services* - Improve Health Services for Young Children: services will be provided through the local public health departments and will include prenatal care, screening services dental services, physicals, physical and occupational therapy, speech and language therapy

Stanly County

*Activity 2 - *Partnership for Children* - Health and Developmental Screening Drive: secure equipment for hearing, visual, fine motor, and gross motor screenings

*Activity 19 - *Partnership for Children* - Health Screening: funds will be used to provide health screenings services to all preschool aged children, services will include dental care, eyeglasses and other health initiatives

D. FAMILY INVOLVEMENT AND SATISFACTION

Caldwell County

♦Activity 31- *Foothills Area Program*-Early Intervention- funds will be used to hire a special needs and early intervention staff person who will work with families of preschool age children

Cleveland County

♦Activity 16- *Mental Health Center*-Respite Care for Special Needs Children- provide short term care for children with special needs

Jones County

- *Activity 2- *Partnership for Children*-Resources and Referral- conducting needs assessment and purchase of computers and software for children with special needs **and educational information for the parents of these children and professionals that work with them**
- *Activity 5- *Neuse Center for MH/DD/SAS*-Family Support Services- provision of education, prevention, support and intervention services to aid families to include: parent support groups, development of a mentor program and provision of intensive in-home therapy for neglect and/or abuse
- *Activity 6- *Neuse Center for MH/DD/SAS*-Learning Materials- targets children 0-3 years of age who are served by the Early Childhood Intervention program (children identified have or at risk for development delays and/or disabilities) which provides developmentally appropriate toys and learning materials to families

Halifax County

- ♦Activity 5- *Mental Health Agency*-Improve Services for Special Needs Children- the hiring of additional Mental Health staff to train parents on behavioral management in dealing with children with special needs

Orange County

- ♦Activity 22- *Mental Health Authority*-Enhanced Early Intervention Services for young children: hire an additional developmental therapist to assist families with young children with special needs

TABLE 4. SMART START ACTIVITIES TARGETING SPECIAL NEEDS IDENTIFIED BY DIVISION OF CHILD DEVELOPMENT AND FRANK PORTER GRAHAM

COUNTY	Activities Identified by DCD	Activities Identified by FPG
BURKE	*Minority Outreach Inclusiveness Project	Inclusiveness Project
CALDWELL	Inclusion in Child Care Training for Inclusion Funds for Speech Therapy Early Intervention	Inclusion in Child Care Training for Inclusion Funds for Speech Therapy Early Intervention
CLEVELAND	Respite Care for Special Needs Children Evaluation Services for Day Care Providers	Respite Care for Special Needs Children Evaluation Services for Day Care Prov.
CUMBERLAND	Expand United Cerebral Palsy Center Child Care	Expand United Cerebral Palsy Center Child Care
DAVIDSON	None	None
HALIFAX	Improved Services for Special Needs Children	Improved Services for Spec. Needs Chil.
HERTFORD	Special Needs Services	Special Needs Services
JONES	None	None
MECKLENBURG	Changes for Inclusion	Changes for Inclusion
	Ancillary Services to Children	Ancillary Services to Children
ORANGE	Family Transitional Learning Classroom Early Intervention Enhancement *Outreach Materials-Spanish Speaking Families	Family Transitional Learning Classroom Early Intervention Enhancement
REGION A	None	None
STANLY	*None	Subsidy for Children with D.D.

*Indicates a discrepancy between DCD and FPG

A Review of Long-Term Plans of Pioneer Partnerships: Smart Start Activities Focusing on Children with Special Needs & their Families

Executive Summary

Patricia Porter, Ph.D.
Chief, Developmental Disabilities Section
Division of Mental Health, Developmental Disabilities, & Substance Abuse Services
Department of Human Resources

Virginia Buysse, Ph.D.
Sonya Satterfield
Sabrina Tyndall
Cindy White

Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

As part of an evaluation representing a collaborative effort between the division of MH/DD/SAS of the Department of Human Resources and the Frank Porter Graham Child Development Center, we conducted a document review of long-term plans submitted by the 12 Smart Start pioneer partnerships for the second year of the Smart Start initiative. The purpose of the document review was to identify Smart Start activities that explicitly *targeted* or *included* children ranging in age from birth to 5 years with special needs and their families. This report summarizes the document review procedures and findings, efforts aimed at validating these findings, and limitations of the document review process in the long term plans as compared to findings from the short term plans.

Procedure

Consistent with the short-term plan review process, this document review consisted of the following procedures:

(1) Project staff obtained copies of the long-term (second year) plans submitted by the 12 pioneer partnerships from the Division of Child Development. The Division of Child Development also provided staff with a list of activities that were approved by the state and "tracking forms" used by the state to track county allocation of funds across categories such as health, family support, child care, and special needs.

(2) Project staff used the same guidelines that were created in reviewing the short-term plans of pioneer partnerships. Project staff had previously developed guidelines for selecting Smart Start activities that *targeted* or *included* children with special needs and their families. *Targeted* activities were those that focused exclusively on children with special needs, whereas activities that *included* children with special needs were those that focused more broadly on *all* children and families, but also explicitly mentioned children with special needs. Because counties did not define "special needs," we included activities that mentioned a variety of descriptors such as "developmentally delayed," "at-risk," "disabilities," "social and emotional problems," "atypical development," and "special needs." Activities that targeted low-income and minority children exclusively were not considered activities focusing on children with "special needs."

(3) Two research assistants independently read the first four long-term plans and identified Smart Start activities that *targeted* or *included* children ranging in age from birth to 5 years with special needs and their families.

(4) Then, for the first four plans, the two research assistants discussed and reached consensus on their classifications of county activities.

(5) For the remaining eight long-term plans, the same research assistants independently reviewed and identified Smart Start activities that targeted or included children with special needs and their families.

(6) Then, they met to discuss their results and calculate reliability. To calculate reliability, the number of activities that reviewers agreed targeted and included children with special needs was divided by the total number of options and multiplied by 100 across each plan. Inter-rater reliability rates ranged from 92% to 100% with a mean of 96%. Project staff met to resolve any remaining differences between reviewers.

(7) Once the activities targeting or including children with special needs were identified, project staff employed a team consensus process to further categorize each activity as addressing one or more of the following objectives related to inclusion: (a) increasing access to inclusive placements, (b) improving the quality of inclusive placements, (c) enhancing service coordination and integration, and (d) increasing family participation in and satisfaction with early childhood services.

Findings

Table 1 identifies county Smart Start activities that targeted children with special needs and their families, the costs associated with each of these activities, and the total amount allocated for all such activities across the 12 partnerships. These data suggest that counties generally allocated less than 12% of their total Smart Start dollars for activities targeting children with special needs and their families. This finding is consistent with the results from the document review of short-term plans. Two partnerships (Davidson and Jones) did not allocate any funds for activities *targeting* children with special needs. However, both counties describe activities that *included* children with special needs and their families.

A complete listing of Smart Start activities that *included* children with special needs and their families is found in Table 2. An example of a Smart Start activity that included children with special needs is a project focusing on health initiatives, since the intent of this activity is to conduct developmental screenings and following up on children who are identified as having a special need. At the same time, children without special needs and their families are also expected to benefit from these early screening initiatives. The range of Smart Start activities that explicitly included children with special needs and their families is evidence of the extent to which local partnership boards considered this population in their planning efforts.

Table 3 provides a brief description of Smart Start activities that *targeted or included* children with special needs and illustrates how each activity addressed specific objectives related to the inclusion of children with special needs in regular child care and general early education programs. These objectives were determined by project staff and include (a) access to inclusive placements, (b) quality of inclusive placements, (c) service coordination and integration, and (d) family participation in and satisfaction with expanded early childhood services. In general, these data suggest that Smart Start activities targeting children with special needs were evenly distributed across the four objectives related to inclusion.

Validation

Project staff employed two strategies to validate findings resulting from the document review process.

(1) Because long-term plans represented *proposed* activities as opposed to *state-approved* activities, project staff used documents made available by the Division of Child Development that identified activities approved by the state as well as the amount of funding for each activity. This allowed a more accurate reflection of the total number of activities targeting or including children with special needs and their families found in each of the 12 long-term plans.

(2) Project staff subsequently provided staff from the NC Division of Child Development with preliminary findings in order to validate these results. All activity descriptions and alllocations were verified for accuracy by staff members from this state agency.

Limitations

The document review of long-term plans was subject to several limitations. First, as already noted, the 12 local partnership boards used a variety of terms to describe young children with special needs and their families and these terms were used inconsistently across counties. As a result, project staff were forced to keep the broad definition of "special needs" that was used in reviewing the short-term plans. Second, due to the scope of this evaluation study, project staff were unable to contact each of the 12 partnerships to validate our findings. However, several other validation strategies described above were employed to ensure the validity of our results. Finally, no attempt was made to document the extent to which each Smart Start activity was implemented as described. Therefore, the results of this study reflect the *intent* of local partnerships to target or include children with special needs and their families as documented in their long-term plans.

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Document Reviews: Long-Term (Second-year) Plans
Smart Start Activities **TARGETING** Children with Special Needs and Their Families

BURKE COUNTY (total allocations- $2,296,860.00)

Activity 24 - $38,594- Project Choice: *Western Carolina Center Foundation* - facilitates the integration of children with special needs into child care and the larger recreational community

$38,594 for special needs-1.7% of total budget

CALDWELL COUNTY (total allocations- $2,297,840.00)

Activity 3 - $25,000 - Speech Therapy: *Caldwell County Partnership for Children* - speech therapy will be provided for all children with or at-risk for speech or language disorders who attend day care
Activity 11 - $10,000 - Provider/Parent Inclusion Training: *Western Carolina Foundation* - provides training and technical assistance to child care providers and parents, focusing on issues related to inclusion of children with or at risk for disabilities
Activity 29 - $36,100 - Support for Inclusion: *Western Carolina Foundation* - provides training and technical assistance to day care centers in order to promote inclusion of children with disabilities

$71,100 for special needs- 3.1% of total budget

CLEVELAND COUNTY (total allocations- $2,306,681.00)

Activity 6 - $47,617 - Special Needs/Respite Care: *Cleveland Center* - temporary care services will be offered for children at risk, or children with special needs
Activity 7 - $47,291 - Day Care Consultant: *Cleveland Center* - offers consulting to child care providers and families regarding risk factors for developmental disabilities, normal development, behavior management, environmental enhancement and inclusive programming
Activity 15. $171,720 - Education Program: *Kings Mountain District Schools Board of Education* - Each of the school systems in Cleveland County will open an additional preschool class for three and four year old at-risk preschoolers.

$266,628 for special needs - 11.6% of total budget

CUMBERLAND COUNTY (total allocations- $3,567,560.00)

Activity 5 - $105,202 - Dorothy Spainhour Center: *Cumberland County Mental Health Center* - offers comprehensive day care services to children who are at-risk for social, emotional, and/or cognitive developmental delays

$154,862 for special needs- 4.3% of total budget

DAVIDSON COUNTY (total allocations - $2,524,146.00)

None

HALIFAX COUNTY (total allocations- $2,002,454.00)

Activity 12 - $56,611 - Children with Special Needs: *Halifax County Mental Health Center* - provides evaluation, case management, family based services and specialized therapies for children from birth to age five with special needs.

$56,611 for special needs- 2.8% of total budget

HERTFORD COUNTY (total allocations- $757,337.00)

Activity 2 - $30,000- Infant Child Coordinator for at-risk children: *Roanoke-Chowan Hospital* - infant/child coordinator will be hired to identify at-risk infants who will benefit from community services

Activity 3 - $30,000- Habilitation Specialist: *Roanoke-Chowan Human Services Center* - habilitation specialist will be hired to work in conjunction with the infant/child coordinator to identify at-risk children and to provide services as needed

$60,000 for special needs- 8.0% of total budget

JONES COUNTY (total allocations - $432,418)

None

MECKLENBURG COUNTY (total allocations- $4,819,321.00)

Activity 7 - $61,341- On-site consultation staff: *Mecklenburg County Government* - provides on-site consultation and education to staff at day care facilities about emotional/behavioral problems in young children

Activity 10- $124,512 - Inclusion Activities: *Mecklenburg County Government* - activities will be developed to help prepare early childhood education centers to integrated children with special needs into regular programs

$185,853 for special needs- 3.9% of total budget

ORANGE COUNTY (total allocations- $2,340,677.00)

Activity 13 - $14,600- Enhanced Early Intervention Services for Young Children: *Orange-Person-Chatham Mental Health Center* - addition of staff member who will provide early intervention services to children at risk or with special needs in their home, in day care homes, or in regular child care centers

Activity 14 - $47,000- Family Transitional Learning Classroom: *Orange-Person-Chatham Mental Health Center* - development of a therapeutic classroom to serve preschool children with severe behavioral difficulties; children would be mainstreamed into regular classes twice a week

$61,600 for special needs-2.6% of total budget

REGION A COUNTIES (total allocations - $2,368,932.00)

Activity 18 - $40,500- Mental Health Intervention: *Smoky Mountain MH/DD/SAS* - program consultation and evaluation of emotional growth and development for children with special needs in day care centers and under care of public health nurses

$40,500 for special needs-1.7% of total budget

STANLY COUNTY (total allocations- $1,883,898.00)

Activity 8- $35,000- Screening and Inclusion for all Children: *The Arc/Greenwood Center* - to provide screenings and identification of young children with developmental delays, to encourage the inclusion of children with disabilities, and to ensure that all children have access to a comprehensive early intervention program and follow-up services.

$35,000 for special needs- 1.9% of total budget

Document Reviews: Long-Term (Second-year) Plans
Smart Start Activities that **INCLUDED** Children with Special Needs and Their Families

BURKE COUNTY

Activity 6 - Mental Health Assessment: *Foothills Area Program* - provides sessions to children to determine the need for further MH or SA services

Activity 12- Transportation Services: *Burke County Transit Administration* - provides transportation services to public school programs serving pre-school children identified with disabilities

CALDWELL COUNTY

Activity 5- Behavioral Management Model: *Foothills Area Program* - develop screening instrument for families at risk for abuse and neglect; train child care providers in behavior management of special needs children

Activity 10 - Child Care Provider Training: *Caldwell County Partnership for Children* - provides training services to child care staff on abuse and neglect as well as inclusion

Activity 18 - Resource and Referral System: *Caldwell County Department of Social Services* -provides counseling to clients seeking quality day care, financial assistance, resources, transportation, and other information, including developmental screenings and referrals for parents of children with special needs

Activity 22 - Readiness Activity and Support Kits: *Caldwell County Education Foundation* -: A Kindergarten readiness activity kit and instructional support to families of children, including children with special needs, at the kindergarten preschool screening clinics

CLEVELAND COUNTY

Activity 8C - Neighborhood Teams, Part C: *Cleveland County Department of Social Services* - neighborhood teams will provide services to families with children who are at risk for health, education, child abuse and neglect and substance abuse problems

Activity 8D - Neighborhood Teams, Part D: *United Family Services Board* - neighborhood teams will provide services to families with children who are at risk for health, education, child abuse and neglect and substance abuse problems

CUMBERLAND COUNTY

Activity 7 - Head Start (extended services): *CCAP/Head Start* - pilot summer program for Head Start Children, including those with special needs, and their families

Activity 8 - UCP Center: *United Cerebral Palsy* - increases number of day care spaces for children with special needs, provides quality day care for typically developing children, and includes training/support opportunities for parents and day care providers

Activity 9 - Day Care Incentive Grants: *United Way of Cumberland County* - provides grants today care centers to improve quality through the purchase of equipment and /or materials to support the inclusion of children with special needs

Activity 10 - Day Care Funds (subsidies for improving standards): *Cumberland County Department Social Services*-: provides incentives to day care centers, including those serving children with special needs, to improve standards

DAVIDSON COUNTY

None

HALIFAX COUNTY

Activity 9 - Pre-Kindergarten Program: *Halifax County Schools* - continues the Pre-K program, providing 90 spaces for children ages three and four, including those with special needs

Activity 10 - Pre-Kindergarten Program: *Weldon City Schools* - provides a developmentally appropriate pre-kindergarten program to all preschoolers who will be four by 10/15/94 or who are at least three years old and developmentally delayed

HERTFORD COUNTY

None

JONES COUNTY

Activity 1 - Health Care: *Jones County Health Department* - To provide additional services, to enhance developmental screenings and evaluation services, including improving the referral process for children with suspected developmental delays

Activity 4 - Education: *Jones County Schools* - to provide 18 additional slots in the Pre-K program; as part of this expansion, the School System will work closely with other agencies in order to identify, evaluate, and serve children with special needs

Activity 5 - Neuse Center for Mental Health: *Neuse Center for Mental Health* - collaboration among agencies to provide a system of education, prevention, support, and intervention to aid families, including families who have children with special needs

Activity 7 - Family Support Services: *Carteret Community Action, Inc. Head Start* - provides direct services to children, including children with special needs

MECKLENBURG COUNTY

Activity 8 - Screener for Health Van - *Mecklenburg County Government* - Addition of staff to provide developmental screenings and follow-up referrals, especially for at-risk children birth to 4 & their families

Activity 11 - Child Service Coordination Program: *Mecklenburg County Partnership for Children* - increases the effectiveness and participation level of the Child Service Coordination Program, especially for parents of at-risk newborns

ORANGE COUNTY

Activity 6 - Child Service Coordination Expansion: *Orange County Health Department* - provides case management services for the identification of and access to preventative, specialized and support services for children and families, including children identified as at-risk for, or who have a developmental delay

Activity 15 - Mental Health/Early Intervention: *Chapel Hill Training Outreach Project* - provide a comprehensive, developmentally appropriate preschool program for low-income, three and four year old children and their families. Major components include: education, health, mental health, disability services, parent involvement and social services.

REGION A

Activity 6 - Subsidized Child Care: *Southwest Child Development Commission* - to extend services to provide subsidized child care to currently non-eligible children, such as children with special needs

Activities 7-13 - Health Care Project in Individual Counties: *County Health Departments* - provides health care services, including Health Check Screenings (EPSDT), immunizations, referrals, and education to children, including children with special needs

Activity 17 - Training Project #1: *Macon Program for Progress, Inc*- increases accessibility of training to child care providers; comprehensive training is provided through a center which promotes full inclusion of children birth through five with special needs

STANLY COUNTY

Activity 2- Health Initiatives: *Stanly County Health Department* - provides a Development Specialist who will conduct developmental screenings; also provides referrals for follow-up services for children identified with special needs through these screenings

Activity 7 - Child Care Subsidy Program. *Stanly County Department of Social Services* - provides access to high quality daycare/home care for families with children birth - five, including children with special needs and offers an enhancement for special needs

TABLE 3. THE RELATIONSHIP BETWEEN SMART START ACTIVITIES AND OBJECTIVES RELATED TO INCLUSION

♦ = Targets children with special needs
* = Including children with special needs

A. ACCESS TO INCLUSIVE PLACEMENTS

Burke County

*Activity 6- *Foothills Area Program*- Mental Health Assessment Project: provides sessions to children to determine the need for further mental health or substance abuse services

Cleveland County

♦Activity 15 - *Kings Mountain District Schools Board of Education* - Education Program: Each of the school systems in Cleveland County will open an additional preschool class for three & four year old at-risk preschoolers.

Cumberland County

♦Activity 5 - *Cumberland County Mental Health Center*- Dorothy Spainhour Center: offers comprehensive day care services to children who are at-risk for social, emotional, and/or cognitive developmental delays

*Activity 8 - *United Cerebral Palsy*- UCP Center: to increase number of child care spaces for children with special needs, and provide quality child care for typically developing children, including training/support opportunities for parents and day care providers

Halifax County

*Activity 9 - *Halifax County Schools*- Expansion of Pre-Kindergarten Program: expands the Pre-K program, providing and additional 90 spaces for children, including those with special needs

*Activity 10 - *Weldon City Schools* -Pre-Kindergarten Program: provides a developmentally appropriate pre-kindergarten program to preschoolers, including children with developmental delays

Jones County

*Activity 4 - *Jones County Schools* -Education: to provide 18 additional slots in the Pre-K program; as part of this expansion, the school systems will work closely with other agencies in order to identify, evaluate, and serve children with special needs

Orange County

♦Activity 14 - *Orange-Person-Chatham Mental Health Center*- Family Transitional Learning Classroom: development of a therapeutic classroom to serve preschool children with severe behavioral difficulties; children would be mainstreamed into regular classes twice a week

Region A

*Activity 6 - *Southwest Child Development Commission*- Subsidized Child Care: to extend services to provide subsidized child care to currently non-eligible children, such as children with special needs

Stanly County

*Activity 7 - *Stanly County Department of Social Services* - Child Care Subsidy Program: to provide access to high quality daycare/home care for families with children birth - five, including children with special needs and offers an enhancement for special needs

B. QUALITY OF PLACEMENTS

Burke County

- ♦Activity 24 - *Western Carolina Center Foundation*- Project Choice: facilitates the integration of children with special needs into child care and the larger recreational community

Caldwell County

- *Activity 10- *Caldwell County Partnership for Children* -Child Care Provider Training: provides training services to child care staff on abuse and neglect as well as inclusion
- ♦Activity 11 - *Western Carolina Foundation*- Provider/Parent Inclusion Training: **provides training and technical assistance to child care providers** and parents, **focusing on issues related to inclusion of children with or at risk for disabilities**
- ♦Activity 29 - *Western Carolina Foundation*- Support for Inclusion: provides training and technical assistance to child care centers in order to promote inclusion of children with disabilities

Cleveland County

- ♦Activity 7 - *Cleveland Center*- Day Care Consultant for Child Care Providers: **offers consulting to child care providers** and families **on risk factors for developmental disabilities and inclusive programming**

Cumberland County

- *Activity 9- *United Way of Cumberland County* -Day Care Incentive Grants: provides grants to day care centers to improve quality through the purchase of equipment and/or materials to support the inclusion of children with special needs
- *Activity 10- *Cumberland County Department of Social Services* -Day Care Funds: provides incentives to day care centers, including those serving children with special needs, to improve standards

Mecklenburg County

- ♦Activity 10 - *Mecklenburg County Government*- Inclusion Activities: activities will be developed to help prepare early childhood education centers to integrate children with special needs into regular programs

Region A

- *Activity 17 - *Macon Program for Progress, Inc.* -Training Project #1: increases accessibility of training to child care providers; comprehensive training is provided through a center which promotes the full inclusion of children birth through five with special needs

C. SERVICE COORDINATION

Burke County

- *Activity 12- *Burke County Transit Administration*- Transportation Services: provides transportation services to public school programs serving preschool children with and without disabilities

Caldwell County

- ♦Activity 3 - *Caldwell County Partnership for Children*- Speech Therapy: speech therapy will be provided for all children with or at-risk for speech or language disorders who attend day care
- *Activity 18- *Caldwell County Department of Social Services* -Resource & Referral System: provides counseling to clients seeking quality day care, financial assistance, resources, transportation and other information, including developmental screenings and referrals for parents of children with special needs

Cleveland County

- ♦Activity 7 - *Cleveland Center*- Day Care Consultant for Child Care Providers: **offers consulting to child care providers and families on risk factors for developmental disabilities and inclusive programming**

Jones County

- *Activity 1 - *Jones County Health Department* -Health Care: to provide additional services to enhance developmental screenings and evaluation services, including improving the referral process for children with suspected developmental delays
- *Activity 5 - *Neuse Center for Mental Health* -Neuse Center for Mental Health: provides a system of education, prevention, support, and intervention services to aid families, including families who have children with special needs

Halifax County

- ♦Activity 12 - *Halifax County Mental Health Center*- Children with Special Needs: provide evaluation, case management, family based services, and specialized therapies for children with special needs

Hertford County

- ♦Activity 2 - *Roanoke-Chowan Hospital*- Infant Child Coordinator: infant/child coordinator will be hired to identify at-risk infants who will benefit from community services
- ♦Activity 3 - *Roanoke-Chowan Human Services Center*- Habilitation Specialist: habilitation specialist will be hired to work in conjunction with the infant/child coordinator to identify at-risk children and to provide services as needed

Mecklenburg County

- ♦Activity 7 - *Mecklenburg County Government*- On-site consultation staff: provides on-site consultation and education to staff at day care facilities about emotional/behavioral problems in young children
- *Activity 8 - *Mecklenburg County* Government - Screener for Health Van: Addition of staff to provide developmental screenings and follow-up referrals, especially for at-risk children (birth to four) and their families
- *Activity 11 - *Mecklenburg County Partnership for Children* - Child Service Coordination Program: increases the effectiveness and participation level of the Child Service Coordination Program, especially for parents of at-risk newborns

Orange County

- *Activity 6 - *Orange County Health Department* - Child Service Coordination Expansion: provides case management services for the identification of and access to preventative, specialized and support services for children and families, including children identified as at-risk for, or who have, a developmental delay
- *Activity 15 - *Chapel Hill Training Outreach Project* - Mental Health/Early Intervention: provides a comprehensive, developmentally appropriate preschool program for low-income, three and four year olds and their families. Major components include: education, health, mental health, disabilities services, parent involvement, and social services

Region A

- *Activities 7-13 - *County Health Departments* - Health Care Project in Individual Counties: provides health care services, including Health Check Screenings (EPSDT), immunizations, referrals, and education to children, including children with special needs
- ♦Activity 18 - *Smoky Mountain MH/DD/SAS* - Mental Health Intervention: program consultation and evaluation of emotional growth and development for children with special needs in day care centers and under care of public health nurses

Stanly County

*Activity 2- *Stanly County Health Department* -Health Initiatives: provides a Development Specialist who will conduct developmental screenings; also provides referrals for follow-up services for children identified with special needs through these screenings

♦Activity 8 - *The Arc/Greenwood Center*- Screening and Inclusion for all Children: to provide screenings and identification of young children with developmental delays, to encourage the inclusion of children with disabilities, and to ensure that all children have access to a comprehensive early intervention program and follow-up services.

D. FAMILY INVOLVEMENT AND SATISFACTION

Caldwell County

*Activity 5- *Foothills Area Program* -Behavioral Management Model Project: develop screening instrument for families at risk for abuse and neglect; train child care providers in behavior management of special needs children

♦Activity 11 - *Western Carolina Foundation*- Provider/Parent Inclusion Training: **provides training and technical assistance to** child care providers and **parents, focusing on issues related to inclusion of children with or at risk for disabilities**

*Activity 22- *Caldwell County Education Foundation* -Readiness Activity and Support Kits: provide screening to kindergartners and support materials for families of children with special needs

Cleveland County

♦Activity 6- *Cleveland Center* -Special Needs/Respite Care: temporary care services will be offered for children with special needs, or children considered at-risk

*Activity 8C - *Cleveland County Department of Social Services*- Neighborhood Teams, Part C: neighborhood teams will provide services to families with children who are at risk for health, education, child abuse and neglect and substance abuse problems

*Activity 8D - *United Family Services Board* - Neighborhood Teams, Part D: neighborhood teams will provide services to families with children who are at risk for health, education, child abuse and neglect and substance abuse problems

Cumberland County

*Activity 7 - *CCAP/Head Start* -Head Start: pilot summer program for Head Start Children, including those with special needs, and their families

Jones County

*Activity 7 - *Carteret Community Action, Inc. Head Start* -Family Support Services: provides direct services to children, including children with special needs

Orange County

♦Activity 13 - *Orange-Person-Chatham Mental Health Center*- Enhanced Early Intervention Services for Young Children: addition of staff member who will provide early intervention services to children with special needs in their home, in day care homes, or in regular child care centers

Table 1. Part-H Database

Children Receiving Services by Service Status
Overall numbers and percentages
1992-93

Service	Needs met		Needs not met		Not needed	
	n	%	n	%	n	%
Home health nurse	229	9	50	2	2358	89
home-based EIS	1872	71	179	7	586	22
Center-based EIS	261	10	161	6	2215	84
Multi-evaluation	1399	53	384	15	854	32
Preschool	142	5	254	10	2241	85
Parent Support	278	11	316	12	2043	77
Special Health	251	10	83	3	2303	87
Mental Health	45	2	65	2	2527	96
Occupational Therapy	400	15	265	10	1972	75
Language Evaluation	858	33	350	13	1429	54
Physical Therapy	960	36	221	8	1456	55
Nutrition	378	14	113	4	2146	81
Financial Assistance	543	21	208	8	1886	72
Respite Care	167	6	175	7	2295	87
Family Counsel	147	6	145	6	2345	89
Medical	903	34	115	4	1619	61
Audio	317	12	176	7	2144	81
Inclusion	13	0.5	50	2	2574	98
Vision	335	13	99	4	2203	84
Housing	232	9	130	5	2275	86
Transportation	372	14	202	8	2063	78
Day care	331	13	293	11	2013	76
SSI Referral	580	22	234	9	1823	69
Social Work	364	14	66	3	2207	84
Psychological	95	4	66	3	2476	94
Genetic	207	8	115	4	2315	88
Other Service	80	3	61	2	2496	95
Assistive Technology	29	1	55	2	2553	97

Table 2. Part-H Database

Children Receiving Services by Service Status
Overall numbers and percentages
1993-94

Service	Needs met		Needs not met		Not needed	
	n	%	n	%	n	%
Home health nurse	336	9	53	1	3282	89
home-based EIS	2428	66	288	8	955	26
Center-based EIS	294	8	186	5	3191	87
Multi-evaluation	1921	52	504	14	1246	34
Preschool	161	4	334	9	3176	87
Parent Support	414	11	387	11	2870	78
Special Health	330	9	92	3	3249	89
Mental Health	58	2	60	2	3553	97
Occupational Therapy	546	15	323	9	2802	76
Language Evaluation	1064	29	475	13	2132	58
Physical Therapy	1295	35	305	8	2071	56
Nutrition	596	16	141	4	2934	80
Financial Assistance	737	20	249	7	2685	73
Respite Care	267	7	256	7	3148	86
Family Counsel	215	6	185	5	3271	89
Medical	1294	35	141	4	2236	61
Audio	458	12	268	7	2945	80
Inclusion	14	0.3	43	1	3614	98
Vision	390	11	143	4	3138	85
Housing	324	9	157	4	3190	87
Transportation	494	13	276	8	2901	79
Day care	472	13	371	10	2828	77
SSI Referral	776	21	309	8	2586	70
Social Work	464	13	79	2	3128	85
Psychological	131	4	88	2	3452	85
Genetic	287	8	150	4	3234	88
Other Service	216	6	109	3	3346	91
Assistive Technology	53	1	71	2	3547	97

Table 3. Part-H Database

Children Receiving Services by Service Status
Overall numbers and percentages
1994-95

Service	Needs met		Needs not met		Not needed	
	n	%	n	%	n	%
Home health nurse	360	8	44	1	3924	91
home-based EIS	2417	56	344	8	1567	36
Center-based EIS	278	6	174	4	3876	90
Multi-evaluation	2318	54	511	12	1499	35
Preschool	148	3	341	8	3839	89
Parent Support	540	12	385	9	3403	79
Special Health	376	9	79	2	3873	89
Mental Health	58	1	53	1	4217	97
Occupational Therapy	623	14	345	8	3360	78
Language Evaluation	1097	25	567	13	2664	62
Physical Therapy	1394	32	347	8	2587	60
Nutrition	774	18	164	4	3390	78
Financial Assistance	771	18	279	6	3278	76
Respite Care	356	8	283	7	3689	85
Family Counsel	242	6	214	5	3872	89
Medical	1556	36	134	3	2638	61
Audio	554	13	336	8	3438	79
Inclusion	14	0.3	34	1	4280	99
Vision	407	9	181	4	3740	86
Housing	380	9	170	4	3778	87
Transportation	598	14	264	6	3466	80
Day care	563	13	352	8	3413	79
SSI Referral	840	19	339	8	3149	73
Social Work	550	13	68	2	3710	86
Psychological	147	3	76	2	4105	95
Genetic	325	8	175	4	3828	88
Other Service	457	11	139	3	3732	86
Assistive Technology	65	2	69	2	4194	97

Table 4a.
FOCUS GROUP DATA
COMPILATION OF CODING CATEGORIES: Parent Responses

Section 1	Question	Response	n	%
Awareness of Services	2. How do families become aware of services?	A. Formal	11	69
		B. Informal	5	31
		C. Other	0	0
	3. Are parents provided with choices about inclusion?	A. Choices are limited	4	24
		B. Parents' role in making decisions& advocating for certain choices	11	65
		C. Other	2	12
	5. How are placement decisions made?	A. Family needs and preferences	3	21
		B. Availability of services and options	2	14
		C. Child characteristics and needs	6	43
		D. Other (multiple factors)	3	21
Section 2	**Question**	**Response**	**n**	**%**
Barriers & Supports	1. What are barriers?	A. Program Barriers	6	60
		B. Lack of special services	1	10
		C. Other	3	30
	2. What are supports?	A. Training & support for teachers	2	22
		B. Funding flexibility	1	11
		C. Other	6	67
Section 3	**Question**	**Response**	**n**	**%**
Service Coordination	1. Who is on the team?	A. Team composition & function	12	48
		B. Parents' experiences/roles	11	44
		C. Other	2	8
	3. How are services coordinated?	A. Barriers	6	67
		B. Other	3	33
Section 4-5	**Question**	**Response**	**n**	**%**
Smart Start & Future Directions	1. Familiarity with Smart Start & importance of initiatives	A. Benefits of Smart Start	2	15
		B. Ways to Improve Smart Start	3	23
		C. Other	8	62
	3. Ideal System of Services	A. All services are consolidated, centralized, & continuous	6	14
		B. Services strengthen and empower families	4	9
		C. More research and information	7	16
		D. Services provided by well-trained caring professionals	9	21
		E. Services are inclusive	5	12
		F. Intervention should lead to community acceptance of individuals with disabilities	4	9
		G. Other	8	19

Table 4b.
FOCUS GROUP DATA
COMPILATION OF CODING CATEGORIES: Professional Responses

Section 1	Question	Response	n	%
Awareness of Services	2. How do families become aware of services?	A. Formal	18	69
		B. Informal	2	8
		C. Other	6	23
	3. Are parents provided with choices about inclusion?	A. Choices are limited	10	53
		B. Choices must be supported	4	21
		C. Other	5	26
	5. How are placement decisions made?	A. Family needs and preferences	2	11
		B. Availability of services and options	7	39
		C. Child characteristics and needs	3	17
		D. Other (multiple factors)	6	33
Section 2	**Question**	**Response**	**n**	**%**
Barriers and Supports	1. What are barriers?	A. Program Barriers	10	39
		B. Funding/financial constraints	7	27
		C. Transportation	2	8
		D. Not enough inclusive options	2	8
		E. Other	5	19
	2. What are supports?	A. Teacher training	1	8
		B. Funding flexibility & subsidies	6	46
		C. Other	6	46
Section 3	**Question**	**Response**	**n**	**%**
Service Coordination	1. Who is on the team?	A. Team composition & function	8	30
		B. Parents' experiences/roles	9	33
		C. Challenges of working as part of team	7	26
		D. Other	3	11
	3. How are services coordinated?	A. Barriers to service coordination	7	64
		B. Other	4	36
Section 4-5	**Question**	**Response**	**n**	**%**
Smart Start & Future Directions	1. Familiarity with Smart Start importance of initiatives	A. Benefits of Smart Start	18	60
		B. Ways to Improve Smart Start	3	10
		C. Other	9	30
	3. Ideal System of Services	A. All services are consolidated, centralized, & continuous	8	38
		B. Services strengthen and empower families	4	19
		C. Other	9	43

Appendix B
Evaluation Instruments

___ / __ / ____ / __ / ___
county / setting / unit # / informant / individual

FPG

Self-assessment for child care professionals

Pat Wesley
Virginia Buysse

Frank Porter Graham Child Development Center

The University of North Carolina at Chapel Hill

DATE COMPLETED: __/__/__
(mm/dd/yy)

Frank Porter Graham Child Development Center,
The University of North Carolina at Chapel Hill
CB# 8180
Chapel Hill, NC 27599-8180

If you would like a copy of this assessment, please contact the **FPG** Publications Office at (919) 966-4221

ections: Listed below are skills needed to care for and teach young children, ages birth through five years. For each item, circle a number to show how knowledgable and skilled you are(***Column 1***) and then indicate your need for additional training(***Column 2***).

CHILD DEVELOPMENT	***Column 1*** How knowledgable and skilled are you in each of the following areas? *Circle only one number for each item:* little knowledge and skill			some knowledge and skill	much knowledge and skill	***Column 2*** How much additional training do you feel you need? *Circle only one number for each item:* little training needed			some training needed	much training needed
1. Help children learn and develop in the following areas:										
(a) language (how they communicate)	1	2	3	4	5	1	2	3	4	5
(b) cognitive/intellectual (how they think and solve problems)	1	2	3	4	5	1	2	3	4	5
(c) emotional/social (how they feel about themselves and relate to others)	1	2	3	4	5	1	2	3	4	5
(d) behavior (how they control their actions)	1	2	3	4	5	1	2	3	4	5
(e) fine motor (how they use their small muscles to handle objects)	1	2	3	4	5	1	2	3	4	5
(f) gross motor (how they use their large muscles to run and play)	1	2	3	4	5	1	2	3	4	5
2. Know what things increase a child's chances of having special needs and can recognize early warning signs that a child may be slow or need help	1	2	3	4	5	1	2	3	4	5
3. Know about the growth and development of:										
(a) infants	1	2	3	4	5	1	2	3	4	5
(b) toddlers	1	2	3	4	5	1	2	3	4	5
(c) 3-4 year olds	1	2	3	4	5	1	2	3	4	5

CHILD CARE ENVIRONMENT	Column 1: How knowledgable and skilled are you in each of the following areas? (Circle only one number for each item: little knowledge and skill / some knowledge and skill / much knowledge and skill)	Column 2: How much additional training do you feel you need? (Circle only one number for each item: little training needed / some training needed / much training needed)
4. Set up and maintain an environment (classroom) that:		
(a) Is healthy and safe	1 2 3 4 5	1 2 3 4 5
(b) Is flexible and takes into account the children's likes and dislikes	1 2 3 4 5	1 2 3 4 5
(c) promotes language	1 2 3 4 5	1 2 3 4 5
(d) reflects the children's cultures and other cultures	1 2 3 4 5	1 2 3 4 5
(e) promotes independence	1 2 3 4 5	1 2 3 4 5
(f) promotes playing with others	1 2 3 4 5	1 2 3 4 5
(g) can be supervised easily	1 2 3 4 5	1 2 3 4 5
5. Make changes in the space, materials, or activities so all children can participate, including children with special needs	1 2 3 4 5	1 2 3 4 5
6. Provide spaces for the children to be alone, to gather in small groups, and to play all together	1 2 3 4 5	1 2 3 4 5
7. Set up areas for activities such as art, blocks, books, sand, water, music, manipulatives, dramatic play, and active play	1 2 3 4 5	1 2 3 4 5

CURRICULUM AND LEARNING	Column 1: How knowledgable and skilled are you in each of the following areas? *Circle only one number for each item:* little knowledge and skill			some knowledge and skill	much knowledge and skill	Column 2: How much additional training do you feel you need? *Circle only one number for each item:* little training needed			some training needed	much training needed
8. Know what to do if I think a child has special needs	1	2	3	4	5	1	2	3	4	5
9. Work together with families and others to:										
(a) get to know the children well, including their strengths and needs	1	2	3	4	5	1	2	3	4	5
(b) plan how best to meet the children's needs	1	2	3	4	5	1	2	3	4	5
(c) evaluate how the children are doing	1	2	3	4	5	1	2	3	4	5
10. Guide childrens' behavior and deal with situations in a way that helps them solve their own problems and learn self-control	1	2	3	4	5	1	2	3	4	5
11. Change the way I teach to meet the special learning needs of the children	1	2	3	4	5	1	2	3	4	5
12. Set up activities ahead of time and give children plenty of notice before it is time to change activities	1	2	3	4	5	1	2	3	4	5
13. Provide many opportunities for the children to make choices	1	2	3	4	5	1	2	3	4	5
14. Use play as one way of teaching and build in many opportunities for play throughout the day	1	2	3	4	5	1	2	3	4	5
15. Use different ways to encourage children, including those with special needs, to talk to and play with each other	1	2	3	4	5	1	2	3	4	5
16. Work closely with families and other adults to plan children's moves to new classrooms or programs	1	2	3	4	5	1	2	3	4	5

PROFESSIONALISM	Column 1 How knowledgable and skilled are you in each of the following areas? *Circle only one number for each item:* little knowledge and skill / some knowledge and skill / much knowledge and skill	Column 2 How much additional training do you feel you need? *Circle only one number for each item:* little training needed / some training needed / much training needed
17. Know about local, regional, and state resources for children who have special needs and their families	1 2 3 4 5	1 2 3 4 5
18. Understand what state and federal laws say about children with special needs and their families	1 2 3 4 5	1 2 3 4 5
19. Protect each family's right to privacy and confidentiality	1 2 3 4 5	1 2 3 4 5
20. Communicate with families often and offer many different ways for them to be a part of their children's program, such as serving on boards, visiting in the classroom, and attending parent meetings	1 2 3 4 5	1 2 3 4 5
21. Communicate clearly and take care of disagreements among adults in a professional way	1 2 3 4 5	1 2 3 4 5
22. Know and talk to other child care providers in the community as a way of growing and learning in my profession	1 2 3 4 5	1 2 3 4 5
23. From items 1-22, list your top three choices for additional training. Enter the number (and letter if there is one) in the spaces provided: first choice, second choice, third choice.	First choice for training ☐ Second choice for training ☐ Third choice for training ☐	
24. What areas of training do you need that are not listed in the items above?		
25. What training have you received that has helped you meet the needs of young children		

Benefits & Drawbacks of Early Childhood Inclusion

(adapted from Bailey and Winton, 1987)

Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill

Early childhood inclusion refers to the practice of serving young children with special needs and typically developing children in the same child care or preschool classroom. Listed inside are some of the benefits and drawbacks of early childhood inclusion reported by parents of preschoolers with and without special needs. Circle the number that indicates the degree to which YOU feel each item represents a benefit or drawback of early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS. Please use the space provided on the back cover to describe additional benefits or drawbacks of early childhood inclusion.

Please enter the last four digits of your Social Security number here: I.D# ___/___/___/___/

VERSION: 8/29/94

Circle the number that indicates the degree to which YOU feel each item represents a benefit of early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS

Benefits of Early Childhood Inclusion	Definitely Not a Benefit	Probably Not a Benefit	Not Sure	Probably a Benefit	Definitely a Benefit
FOR CHILDREN WITH SPECIAL NEEDS					
1. Are better prepared for the real world	1	2	3	4	5
2. Develop more independence in self-help skills	1	2	3	4	5
3. Learn more from typically developing children	1	2	3	4	5
4. Are more likely to try harder	1	2	3	4	5
5. Are more likely to feel better about themselves	1	2	3	4	5
6. Have more opportunities to participate in a variety of activities	1	2	3	4	5
7. Are more likely to be accepted by the community	1	2	3	4	5
FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS					
8. Learn more about typical child development	1	2	3	4	5
9. Have more opportunities to meet and talk with families of typically developing children	1	2	3	4	5
FOR TYPICALLY DEVELOPING CHILDREN					
10. Are better prepared for the real world	1	2	3	4	5
11. Learn more about differences in the way people grow and develop	1	2	3	4	5
12. Are more aware and accepting of their own strengths and weaknesses.	1	2	3	4	5
FOR FAMILIES OF TYPICALLY DEVELOPING CHILDREN					
13. Are more understanding of families who have a child with special needs	1	2	3	4	5
14. Are more understanding of children with special needs.	1	2	3	4	5
Of the benefits listed above, which one is likely to be the greatest benefit of early childhood inclusion? Write the item number.	☐				

VERSION: 8/29/94

Circle the number that indicates the degree to which YOU feel each item represents a drawback of early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS

Drawbacks of Early Childhood Inclusion	Definitely Not a Drawback	Probably Not a Drawback	Not Sure	Probably a Drawback	Definitely a Drawback
FOR CHILDREN WITH SPECIAL NEEDS					
1. Are less likely to receive special help and individualized instruction	1	2	3	4	5
2. Are less likely to receive special services, such as physical or speech therapy	1	2	3	4	5
3. Are more likely to be rejected or left out by teachers	1	2	3	4	5
4. Are more likely to be rejected or left out by other children	1	2	3	4	5
5. Are more likely to have teachers with little or no specialized training	1	2	3	4	5
FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS					
6. May feel left out or ignored by families of typically developing children	1	2	3	4	5
7. May feel that most of the other families do not share or understand their concerns	1	2	3	4	5
8. Are more likely to notice and feel upset by differences between typically developing children and the child with special needs	1	2	3	4	5
9. May observe their child being rejected or teased	1	2	3	4	5
FOR TYPICALLY DEVELOPING CHILDREN					
10. May not receive enough teacher attention	1	2	3	4	5
11. May copy negative behaviors of children with special needs	1	2	3	4	5
12. Do not receive their fair share of materials and equipment	1	2	3	4	5
FOR FAMILIES OF TYPICALLY DEVELOPING CHILDREN					
13. Feel uncomfortable around children with special needs	1	2	3	4	5
14. Feel uncomfortable around families of children with special needs	1	2	3	4	5

Of the drawbacks listed above, which one is likely to be the greatest drawback of early childhood inclusion? Write the item number. [ ]

■ Have you experienced or do you believe there are **benefits** of early childhood inclusion that are not listed above?
Please describe them here:

■ Have you experienced or do you believe there are **drawbacks** of early childhood inclusion that are not listed above?
Please describe them here:

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Frank Porter Graham Child Development Center
CB # 8180
The University of North Carolina at Chapel Hill
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I.D. #: __ __ __-__/__ __-__ __-__ __/__ __ __ __ / __
(Four Initials) / (Date of Birth) / (Program #) / (Child)

BARRIERS AND SUPPORTS TO EARLY CHILDHOOD INCLUSION

Pat Wesley & Virginia Buysse
Frank Porter Graham Child Development Center, © 1994

Early childhood inclusion refers to the practice of serving young children with special needs and typically developing children in the same child care or preschool classroom. Listed below are some barriers and supports to early childhood inclusion reported by professionals and parents of young children with and without special needs. Circle the number that indicates the degree to which YOU feel each item represents a barrier or support to early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS. If you are unsure or have never experienced some of these barriers or supports, indicate this by circling "not sure".

Today's Date (mm/dd/yy): __ __/__ __/__ __

Circle the number that indicates the extent to which YOU feel each item represents a barrier to early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.

Barriers to Early Childhood Inclusion	Definitely Not a Barrier	Probably Not a Barrier	Not Sure	Probably a Barrier	Definitely a Barrier
1. Fear that children with special needs will be harmed in some way	1	2	3	4	5
2. Fear that typically developing children will be harmed in some way	1	2	3	4	5
3. Lack of transportation	1	2	3	4	5
4. Not enough full-day child care options	1	2	3	4	5
5. Not enough high-quality child care programs	1	2	3	4	5
6. Low state standards for regular child care and preschool programs	1	2	3	4	5
7. Not enough training to prepare regular teachers and providers for inclusion	1	2	3	4	5
8. Not enough training to prepare specialists for inclusion	1	2	3	4	5
9. Too many children in each class	1	2	3	4	5
10. Not enough teachers in each class	1	2	3	4	5
11. Too many children with special needs in each class	1	2	3	4	5
12. Not enough children with special needs in each class	1	2	3	4	5
13. Resistance among families of typically developing children	1	2	3	4	5
14. Resistance among families of children with special needs	1	2	3	4	5
15. Not enough special therapies and services for children who need them in regular child care and school programs	1	2	3	4	5

	Definitely Not a Barrier	Probably Not a Barrier	Not Sure	Probably a Barrier	Definitely a Barrier
16. State standards in regular child care and preschool programs do not address the needs of children with disabilities	1	2	3	4	5
17. State standards for regular child care and preschool programs are applied differently by different agencies or staff	1	2	3	4	5
18. Resistance among therapists	1	2	3	4	5
19. Regular child care and preschool classrooms are not designed for children with special needs (for example, rooms are too small for wheelchairs)	1	2	3	4	5
20. Differences between regular teachers/ providers and specialists in their views and teaching practices	1	2	3	4	5
21. Conflicts between regular teachers/ providers and specialists over salaries and roles	1	2	3	4	5
22. Funding guidelines are not flexible	1	2	3	4	5
23. Special therapies and services are planned without involving families and other caregivers	1	2	3	4	5
24. Lack of time to communicate with families of children with special needs	1	2	3	4	5
25. Concern that inclusion is not cost effective	1	2	3	4	5
26. Lack of supervision and support for staff providing services in regular child care and preschool programs	1	2	3	4	5
27. Resistance among program administrators	1	2	3	4	5
28. Not enough materials, supplies, toys, equipment, or assistive technology in regular child care and preschool programs	1	2	3	4	5
29. Problems in developing contracts or agreements among agencies	1	2	3	4	5
30. Concern about liability in regular child care and preschool programs	1	2	3	4	5
31. Not enough opportunities for children with and without special needs to be together in future placements	1	2	3	4	5
32. Resistance among early childhood special educators	1	2	3	4	5
33. Lack of time for planning and coordinating services for children with special needs in regular child care and preschool programs	1	2	3	4	5
34. Resistance among regular child care providers or teachers	1	2	3	4	5

35. Of the barriers listed above in items 1-34, which three are the greatest obstacles to inclusion that you have experienced? Write the item numbers. _____ _____ _____

36. Please describe any barriers that you may have experienced that are not listed above. _____

_____

Circle the number that indicates the degree to which YOU feel each item represents a support for early childhood inclusion BASED ON YOUR OWN EXPERIENCES AND/OR BELIEFS.

Supports of Early Childhood Inclusion	Definitely Not a Support	Probably Not a Support	Not Sure	Probably a Support	Definitely a Support
1. Positive working relationship among people from different agencies, programs, and professions	1	2	3	4	5
2. Special services and therapies are planned together with the family and other caregivers	1	2	3	4	5
3. Clearly defined roles of adults involved in providing special therapies and services	1	2	3	4	5
4. Flexible hours for staff that make it possible to meet with families at their convenience	1	2	3	4	5
5. Full-day child care options available and accessible	1	2	3	4	5
6. High quality child care programs are available	1	2	3	4	5
7. Programs have clear mission statements that support serving children with and without disabilities together	1	2	3	4	5
8. There are appropriate standards for hiring staff for regular child care and preschool programs	1	2	3	4	5
9. Training provided to prepare regular child care providers and teachers for inclusion	1	2	3	4	5
10. Training provided to prepare specialists for inclusion	1	2	3	4	5
11. Administrators who are willing to take risks and act creatively to overcome barriers	1	2	3	4	5
12. Community activities that raise awareness about inclusion	1	2	3	4	5
13. At least one inclusive program is highly visible in the community	1	2	3	4	5
14. Resources such as consultants, books, or videos are available to support inclusion in regular child care and preschool programs	1	2	3	4	5
15. Staff show through their actions and practices that all children are valued regardless of differences	1	2	3	4	5

	Definitely Not a Support	Probably Not a Support	Not Sure	Probably a Support	Definitely a Support
16. State standards in regular child care and preschool programs address the needs of children with disabilities	1	2	3	4	5
17. Flexible funding guidelines exist	1	2	3	4	5
18. Agencies work together to develop contracts and agreements	1	2	3	4	5
19. Therapists and special educators provide necessary services in regular child care and preschool programs	1	2	3	4	5
20. Families of typically developing children are advocates for inclusion	1	2	3	4	5
21. Families of children with special needs are advocates for inclusion	1	2	3	4	5
22. Opportunities for children with and without disabilities to be together are available in future placements	1	2	3	4	5
23. Effective supervision and support for staff providing services is given in regular child care and preschool programs	1	2	3	4	5
24. Enough time is available for planning and coordinating services for children in regular child care and preschool programs	1	2	3	4	5
25. Transportation is available for children with special needs enrolled in regular child care and preschool programs	1	2	3	4	5
26. Staff in regular child care and preschool programs have had positive experiences in working with children with special needs	1	2	3	4	5

27. Of the supports listed above in items 1-26, which three are the greatest supports for inclusion that you have experienced? Write the item numbers. _____ _____ _____

28. Please describe any supports that you have experienced that are not listed above. _____

_____

NOTE: Survey items were developed based on the authors' experience in the field and a review of the literature on early childhood inclusion. The following sources were consulted: Peck, Hayden, Wandschneider, Peterson & Richarz (1989); Rose & Smith (1992); Smith & Rose (1991); Smith & Rose (1994).

I.D. #: ____-__/__-__-__/____ / __
(Four Initials) / (Date of Birth) / (Program #) / (Child)

IMPACT - ON - THE - FAMILY SCALE

As part of this project, it is important to this study to get an understanding of how parents of young children with special needs cope and manage from day to day. Please tell us if you STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE with the following statements by putting a check (✓) in the corresponding box next to the statement. IF THE QUESTION DOES NOT APPLY TO YOUR CHILD'S SITUATION, PLEASE CHECK **NA.** Please be sure to answer all of the questions.

Today's Date (mm/dd/yy): __/__/__

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	NA
1. Additional income is needed to cover medical expenses.	☐	☐	☐	☐	☐
2. My child's special needs are causing money problems for my family.	☐	☐	☐	☐	☐
3. Time is lost from work because of the need to take my child to and from appointments for service.	☐	☐	☐	☐	☐
4. I am cutting down the hours I work to care for my child.	☐	☐	☐	☐	☐
5. I stopped working because of my child's special needs.	☐	☐	☐	☐	☐
6. Our family gives up things because of my child's special needs.	☐	☐	☐	☐	☐
7. People in the neighborhood treat us special because of my child.	☐	☐	☐	☐	☐
8. We see family and friends less because of my child's special needs.	☐	☐	☐	☐	☐
9. I don't have time left over for other family members after caring for my child.	☐	☐	☐	☐	☐
10. Relatives interfere and think they know what's best for my child.	☐	☐	☐	☐	☐
11. We have little desire to go out because of my child's special needs.	☐	☐	☐	☐	☐
12. Because of my child's special needs we are not able to travel out of the city.	☐	☐	☐	☐	☐
13. Sometimes we have to change plans at the last minute because of my child's special needs.	☐	☐	☐	☐	☐
14. Sometimes I wonder if my child should be treated "special" or the same as a normal child.	☐	☐	☐	☐	☐

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	NA
15. I think about now having more children because of my child's special needs.	☐	☐	☐	☐	☐
16. Nobody understands how difficult it is to care for a child with special needs.	☐	☐	☐	☐	☐
17. Transporting my child to get services is a strain on me.	☐	☐	☐	☐	☐
18. Sometimes I feel like we live on a roller coaster.	☐	☐	☐	☐	☐
19. It is hard to find a reliable person to take care of my child.	☐	☐	☐	☐	☐
20. I live from day to day and don't plan for the future.	☐	☐	☐	☐	☐
21. Being tired is a problem for me because of my child's special needs.	☐	☐	☐	☐	☐
22. Learning to manage my child's special needs has made me feel better about myself.	☐	☐	☐	☐	☐
23. Because of what we have shared we are a closer family.	☐	☐	☐	☐	☐
24. My partner and I discuss my child's problems together.	☐	☐	☐	☐	☐
25. We try to treat my child as if he/she were normal child.	☐	☐	☐	☐	☐
26. My relatives have been understanding and helpful with my child.	☐	☐	☐	☐	☐
27. I worry about what will happen to my child in the future (when he/she grows up, when I am no longer around).	☐	☐	☐	☐	☐

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU HAVE MORE THAN ONE CHILD.

28. It is hard to give much attention to the other children because of the needs of my child.	☐	☐	☐	☐	☐
29. Having a child with special needs makes my worry about my other children.	☐	☐	☐	☐	☐
30. There is fighting between the children because of my child's special needs.	☐	☐	☐	☐	☐
31. My other children are frightened by my child's special needs.	☐	☐	☐	☐	☐
32. The school grades of my other children suffer because of my child's special needs.	☐	☐	☐	☐	☐

I.D. #: __ __ __-__/__ __-__ __-__ __/__ __ __ / ___
(Four Initials) / (Date of Birth) / (Program #) / (Child)

Family Information Form
Frank Porter Graham Child Development Center

Today's Date (mm/dd/yy): __ __/__ __/__ __

1. Child's name_____
2. Child's birth date: (mm-dd-yy) __ __/__ __/__ __
3. Child's gender: **(please check one)** Male _____ Female _____
4. Who lives in the child's home? *(circle and give birth date):*
   1. Mother (or primary female caregiver) birth date: (mm-dd-yy) __ __/__ __/__ __
   2. Father (or primary male caregiver) birth date: (mm-dd-yy) __ __/__ __/__ __
5. Race of Mother: **(please check one)**
   - ☐ A. Caucasian
   - ☐ B. African American
   - ☐ C. Hispanic/Latino
   - ☐ D. Asian
   - ☐ E. Native American
   - ☐ F. Biracial/Mixed
   - ☐ G. Other - Please specify: _____
6. Race of Father: **(please check one)**
   - ☐ A. Caucasian
   - ☐ B. African American
   - ☐ C. Hispanic/Latino
   - ☐ D. Asian
   - ☐ E. Native American
   - ☐ F. Biracial/Mixed
   - ☐ G. Other - Please specify: _____
7. Highest level of education completed by mother (or female caregiver):
   (Please check only one)
   - ☐ A. Less than 7th grade
   - ☐ B. 7th, 8th, or 9th grade
   - ☐ C. 10th or 11th grade
   - ☐ D. High School
   - ☐ E. At least 1 year of college or specialized training
   - ☐ F. 4-year college degree
   - ☐ G. Graduate degree
   - ☐ H. Other **(Please specify)**: _____
8. Highest level of education completed by father (or other male caregiver):
   (Please check only one)
   - ☐ A. Less than 7th grade
   - ☐ B. 7th, 8th, or 9th grade
   - ☐ C. 10th or 11th grade
   - ☐ D. High School
   - ☐ E. At least 1 year of college or specialized training
   - ☐ F. 4-year college degree
   - ☐ G. Graduate degree
   - ☐ H. Other **(Please specify)**: _____
9. Describe the usual occupation of the mother (or other female caregiver):
   Current Employment Status **(Please check one)**:
   ☐ Full time (40 hours or more) ☐ Part time (less than 40 hours) ☐ Not Currently Employed
   Title:_____
   Kind of work **(Please describe)**:_____
   Type of company or business:_____
10. Describe the usual occupation of the father (or other male caregiver):
    Current Employment Status **(Please check one)**:
    ☐ Full time (40 hours or more) ☐Part time (less than 40 hours) ☐ Not Currently Employed
    Title:_____
    Kind of work **(Please describe)**:_____
    Type of company or business:_____

I.D. #: ___-__/__-__-__/____ / ___
(Four Initials) / (Date of Birth) / (Program #) / (Child)

WHAT NORTH CAROLINA FAMILIES THINK OF EARLY INTERVENTION SERVICES: A SURVEY*

Today's Date (mm/dd/yy): __/__/__

This survey is for people who are the parents or guardians of children under the age of 6 years who are enrolled in a service to help them with their development. In this questionnaire, we call this program an "early intervention service." Please answer every question. If you do not understand a question, circle the letter beside "I don't know." If you have any questions, please call Sabrina Tyndall at (919) 966-7167.

1. What kind of services do your child and family get through your early childhood or early intervention program? **(Please circle all that apply)**

A. Early Childhood Special Education
B. Speech-Language Therapy
C. Physical Therapy
D. Occupational Therapy
E. Nursing/Medical
F. Audiology
G. Vision Services
H. Psychological Services
I. Social Work
J. Nutrition
K. Family Counseling
L. Assistive Technology
M. Service Coordination
N. Transportation
O. Other (Please Specify)_____
P. I Don't Know

	Definitely	Probably	Don't Know	Probably Not	Definitely Not
2. Have you been given enough choices about services and where services are being delivered?	1	2	3	4	5
3. Do professionals give you opportunities to make decisions about the services or goals?	1	2	3	4	5
4. Do professionals support the decisions you make?	1	2	3	4	5
5. Are you getting all the help you want for your child?	1	2	3	4	5
6. Are you getting all the help you want for your family?	1	2	3	4	5

7. Have professionals given you choices for getting your child into a program that also has children without disabilities? **(Please circle one)**

A. Yes
B. No
C. I do not know

8. What does your child need more help with, in addition to what the early intervention services are providing right now? **(Please circle all that apply)**

A. Moving Around (Crawling, Walking, Etc.)
B. Positioning (e.g. Sitting)
C. Talking/Communicating
D. Playing with other people
E. Paying attention
F. Sticking with things (Persistence)
G. Playing with toys
H. Health
I. Hearing
J. Vision
K. Behavioral Control
L. Emotional (Appropriate Responses)
M. Enough Toys & Clothes
N. Feeding/Eating/Drinking
O. Sleeping
P. Toilet Training
Q. Other (What is it?)_____

9. What does your family still need help with, if anything? **(Please circle all that apply)**

A. Information
B. Someone to talk to
C. Finances
D. Discipline
E. Housing
F. Supplies(food, clothing, diapers, etc.)
G. Help for other family members(brothers, sisters, grandparents, etc.)
H. Other (What is it?) _____

10. How long have you received early intervention services? **(Please circle one)**

A. 0-6 months
B. 6-12 months
C. 1-3 years
D. More than 3 years

11. Since you first began receiving services, services have become **(Please circle one)**

A. Better.
B. The Same.
C. Worse.
D. I Don't Know.

12. Finally, please tell us anything else you would like us to know about your experiences with early intervention services. Tell us about improvements you would suggest.

_____

_____

_____

*(Selected items from: McWilliam, Lang, Vandiviere, Angell, Collins, and Underdown, in press)
version 12/1/94

I.D. #: __ __ __-__/__ __-__ __-__ __/__ __ __ __ / ___
(Four Initials) / (Date of Birth) / (Program #) / (Child)

Child Information Form
Frank Porter Graham Child Development Center

Today's Date (mm/dd/yy): __ __/__ __/__ __

1. Name of Program: _____
2. Child's Name: _____
3. Child's Date of Birth: __ __/__ __/__ __
4. Child's Gender: Male_____ Female_____
5. Child's Race (Please check one):

☐ **A.** Caucasian
☐ **B.** African American
☐ **C.** Hispanic/Latino
☐ **D.** Asian
☐ **E.** Native American
☐ **F.** Biracial/Mixed
☐ **G.** Other-Please Specify_____

6. Child's Primary Placement (Please check only one):

☐ **A.** Integrated early childhood program serving children with and without special needs (the majority of children enrolled have disabilities)

☐ **B.** Specialized early childhood programs for children with special needs (no typically developing children enrolled)

☐ **C.** General early childhood program (majority of children are typically developing)

☐ **D.** Other type of placement (**please specify**) _____
_____

☐ **E.** Combination of placements (**please specify**) _____
_____

7. Child's Eligibility Category:

Children Aged Birth to 2 years (please check all that apply):

☐ **A.** High risk - Potential
☐ **B.** High risk - Established
☐ **C.** Developmental Delay
☐ **D.** Atypical Development

Children Aged 3-5 Years (please check all that apply):

☐ **A.** Autistic
☐ **B.** Deaf/Blind
☐ **C.** Preschool Developmental Delay
☐ **D.** Hearing Impaired
☐ **E.** Other Health Impaired
☐ **F.** Orthopedically Impaired
☐ **G.** Speech/Language Impaired
☐ **H.** Visually Impaired
☐ **I.** Traumatic Brain-Injured

8. What is the nature of the child's disability (e.g., Down Syndrome, Cerebral Palsy):_____
_____
_____

THE ABILITIES INDEX

Rune J. Simeonsson
Donald B. Bailey

Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

The ABILITIES Index provides a profile of a child's abilities across 9 major areas. Individuals completing the Index should be familiar with the child and may base their ratings on knowledge of the child, as well as assessment results or available records.

I.D. #: ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____
(Four Initials) / (Date of Birth) / (Program) / (Child)

Date Completed: ____ / ____ / ____

Ratings in each area are made on a scale of 1 to 6, with 1 indicating normal ability, 2 (suspected) indicating some questions about the child's ability, and 6 indicating extreme or profound lack of ability. In making each rating, think about the child compared to other children the same age. Guidelines follow to assist you in making each rating. You may use the space on the back of this form to provide additional information about ratings.

Audition (Hearing) Think about the child's ability to hear in everyday activities. Score hearing for each ear separately. A score of 6 (Profound loss) means that the child has no hearing. Rate the child's hearing without a hearing aid. If the child uses a hearing aid, indicate this on the back of the form.	**Behavior & Social Skills** Two ratings are made in this area, one for social skills and one for inappropriate or unusual behavior. Social skills refer to the child's ability to relate to others in a meaningful manner. Inappropriate & unusual behavior may include fighting, hitting, screaming, rocking, hand flapping, biting self, etc..	**Intellectual Function (Thinking & Reasoning)** This rating reflects the child's abilities to think and reason. Think about the way the child solves problems and plays with toys and compare this to other children of the same age.
Limbs (Use of Hands, Arms & Legs) Think about the child's ability to use his or her hands, arms, and legs in daily activities. Score left and right limbs separately. A score of 6 (Profound difficulty) means that the child has no use of a limb.	**Intentional Communication (Understanding & Communicating with others)** Two ratings are made, one for the child's ability to understand others and one for the child's ability to communicate with others. This rating includes attempts to communicate in ways other than talking (signs, gestures, picture boards). Think about the child's ability to understand and communicate with others and compare this to other children of the same age.	**Tonicity (Muscle Tone)** Think about the child's muscle tone. Normal means that the child's muscles are neither tight nor loose. If the child's muscle tone is not in the normal range, place an "X" in each box that indicates the degree of tightness or looseness or both. Two ratings should be made since, in some children, tightness or looseness can vary in different parts of the body or from one time to the next.
Integrity of Physical Health (Overall Health) Think about the child's general health. Normal means the usual health problems & illnesses typical for a child this age. If there is a health problem, ratings should be made indicating the degree to which health problems limit activities. Ongoing health problems may include seizures, diabetes, muscular dystrophy, cancer, etc.	**Eyes (Vision)** Think about the child's ability to see in everyday activities. Score both the left & right eye. A score of 6 (Profound loss) means that the child has no vision. Rate the child's vision without glasses. If the child uses glasses, indicate this on the back of the form.	**Structural Status (Shape, Body Form & Structure)** This rating reflects the form and structure of the child's body. Normal means that there are no differences associated with form, shape, or structure of the body parts. Differences in form include conditions like cleft palate or club foot; differences in structure include conditions like curved spine and arm or leg deformity. Ratings should indicate how much these differences interfere with how the child moves, plays, or looks.

The ABILITIES Index

Rune J. Simeonsson
Donald B. Bailey

Child's Name: _____

Date of Birth: ____/____/____

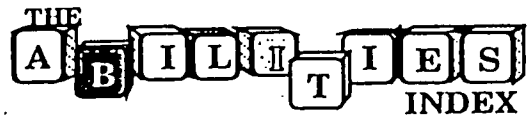
Child's Program: _____

Today's Date: ____/____/____

INSTRUCTIONS: In each column, place an X in the space that best describes the child. Please note that multiple Xs should be recorded under A (Audition), B (Behavior), L (Limbs), I (Intentional Communication), T (Tonicity), & E (Eyes).

	A	B		I	L						I		T		I	E		S
	Audition (Hearing)	Behavior & Social Skills		Intellectual Functioning	Limbs (Use of hands, arms, & legs)						Intentional Communication		Tonicity (Muscle Tone)		Integrity of Physical Health	Eyes (Vision)		Structural Status
	Left Ear	Right Ear	Social Skills	Inappropriate Behavior	Thinking & Reasoning	Left Hand	Left Arm	Left Leg	Right Hand	Right Arm	Right Leg	Under-standing others	Commu-nicating with others	Degree of tightness	Degree of looseness	Overall Health	Left Eye	Right Eye	Shape, Body Form & Structure
1	Normal		All behaviors typical & appropriate for age		Normal for age			Complete normal use				Normal for age verbal & non-verbal (includes signs, gestures or symbol systems)		Normal		General good health	Normal		Normal
2	Suspected hearing loss		Suspected disability	Suspected inappropriate behaviors	Suspected disability			Suspected difficulty				Suspected disability		Suspected		Suspected health problems	Suspected vision loss		Suspected difference or interference
3	Mild hearing loss		Mild disability	Mildly inappropriate behaviors	Mild disability			Mild difficulty				Mild disability		Mild		Minor ongoing health problems	Mild vision loss		Mild difference or interference
4	Moderate hearing loss		Moderate disability	Moderately inappropriate behaviors	Moderate disability			Moderate difficulty				Moderate disability		Moderate		Ongoing but medically-controlled health problems	Moderate vision loss		Moderate difference or interference
5	Severe hearing loss		Severe disability	Severely inappropriate behaviors	Severe disability			Severe difficulty				Severe disability		Severe		Ongoing poorly-controlled health problems	Severe vision loss		Severe difference or interference
6	Profound hearing loss		Extreme disability	Extremely inappropriate behaviors	Profound disability			Profound difficulty				Profound disability		Totally tight	Totally loose	Extreme health problems, near total restriction of activities	Profound vision loss		Extreme difference or interference

You may use this space to clarify ratings or provide additional information.



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