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## ABSTRACT

This final report discusses the activities and outcomes of a project designed to assist states in improving the quality of existing placements and services for individuals (birth through young adulthood) who are deaf-blind, and to increase the number of children, their families, and their service providers who will benefit from these services. The project assisted states in identifying service needs across the age ranges and in developing long-range State Technical Assistance Plans. Part 1 of the report provides a brief synthesis of the overall effectiveness and major outcomes of the five-year project. Part 2 describes specific activities that met the objectives of the project to provide an array of training and technical assistance activities to meet the overall needs of the state projects and agencies that provide services for children/youth who are deaf-blind. Activities included: (1) project director meetings; (2) family workshops; (3) family specialist training; (4) topical workshops on effective practices; (5) area meetings; and (6) state-specific technical assistance. Part 3 provides project financial and budgetary information and part 4 discusses project implications for policy, practice, and research. Extensive appendices include information on long-range technical assistance plans, summaries of workshops, project assessment materials, and case examples. (CR)

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**National Technical Assistance Consortium for Children and Young  
Adults Who are Deaf-Blind  
Final Report**

**Project Director  
Kathleen Stremel**

**Monitoring End: September 30, 2002**

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## **PART I - EXECUTIVE SUMMARY**

### **Project Effectiveness**

#### **Introduction**

Teaching Research and Helen Keller National Center formed a consortium to respond to the Request For Proposal that directed the priorities for the National Technical Assistance Center for Deaf-Blindness (1995). A subcontract was provided to HKNC through the Teaching Research Division, Western Oregon University. Even though the project was managed across two non-related agencies, the consortium operated as a very effective partnership. Process steps, roles, responsibilities, and procedures were fully developed and implemented across fiscal resources, technical assistance delivery, staff development, dissemination and all other activities so that the project functioned effectively and efficiently. The management of the project was coordinated between both agencies utilizing a management team with staff from both organizations. Staff participated on work groups across the project objectives so that everyone had opportunities to participate in all grant activities. Additionally, all staff participated in the provision of Technical Assistance both at the state and the national level.

#### **Accomplishments and Effectiveness**

Part I – the Executive Summary provides the reader with a brief synthesis of the overall effectiveness and major outcomes of the five-year project. Seven major objectives have been developed, implemented, and evaluated. The accomplishments in meeting each objective are important, but the project feels that it is critical to discuss the effectiveness or impact of each of the critical objectives as they relate to changes in practices and child/youth results. Very little implementation or child change data were available from collaborative NTAC and state Technical Assistance Activities during the first four years of the project. One of the strongest outcomes of the NTAC project during the final years of the project was getting states interested and motivated to begin to examine strategies to collect system's change, implementation of best practices, and child/youth outcome data. Many of the no-cost extension year activities have been directed to the development and beginning implementation of the Outcome and Performance Indicator systems in order to better document and report effectiveness and impact.

NTAC's performance using the GPRA program performance indicators will be addressed within the relevant objectives.

#### **Site Review Outcomes and Recommendations**

The National Technical Assistance Consortium for Infants, Children, and Youth Who Are Deaf-Blind (NTAC) participated in a Site Review during the second year of the project. The Site Review report stated that NTAC was meeting each of the grant's objectives in an effective and timely manner. At the time of the review, the reviewers also developed recommendations for OSEP and for the project. In summary, the major recommendations included in the report were:

1. Develop a Mission Statement
2. Increase the capacity building activities with states
3. Maintain a flexible needs assessment and TA delivery process

4. New state RFPs must have an alignment of workscope and expectations more in line with those of the NTAC priorities
5. NTAC should take a leadership role in training projects on “Assessment”
6. Increase the coordination and networking capacities of the projects.

NTAC’s responsiveness to the Site Review recommendations will be discussed as they pertain to the individual objectives that are summarized.

**Mission Statement**

The NTAC mission statement was developed cooperatively with the Advisory Committee.

The NTAC mission is to link effective practices to states, early intervention systems, school systems, adult services, and families in order to assist local programs and families in the provision of high quality education for children and young adults who are deaf-blind. NTAC assists states to improve results for children and youth who are deaf-blind so that they meet challenging standards and are prepared for employment and independent living. This mission is carried out by providing technical assistance and information that is coordinated and accessible to families, teachers, administrators, early intervention personnel, related personnel, paraprofessionals, and transition personnel and results in improved practices. NTAC promotes the need for a federal presence in meeting the unique and diverse needs of the population by collaboratively increasing national, local, state, family, and consumer capacity to meet those needs.

**Objective Summary**

**Objective 1.1: Needs Identification and Development of Long Range Plans**

**What we did.** The first year of the project was spent completing no-cost extension activities with TRACES and TAC. Regional Orientation meetings were sponsored by NTAC to promote collaboration for the states’ Needs Assessment process. Initially a formalized on-site process was developed by NTAC. Based upon the feedback from the Site Review and the state projects, NTAC developed a more flexible approach in which seven different options were available to states. It was the intent of NTAC to examine child, service provider, practices, and service needs across multiple agencies to promote collaboration and system's change.

**What difference did it make?** The large majority of states utilized multiple agencies to determine statewide needs. Many of the needs showed a lack of service provider competencies to meet the diverse needs of children with deaf-blindness. The Long Range Plans did correspond directly with the specific technical assistance that was provided for 86% of the states. There were only a few occasions when new needs were identified at a later point. Overall, training to increase service provider competencies in the areas of transition and communication were judged high as training needs. The status of each state's LRP and the status of achieving the outcome are presented in Appendix A.

Few states seemed to use critical child needs for their Needs Assessment Process.
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**Changes made based on outcomes.** NTAC is currently facilitating an increased use of the census to assist states to determine critical child needs (GPRA 1.1). More specific child/youth needs were used in the last year of the project as states were required to be involved in systemic change.

States indicated that the Stakeholder process facilitated the collaboration and partnerships among many agencies.

### **Objective 1.2: State-Local Team Partnerships**

**What we did.** Nine states were included in the initial State-Local Team Partnership training. These states had been working with the TAC project, so the same strategies were used. During the first year, eleven states attended a Cohort training. All of the State-Local Team training was directed to benefit young adults (not younger children). During the second year of the project, the staff determined that any specific technical assistance to states should be based on the results of the state's Long Range Plans and not based on previous TA.

**What difference did it make.** Outcomes showed that many of the states expanded the numbers of teams in their states. Teams built capacity in conducting person-centered planning and in their ability to train others in the transition process. No individual student results for those states who originally participated in the State-Local Teams were shared with NTAC if the student change data were obtained by the state. Case studies for four youth who participated in system's change in the area of transition to work were collected. Samples of outcomes are provided in the sidebars.

C is employed making air mask devices for Boeing. He has many job choices and enjoys socializing.  
  
B's life was impacted by new technology

**Changes made based on outcomes.** Those states whose needs assessment indicated transition as a major need followed the same Long Range Plan-Technical Assistance Agreement (TAA) process as all other TAAs. It was decided that there was no rationale for working with individual states and having different criteria for developing outcomes based on needs. Individualized logic models were then used to develop strategies and system's change initiatives specifically for a state. It was felt that national Cohort meetings would not be effective to obtain student outcomes. No State-Local Partnerships around younger children were developed or requested as TA during the first years of the project.

### **Objective 1.3: An Array of Technical Assistance to State Projects and Agencies**

**What we did in state specific technical assistance.** An array of training and technical assistance activities was developed and delivered in order to meet the overall needs of the state projects and agencies who provided service for children/youth who are deaf-blind. This array of activities included: (a) PDM, (b) Family workshops, (c) Family Specialist trainings, (d) Topical workshops on effective practices, (e) Area meetings and (f) state specific TA. The summary of overall "use" of NTAC services is provided in Table I-1. Technical Assistance Activities were defined as (a) formal, (b) semiformal, and (c) informal. Formal Technical Assistance Agreements (TAA) were developed and signed by NTAC and the state project or agency requesting Technical Assistance. 270 state specific TAAs were

Statewide training was conducted across the state of Louisiana by the SEA as part of their state CSPD system. NTAC collaborated with the state DB grant to provide direct follow-along TA on site across 3 regional sites across the state. Overall, these sites had multiple children with deaf-blindness in the LEA.

Table I-1. State/Project Use of NTAC Services

Array of Services	Region I												Region II													
	Alaska	Arizona	California	Colorado	Hawaii	Idaho	Montana	Nevada	New Mexico	Oregon	Pacific Basin	Utah	Washington	Wyoming	Illinois	Indiana	Iowa	Kansas	Michigan	Minnesota	Missouri	Nebraska	North Dakota	GLARC/OH*	South Dakota	GLARC/WI*
National Project Directors Meeting	5	5	5	5	2	5	5	4	5	5	4	5	5	5	5	5	5	5	5	5	5	5	4	4	5	5
National Family Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
National Family Specialist Trainings	X	X	X				X	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X
Topical Workshop 1: Cohort Meeting - July, 1998		X															X	X	X	X	X	X	X	X	X	X
Topical Workshop 2: Program Planning - February, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 3: Alternate Assessment - August, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 4: Distance Learning - February, 2002	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 5: Effective TA - May, 2000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 6: Effective Family TA - June, 2000		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 7: CVI/CAPD - April, 2001	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topical Workshop 8: Access to Gen Ed Curriculum December, 2002		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
State Specific TAAs	7	7	2	1	2	4	0	3	5	3	2	3	4	5	2	8	13	10	7	3	3	11	4	8	3	
Other																										
<b>TOTAL</b>	<b>9</b>	<b>11</b>	<b>11</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>9</b>	<b>10</b>	<b>6</b>	<b>12</b>	<b>10</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>3</b>	

\*Represented by GLARC; \*\*Represented by NEC



Table I-1. State/Project Use of NTAC Services continued

Array of Services	Region III													Region IV											TOTAL					
	Alabama	Arkansas	Florida	Georgia	Kentucky	Louisiana	Mississippi	North Carolina	Oklahoma	Puerto Rico	South Carolina	Tennessee	Texas	Virgin Islands	Connecticut **	Delaware	D. C.	Maine **	Maryland	NEC/Mass**	New Hampshire**	New Jersey	New York	Pennsylvania		Rhode Island	Vermont	Virginia	West Virginia	
National Project Directors Meeting	4	5	5	5	5	5	5	5	5	4	5	5	5	0	**	5	0	**	5	5	**	5	5	5	5	5	5	5	5	52 (236)
National Family Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	52	
National Family Specialist Trainings	X	X	X	X	X	X	X	X	X																				35	
Topical Workshop 1: Cohort Meeting - July, 1998	X	X	X	X	X	X	X	X	X	X	X	X	X		**														12	
Topical Workshop 2: Program Planning - February, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X		**														51	
Topical Workshop 3: Alternate Assessment - August, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X		X														41	
Topical Workshop 4: Distance Learning - February, 2002	X	X	X	X	X	X	X	X	X	X	X	X	X		X														28	
Topical Workshop 5: Effective TA - May, 2000	X	X	X	X	X	X	X	X	X	X	X	X	X		X														41	
Topical Workshop 6: Effective Family TA - June, 2000	X	X	X	X	X	X	X	X	X	X	X	X	X		X														23	
Topical Workshop 7: CVI/CAPD - April, 2001	X	X	X	X	X	X	X	X	X	X	X	X	X		X														41	
Topical Workshop 8: Access to Gen Ed Curriculum December, 2002	X	X	X	X	X	X	X	X	X	X	X	X	X		X														32	
State Specific TAAs	5	3	9	4	2	4	6	2	1	2	1	9	11	0	5	10	1	2	12	1	1	5	8	13	5	4	7	11	51 (270)	
Other																														
<b>TOTAL</b>	<b>9</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>5</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>9</b>	<b>10</b>	<b>10</b>	<b>7</b>	<b>10</b>	<b>8</b>	<b>459</b>		

\*Represented by GLARC \*\*Represented by NEC



implemented across the project duration. Formal activities consisted of short term trainings, long term trainings, and initiatives. More of an emphasis on capacity building and systemic initiatives has occurred only in the past two years when the state priorities were aligned with the NTAC priorities (Site review recommendations). Additionally, the number of TAAs that target capacity building and system's change have increased over the past two years.

**GPRA 2.1** - DB-LINK served as a critical collaborative partner to assist NTAC and the states to use high quality methods and materials. NTAC documented the TA strategies that are used in each formal TAA. NTAC will continue to promote the use of "effective practices" from the field of deaf-blindness and severe disabilities, as well as from the literature on Technical Assistance, Professional Development, and Adult Learning.

**What difference did it make.** The number of state specific TAAs that were implemented ranged from 0 to 13 across the four active years of TA delivery. These data show that each state was provided some level of Technical Assistance across the project (Table I-1). States were not obligated to accept Technical Assistance if they did not need the TA. However, only a few states (4%) did not request individual TAAs during the 5-year period. The types of TAAs across the project are provided in Figure I-1. These data show that well over half of the agreements included short term activities. The majority of these activities were 1-2 day trainings. The number and content areas of technical assistance provided is provided in Figure I-2. State projects completed an evaluation concerning the specific outcomes from all of the major NTAC activities. A summary of the outcomes and some impacts are provided below:

1. **Areas of training.** The states felt that NTAC provided the most assistance in the areas of inservice training, transitioning processes, and general support (Figure I-3). More specific results included increases in Usher's screenings, person-centered planning and model development. Appendix A provides a summary of each state's Long Range Plan, outcomes to meet the identified needs, and the level of accomplishment through the provision of NTAC technical assistance. Documentation of numbers of TAAs, satisfaction, change in knowledge, and other sources of data are provided in the Goal Attainment Scale.
2. **Training participants.** The major participants who benefited from the NTAC TAA included teachers (22%); related service personnel (19%), family members (17%), and adult service providers (13%) see Figure 1-4.

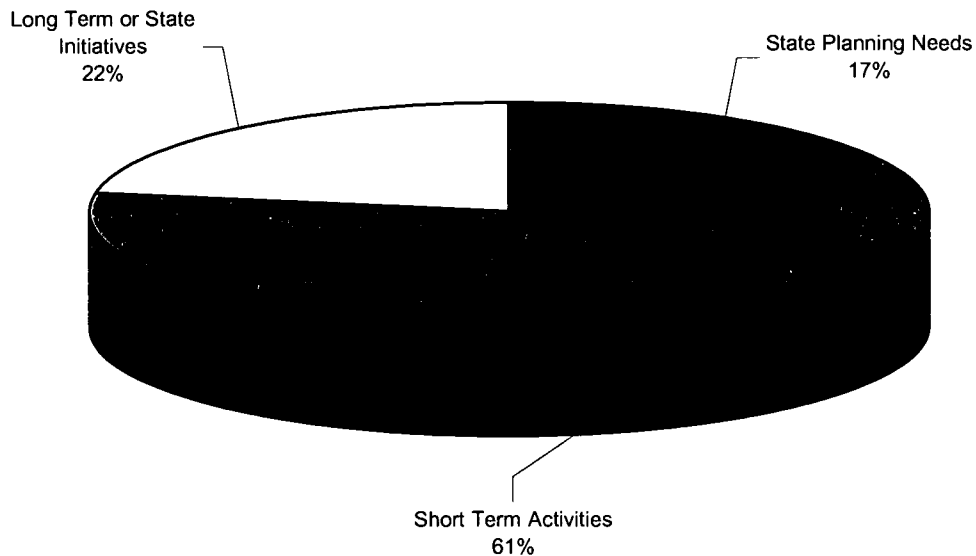
**GPRA 3.2** - NTAC provided a direct link between research results and practitioners' use of those results, especially in the areas of transition, communication/language, assessment, team collaboration.

**Perceived Evidence of Increasing Effective Practices: State sample**

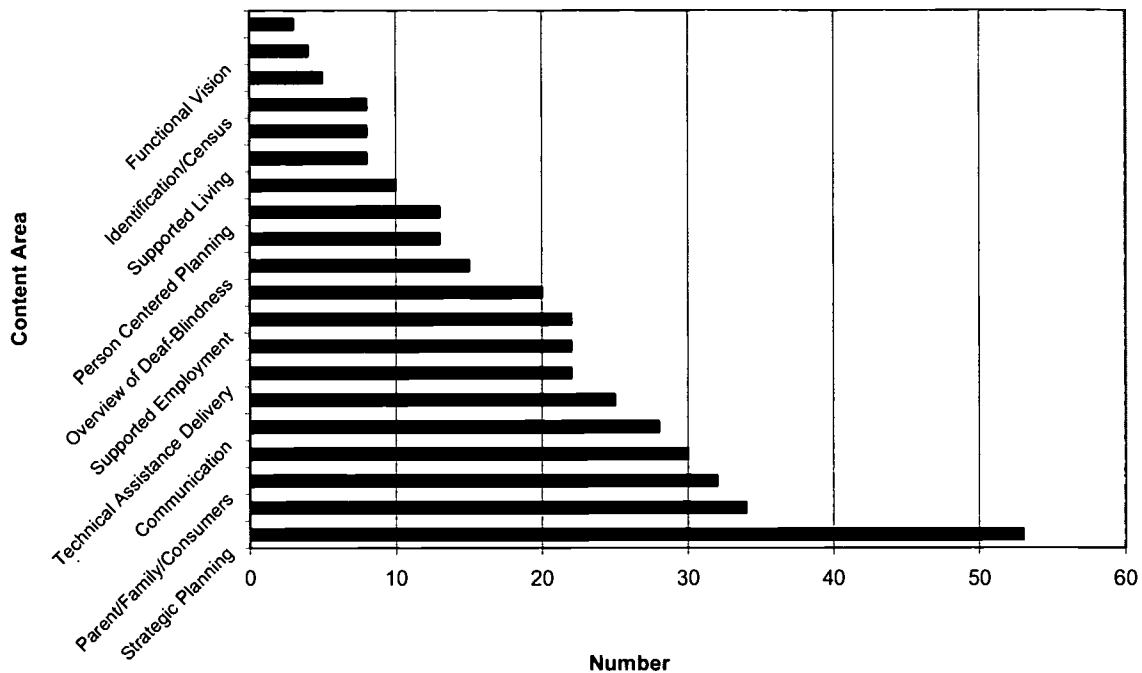
- families used the "child reports" to plan for IFSPs/IEPs
- teams were able to implement the strategies
- teams agreed that there was a high impact on children
- teams agreed that there was also an impact on other children
- There was impact on other disciplines/teams who weren't included in training
- there was a positive impact on families
- administration reported that teams/families were collaborating to increase more appropriate educational programs
- teams in one district are ready to serve as trainers.

**Observed Evidence of Increased Effective Practices**

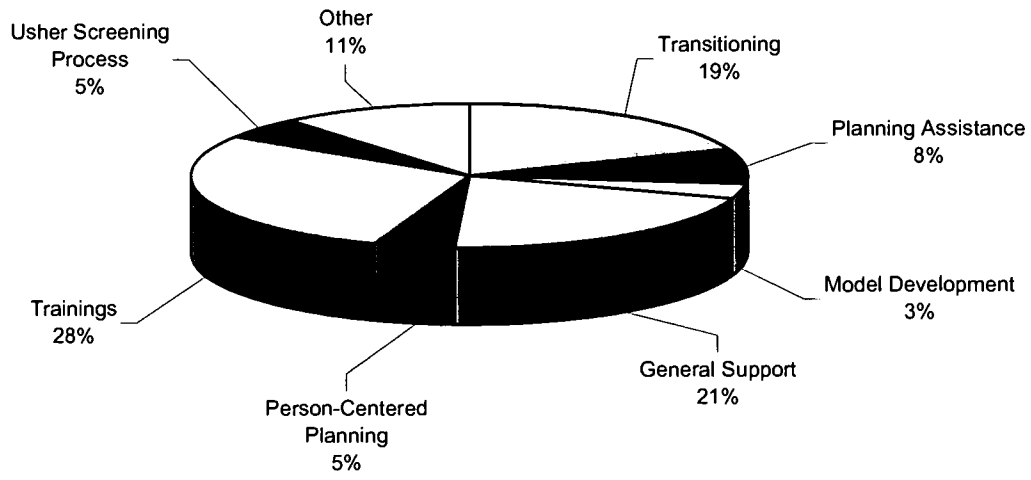
- tremendous team collaboration, planning, implementation and child evaluation for 6 out of 7 teams.
- Communication Maps completed on each child; Maps used by teams for planning and decision-making
- three new young children were identified as being deaf-blind
- increased active engagement.
- increased IEP planning and participation
- increased the child's comprehension
- increased expressive communication
- increased consultant time with the children.



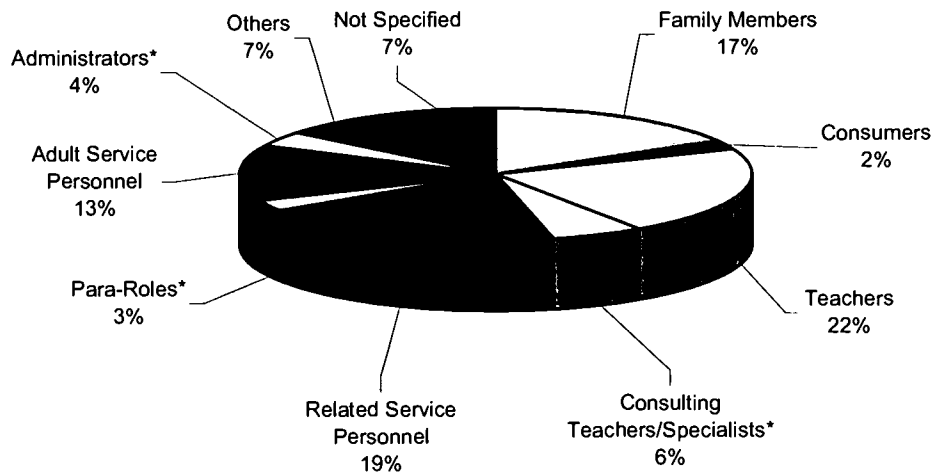
**Figure I-1. Process Type for Technical Assistance Agreements**



**Figure I-2. Number and Content Area of Technical Assistance Provided**



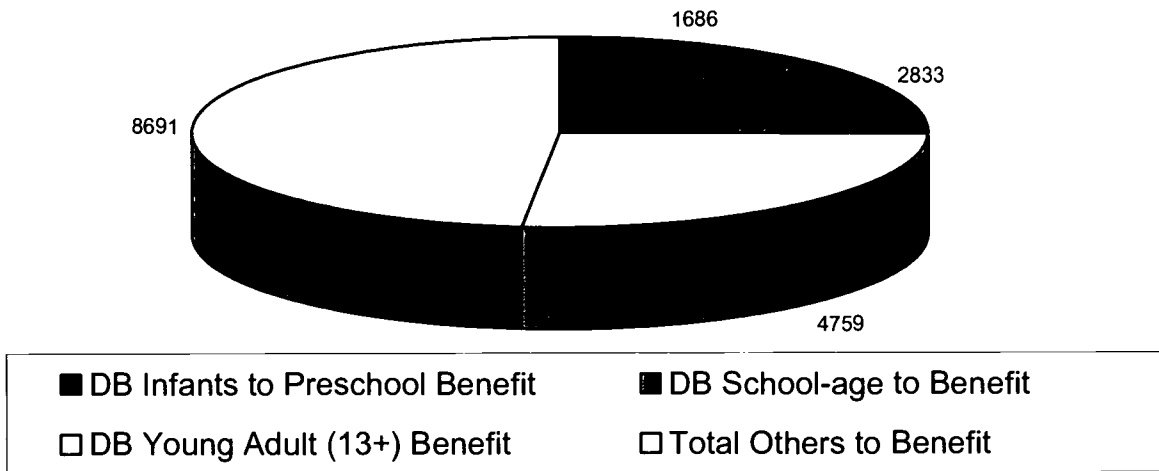
**Figure I-3. Outcomes for Technical Assistance (44 States Reporting)**



*\*Note: data were not collected prior to*

**Figure I-4. Percentage of Individuals who have Received NTAC Technical Assistance Activities**

3. **Children/youth to benefit.** The numbers of children/youth being served by the participants who attended the trainings are provided in Figure I-5. These numbers represent the children/youth who could potentially benefit as their parents or service providers learned new skills. NTAC was successful in collecting some best practice, implementation, and child change data with a number of states. The summary of one state's effectiveness is provided in the side bar. Two additional state summaries are provided in Appendix B. These states presented their data with NTAC at the Topical Workshop on Implementation and Student Outcomes. Many of these activities occurred during the 5th year of the project and were extended for another year under the no-cost extension funding.



**Figure I-5. Total Children and Youth to Benefit**

4. **Overall TAA outcomes.** Outcome data were randomly collected upon the completion of state specific TAAs. The follow are a sample of outcome and impact statements most commonly reported by deaf-blind project staff and state specific TA recipients. Table I-2 shows these general outcomes. These statements are perceptions of change and are not documented by observations.

**Table I-2. Outcome and Impact Statements**

	Outcomes
Child	None
Effective placement practices	<ul style="list-style-type: none"> <li>• Increased teaching skills and individual capacity of teachers and related servers</li> <li>• Increased interpreters capacity and skills related to deaf-blindness</li> <li>• Increased paraprofessionals skills and capacity</li> <li>• Increased transition planning with adult service providers</li> </ul>
Project capacity	<ul style="list-style-type: none"> <li>• Increased projects' evaluation knowledge and capacity</li> <li>• Increased capacity related to needs assessment</li> </ul>
Family	<ul style="list-style-type: none"> <li>• Increased awareness of family skills specific to their child, as well as general deaf-blindness</li> </ul>

	Outcomes
	<ul style="list-style-type: none"> <li>• Increased parent participation in child's special education</li> <li>• Increased parent leadership skills</li> <li>• Increased family organization capacities</li> </ul>
Systems	<ul style="list-style-type: none"> <li>• Increased capacity related to statewide Usher Syndrome screening and identification</li> <li>• Increased collaborative systems of services and strategic planning</li> <li>• Increased administrator knowledge and commitment to needs of deaf-blind students</li> <li>• Increased personnel and systems capacities for effective transition services</li> <li>• Increased systems capacity related to effective TAA and training</li> <li>• Increased systems collaboration and community employment outcomes</li> </ul>

**GPRA 1.1** NTAC is committed to responded to the critical needs of children and their families and being able to document how these critical needs have decreased because of the collaborative efforts of NTAC, families, state projects, and SEAs/LEAs. Changes in the new NTAC grant have addressed new strategies for documenting child results in response to GPRA.

**Changes based on outcomes.** NTAC felt that it was feasible, in terms of costs and resources, not to attempt to collect the same levels of data on all TAAs. We learned that the types and intensity of data collection should vary and correspond to the intensity of technical assistance. Long term activities and system's change initiatives should produce implementation and child/youth change data. It was determined that it is not cost effective to attempt to collect child changes from one-day trainings. NTAC is currently working with states to revise their Evaluation plans and to assist them in collecting implementation and child/youth outcomes so that NTAC can facilitate increasing accountability within the Federal initiatives (GPRA, Alternate Assessments, NCLB).

Service provider needs in the areas of communication, assessment, and transition will remain high due to the turn-over and the diversity of needs of the children/youth. NTAC needs to better document "what works" in the initiatives with states and to document how effective practices are used. Many of the effective practices in communication, transition, teaming, and inclusion are not specific to the deaf-blind field but are based on research with other populations. NTAC attempts to use practices that are both general and specific (such as CVI) when developing TAAs with the state projects.

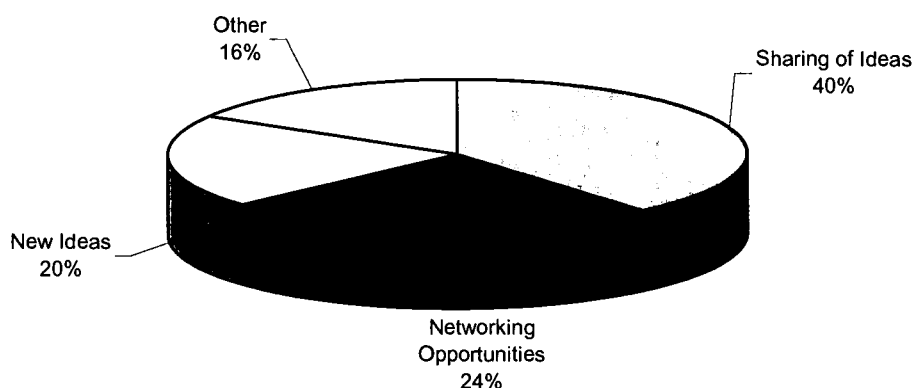
**GPRA 3.1** These activities also addressed increased communication with target audiences.

<p><b>Evidence of Child Outcomes in Communication</b></p> <ul style="list-style-type: none"> <li>• 7 out of 9 (78%) children showed increased in R&amp;E communication (rate, forms, levels)</li> <li>• Families were very pleased at being equally included in the teams</li> <li>• Families were very satisfied with the Communication Maps and reports</li> <li>• Increases in: active engagement in intervention/instruction; responsiveness to visual, auditory and/or tactile stimuli; receptive understanding of multiple forms/functions; expressive use of multiple forms/functions; interactions across home, school, community; active engagement in intervention/instruction.</li> </ul>
--

**What we did in area meetings.** One of the Site Review recommendations was to build the capacity of states. During the final year of the project, needs assessments were conducted to

determine the areas in which state projects felt they needed to gain knowledge and skills through training and networking. Each area selected different topics and formats for their meetings.

**What difference did it make.** Results of these meetings (Figure I-6) showed that states valued the opportunities to share strategies and procedures (40%) very highly. Opportunities for networking (24%) and learning about new practices and TA strategies (20%) were also seen as valuable. As a result of both NTAC activities and activities outside of NTAC, states have increased their capacities to (a) be more knowledgeable about effective practices, (b) provide training to families and service providers, (c) provide direct consultation to LEAs, and (d) produce and disseminate products.



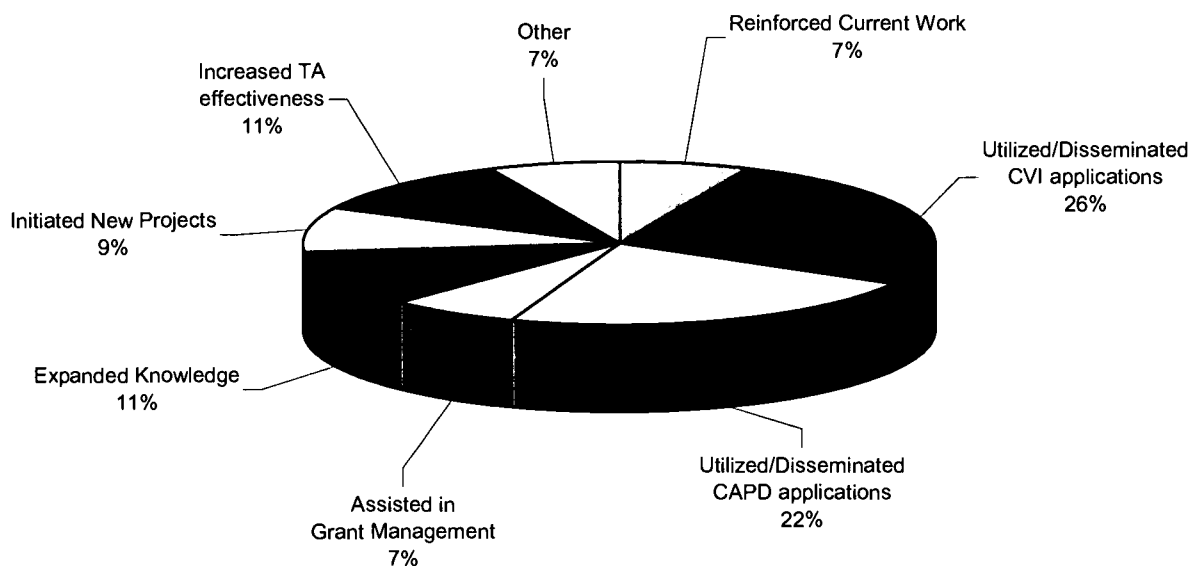
**Figure I-6. Results of Area Meetings (44 State Reporting)**

**Changes that were made.** NTAC and the states need to better document how the state project's capacity changed as a result of the Area meetings. Procedures to document the use of new strategies for delivering TA and collecting data will be developed by intranet state profiles. Based on the Site Review recommendations, NTAC also established a state Deaf-Blind listserv® so that networking and information exchanges among states would have yet another format. Currently, NTAC and OSEP use the listserv® to get information to the states. NTAC needs to strategize to encourage states to share more information with one another through the listserv®.

**What we did in topical workshops.** Surveys were sent to the state projects to determine needs and outcomes for the topical workshops. Eight topical workshops were held during the final four years of the projects. During the first year, four Regional Meetings were held. The recommendations of the Site Review team were taken into consideration for a number of the topics, including increasing the projects' capacity in assessment. Trainings in Cortical Vision Impairment (CVI), Central Auditory Processing Disorder, and Alternate Assessments were conducted as a few of the major topics.

**GPRA 2.1** A major outcome of the Topical Workshops is to increase the knowledge and implementation (use) of high quality practices, methods, and access to materials. Many states also made sure that the information was communicated to service providers and families within their respective states.

**What difference did it make.** The projects (48%) felt that the training in Cortical Vision Impairment and Central Auditory Processing Disorder were utilized with the highest frequency (Figure I-7). Many states disseminated the information to the vision and hearing specialists within their states. Other states conducted trainings in their respective states to increase the awareness and to build local capacity in assessment and intervention. To a lesser degree, states felt that they increased their effectiveness in TA delivery, better managed their grants, initiated new directions, and expanded their knowledge as a result of the topical workshops.



**Figure I-7. Results of Topical Workshops (44 States Reporting)**

### **Overall Evaluation of NTAC Activities**

NTAC conducted an evaluation across all the five-year activities. The survey was sent to each state. Overall, TAA implementation data and the survey reflected the following results:

1. increase in program planning and grant management,
2. increase in awareness and motivation to measure implementation of practices and student outcomes,
3. increase in skills to deliver more effective TA that results in outcomes,
4. increase in knowledge of deaf-blindness and modifications,
5. increase in parent-professional collaboration,
6. increase in opportunities to network and collaborate with colleagues,
7. increase in knowledge through products and publications in collaboration with DB-LINK, and
8. increase in collaboration with state agencies to plan and implement systemic change activities.
9. increase in appropriately trained personnel
10. increase in states' capacity related to needs assessment, program and child evaluation

Overall child/youth outcome results are somewhat limited for the first four years of the project.



Those data that are available indicate that some of the major child/youth outcomes included:

1. increased number of appropriate receptive and expressive systems in place,
2. increase in the quality of IEPs,
3. increase in planning and implementation of transition, and
4. increase in the identification of students with Ushers.

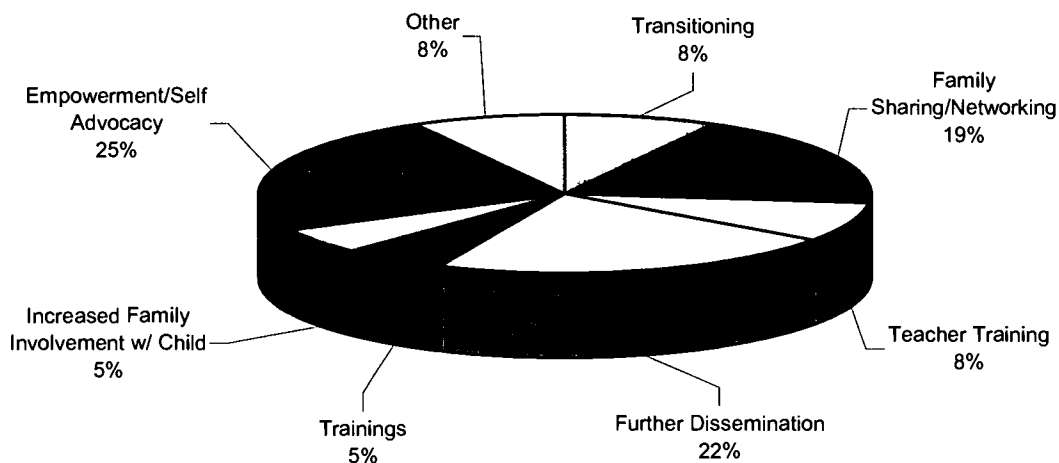
#### **Objective 1.4: Technical Assistance to Parents and Family Members**

**What we did.** NTAC collaborated with the National Family Association For Deaf-Blind to plan and implement annual Parent Workshops. The Hilton-Perkins organization was also involved in conducting the workshops. Needs surveys were developed and sent to families to determine topics and outcomes. Other family technical assistance activities included collaboration with Hilton-Perkins to provide training for the state projects' family specialists so that they could more effectively communicate and work with families within their respective states.

Communication and transition were two critical topics identified by the families for the Parent Workshops. A number of products were developed with the parents and disseminated nationwide (See Part II - Objective 1.4).

**What difference did it make.** Evaluations of the workshops (Figure I-8) showed that parents valued the opportunity to meet and network with other families. In addition to gaining information about communication systems and transition planning, families indicated that additional outcomes included:

"It helped to know that there were others with similar needs out there."

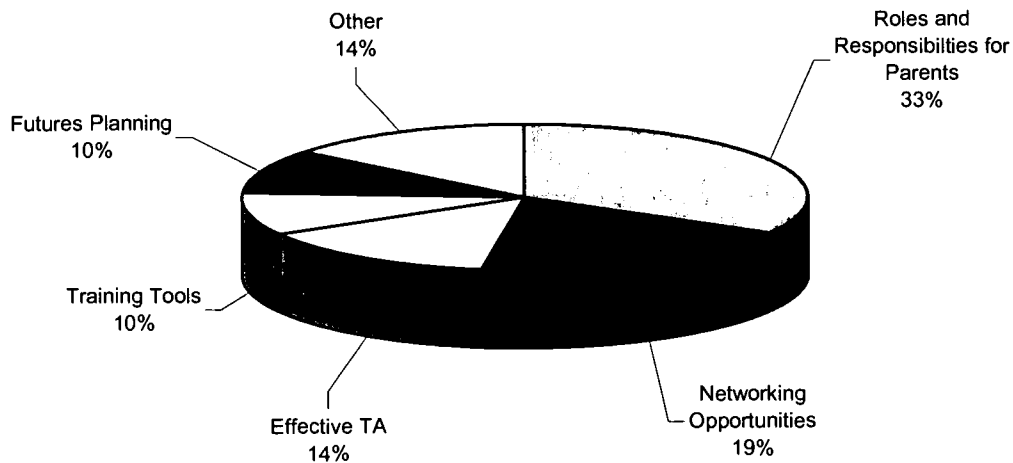


**Figure I-8. Major Impacts and Results of National Family Workshops (44 States Reporting)**

1. increase in advocacy efforts and self-determination,
2. increase in opportunities for interaction and networking,
3. increase in knowledge of resources and information,
4. increase in family involvement and interaction with their child,
5. increase in knowledge of IDEA, 504 and other Federal initiatives, and
6. increase in opportunities to disseminate the information to PTIs and other families.

**GPRA 5.1** Outcomes from the family activities shows that NTAC was instrumental in increasing the number of families who are informed about appropriate services and programs.

Many state projects have family members who are paid employees on their projects. NTAC was responsive to requests to have specific trainings for these family members. Feedback to NTAC indicated that clarity in their roles and responsibilities on the projects in order to provide more effective TA to other families was a need and valued as a result of the trainings and interactions (Figure I-9). Participants also reported that they were able to provide more effective TA with the training tools that they learned.



**Figure I-9. Results of Family Specialist Trainings (44 State Reporting)**

**Objective 1.5: Technical Assistance to Young Adults**

**What we did.** During the first year of the project, NTAC collaborated with the American Association for Deaf-Blind (AADB) to assist in developing a teen program in conjunction with the AADB conference. During the remaining years of the project, NTAC collaborated with the University of Minnesota in developing, sponsoring, and evaluating focus groups, mentor training, self-determination training, and field-testing of a self-determination curriculum.

"...we are better equipped to advocate for ourselves and to be more self-determined in our families and communities."

**What difference did it make.** The results of numerous focus groups were utilized to develop priorities and subject areas for training and curriculum development. The teens who

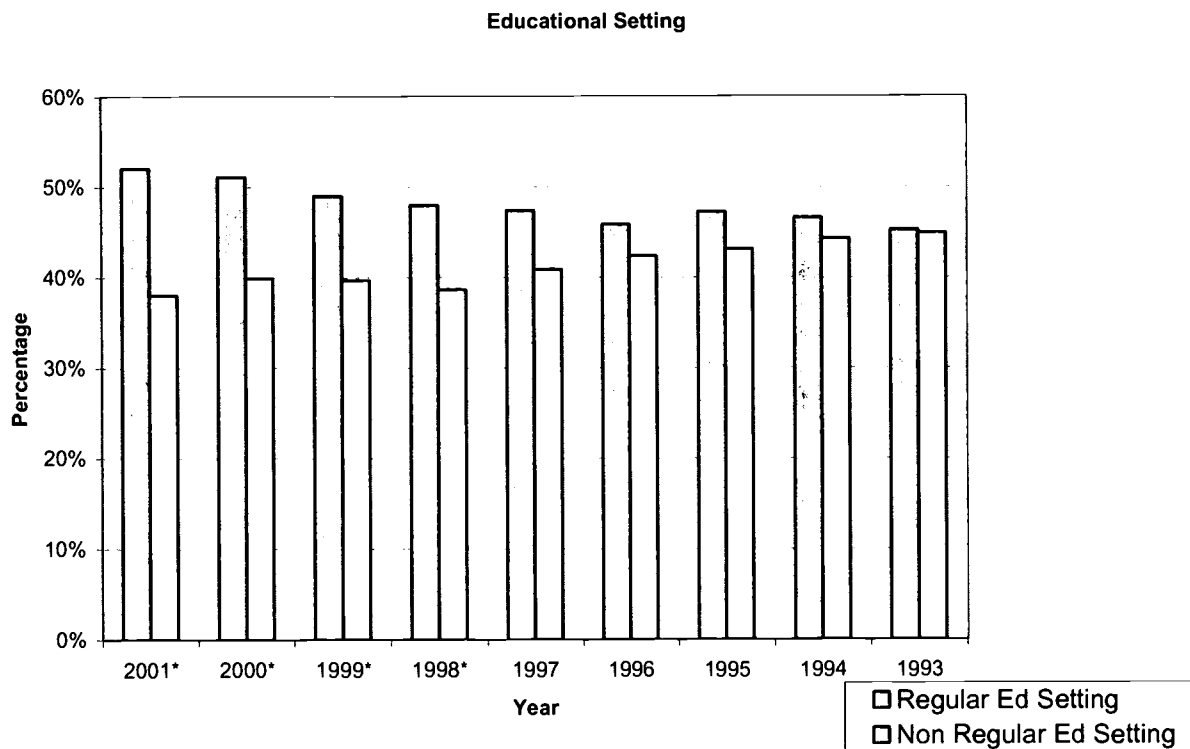
were involved in the training at AADB and field-testing the curriculum indicated that they had increased their advocacy and self-determination. Additionally, state project staff increased their capacity for training in a "train-the-trainer" model. However, youth who had cognitive disabilities were not included within any of the trainings or activities under this objective.

**Changes that were made.** NTAC feels that continued emphasis on "consumers" needs to be addressed by states in the Needs Assessment/TAA process. NTAC is specifically targeting 100 children/youth as "consumers" in the current grant. Children/youth who also have cognitive disabilities will be targeted in that group of students. NTAC will continue to collaborate with AADB in TA delivery and in documentation of outcomes.

**Objective 1.6: Develop a National Data Base**

**What we did.** A number of state projects were involved in working to modify the types of data collected on the national census. Additionally, new forms were developed and approved through the OSEP process. NTAC collected, analyzed and reported the census data for all of the states for each year of the project.

**What difference did it make.** The change in the census and related training has increased the consistency of data across projects. Although the missing data across states has decreased, some of the changes in the collection of census data (such as the dates of the last audiological assessment) have also contributed to other types of missing data. The data in Figure I-10 show that the data can now be compared across years more easily and different questions can be answered.



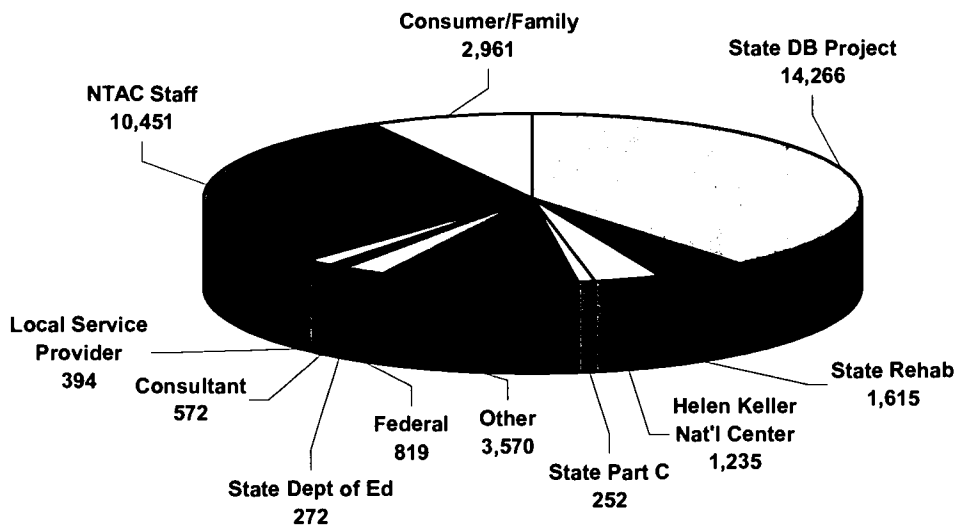
**Figure I-10. Census - Educational Setting Across Years**

**Changes that were made.** A few states continue to have some errors in their data as a result of not updating records. NTAC staff are continuing to work with states and to assist them to submit their data electronically so that it can be more easily analyzed.

### Grant Activities

#### Collaboration

Thousands of informal technical assistance and collaborative activities occur on a monthly basis. The NTAC staff collect daily data on the type of contacts to: (a) state projects, (b) family members, (c) consumers, (d) LEAs, (e) SEAs, (f) Adult Services, (g) Model Demonstration projects, (h) other Federal projects, (i) Personnel Projects and other agencies and organizations. Figure I-11 shows the frequency of these contacts during the first five years of the project. The results of the collaboration include referrals, providing resource information, developing and facilitating TA, planning activities and events, and assisting families. Clearly, NTAC primarily collaborates with the states and one another to develop, deliver, and evaluate technical assistance activities. Addition coordination activities included those with families, state vocational agencies, and other Federal projects.



**Figure I-11. NTAC Coordination and Collaboration Activities**

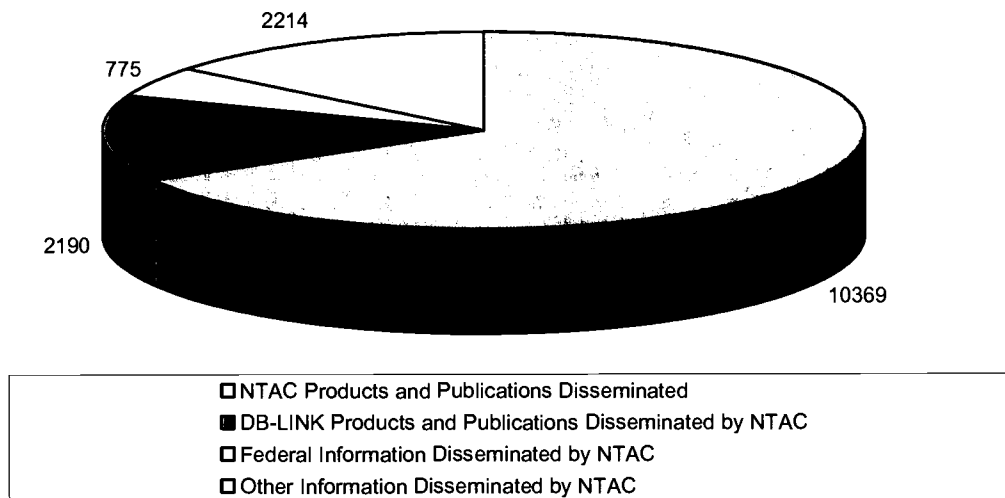
**GPRA 3.1** The following data show that NTAC has been very productive in communicating with target audiences.

#### Dissemination

The project has produced a number of products. Over 10,000 of these products have been disseminated within the United States by NTAC. DB-LINK and the states have also been active in disseminating the NTAC products. These products are outlined in Part II in detail. A number

of these products was developed in collaboration with families and TA consultants. NTAC also supports a number of listservs® and the website in collaboration with DB-LINK. Figure I-12 provides an overview of the major products that have been disseminated.

**GPRA 2.1** NTAC also used research results to develop new products, especially in the areas of transition (briefing paper), communication (Parent Fact Sheets), and the Topical Workshop Fact Sheets.



**Figure I-12. NTAC Products and Publication Dissemination Activities**

**Follow-Along Studies**

Surveys were sent to families who had older children exiting from school in 1998 and 2000. Initial results were not promising. Only a small percent of the youth had early transition planning, assessment and job placements by the age of 16. Very few of the youth went on to post secondary education placements. The data did indicate that the majority of youth did not use symbolic communication systems. Differences in the Follow-Along study between 1998 and 2000 showed that there was an increase in transition planning and a slight increase in the number of jobs for youth who are deaf-blind. Overall rates of job experience and services increased slightly across the years.

**Supplement for Performance Indicators**

San Francisco State University completed surveys with state projects and some families to determine areas of critical outcomes. NTAC used the initial work (from a supplemental) and developed "Outcomes and Performance Indicators" across: (a) System's Change Outcomes and Indicators, (b) Family Outcomes and Indicators, (c) Service Provider Outcomes and Indicators, and (d) Child/Youth Outcomes and Indicators (Appendix C). Evaluation and planning instruments have been developed and disseminated to states. A number of states are beginning to use the instruments and assist NTAC in the field test.

## Conclusions

An overall rating of achievement is used specific to each objective. A summary of major data summaries is provided in Table I-3 - The Goal Attainment Scale. More specific detail of the activities that were implemented and specific data are provided in Part II – Accomplishments. The following rating of the level of accomplishment across the seven objectives is based on the data summarized in the Goal Attainment Scale in Table I-2 and the individual data discussed in Part II.

	<u>Poor</u>	<u>Moderate</u>	<u>Good</u>	<u>Very Good</u>	<u>Excellent</u>
1. State projects and stakeholders identified service needs and developed Long Range Plans.			X		
2. States maintained or increased the State-Local Team Partnerships.	X				
3. State projects and agencies were provided an array of technical assistance.					X
4. Parents were provided technical assistance for advocating and participating.				X	
5. Young adults were provided technical assistance on self-determination.		X			
6. A nationwide data base (census) was developed and maintained.				X	
7. Project Directors' Meetings were implemented with OSEP.					X
8. Evaluation strategies and forms for collecting documenting implementation and child outcome data are developed.			X	-----X	

Table I-3. Goal Attainment Scale for Final Performance Report (1996-2001)

TIMELINE BY OBJECTIVES

Objectives	Anticipated Outcomes	Goal-Attainment Scaling					Current
		-2	-1	-0	+1	+2	
Obj. 1.1 To identify service needs & to develop long range state TA Plans							
What % of:	85% completed by 9-30-97/by end of project	75%	80%	85%	90%	95%	93%/100%
• Stakeholders' mtgs planned & organized	85% completed by 12-31-97	75%	80%	85%	90%	95%	83%/100%
• Stakeholders' mtgs were completed	85% completed by 1-31-98	75%	80%	85%	90%	95%	83%/96%
• TA plan written	80% approved within 2 weeks	70%	75%	80%	85%	90%	83%
• TA plan approved	80% of states included at least 3 stakeholders	70%	75%	80%	90%	100%	80%
• Needs assessment process includes 2/3/4/5+ stakeholders	80% mean across states submitting	70%	75%	80%	85%	90%	90%
• NA process demonstrated gains (follow-up evaluation)	70% states completed the evaluations	50%	60%	70%	80%	90%	83%/100%
• States completed the evaluation	MT prioritized to determine workshops						compltd
• Identify & prioritize TA needs	90% of all stakeholders receive results	80%	85%	90%	95%	100%	95%
• Data analyzed and sent to stakeholders/TASs	At least 5 states will be maintained for SLT training	1	3	5	7	9	100%
Obj. 1.2 State-Local teams	At least 5 teams for each state	5	10	15	25	35	50
	90% of students have transition plans						increase
Obj. 1.3 To provide TA to agencies/organizations that serve (1) infants/toddlers, (2) preschoolers, (3) school age, and (4) transition age							
• Number of states with specific TAAs	90% of states had individual TA	80%	85%	90%	95%	100%	95%
• Number of TA agreements developed	300 TA agreements over 4 years	200	250	300	350	400	270
• # of formal TA activities with evaluation	90% TA activities have evaluation data	75%	85%	90%	95%	100%	75%
• # of semi-formal TA activities implemented	500 informal TA activities/30 semi-formal	300/	400/	500/	600/	700/	>500
• At least 1200 parents & service providers will benefit per year for 4 years	Parents and family (200)	600	700	800	900	1000	821
• Trainees satisfied with training 3.4 (4.0 scale)	Service providers(1000 per year)	2000	3000	4000	5000	6000	4105
• # of TAA demonstrated changed knowledge and skill	3.4 overall mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.66
• % of states participating in system change	75% of trainees changed knowledge/skill base	40	50	60	70	80	52
• % of TAs evaluated to Level 2 (satisfaction)	20% of states changed capacity of system	0%	10%	20%	30%	40%	baseline
• % of TAs evaluated to Level 3/4 (change of awareness/skills)	85% of all TAs have satisfaction measures	75%	80%	85%	90%	95%	83%
• # of TAs evaluated to implementation	75% of all TAs have change of knowledge/skill measures	65%	70%	75%	80%	85%	60%
• # of TAs evaluated to student change	10 TAAAs overall	0	5	10	15	20	15
• # of infants, toddlers, school-age children, youth to benefit (D-B)	5 TAA overall	0		5		10	11
• # of infants, toddlers, school-age children, youth to benefit (All)	2000 infants, children, youth w/deaf-blindness benefit (potential) (R) each of 4 years = 8000 (av)	6000	7000	8000	9000	10000	9907
	1000 infants, children, youth w/DB & other disabilities each of 4 years = 4000 (av)	2000	3000	4000	5000	6000	8691

Objectives	Anticipated Outcomes	Goal-Attainment Scaling					Current
		-2	-1	-0-	+1	+2	
Obj. 1.4 To provide TA to parents & family members							
• Annual needs assessment is developed & sent to families (1.3.1)	200 families completed survey	150	175	200	225	250	400
• Conduct an annual National Parent & Family Workshop	50 families participated (annually)	0	25	50	75	100	80 Av
• 80% of families were satisfied with training	3.4 overall mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.76
• Provide TA to NFADB to promote statewide parent organizations	3 new parent groups across 4 years	6	9	12	15	18	9
• Information developed & disseminated to families	Disseminated to 200 families	150	175	200	225	250	<250
• States involved in Family Specialist training.	20 Family Specialists/NFADB RAs	10	15	20	25	30	20
• Data analyzed and sent to families							
Obj. 1.5 To provide TA to young adults who are deaf-blind							
• Develop a knowledge base across 4 focus groups	Completed four focus groups	2	3	4	5	6	7
• Conduct 2-3 day Self Advocacy Workshop for consumers	Workshop completed & evaluated (R)			completd			completd
• Trainees satisfied with training at 3.4 (4.0 point scale)	3.4 overall mean on satisfaction scale (R)	3.0	3.2	3.4	3.6	3.8	3.22
• Trainees increased awareness	Outcomes						
• Number of consumers providing input	20 consumers	10	15	20	25	30	33
• Mentor training	10 consumers involved	6	8	10	12	14	13
Obj. 1.6 To develop a nationwide data base of demographic characteristics							
• Examine existing data bases & reporting formats	Task force planning			completd			C
• Data base on the infants, children, youth who are deaf-blind	Data base on 11,000 infants, children, youth	10000	10500	11000	11500	12000	10073
• Reporting format for decision-making utilized	Stakeholders' meeting			completd			C
Obj. 1.7 To provide planning & managerial support for PDM							
• States submitted survey to identify critical issues	70% of states submitted surveys	60%	65%	70%	75%	80%	>70
• State attending	50 (out of 54) projects had representation	46	48	50	52	54	52
• Participants satisfied with sessions at 3.4	3.4 session mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.69 Av
Obj. 2.1 To implement outcomes measurement system							
• 90% of objectives & outcomes will be reviewed quarterly	Level of action taken each quarter	2x/yr	3x/yr	4x/yr	5x/yr		C

C = Completed  
O = Ongoing  
P = In planning



## PART II – PROJECT STATUS

This section of the NTAC final report provides a detailed account of the activities across each objective and the accomplishments that resulted from the activities. The qualitative and quantitative data displayed in the following tables and appendices was used to develop the project’s effectiveness statements in the preceding Executive Summary.

### **Objective 1.1: To Assist State Deaf-Blind Projects and Critical Stakeholders to Identify Service Needs and to Develop State Long Range Technical Assistance Plans**

The purpose of the project’s first technical assistance objective was to assist states in the identification of their statewide needs while using the input of multiple, relevant stakeholders. Activities related to this objective included:

- Planning and implementing a state specific needs assessment process
- Developing a state specific Long Range Technical Assistance Plan (LRTAP)
- Determining technical assistance approaches for successfully implanting the Long Range Technical Assistance Plan

### Summary for Objective 1.1

#### Needs Identification and the NTAC Stakeholders Process

During year 1, NTAC staff began the process of planning, facilitating, and conducting state specific Needs Identification activities through the project’s stakeholders’ meeting model. This model called for collaborative efforts by NTAC staff and Deaf-Blind project directors to: (a) identify the critical "stakeholders" in each state who were, or could be, serving children and youth with deaf-blindness and families; (b) collaboratively identify the strengths, needs and resources of each agency, service provider, parent organizations and consumers within each state needed to build or enhance services; and (c) articulate these into a written Technical Assistance Plan to guide NTAC and other collaborative technical assistance activities for the state. A standard stakeholders’ meeting included multiple stakeholders, representing agencies serving children and young adults with deaf-blindness, and parents (see Table II-1).

**Table II-1. Agency Representation at Stakeholders’ Meetings**

Agency	Frequency	Percent
State and Multi-State Staff	40	100
Vocational Rehabilitation Staff	31	77.5
Commission for the Blind	19	47.5
Part C	20	50
Family	29	72.5
Consumer	25	62.5
Mental Health	7	17.5
Developmental Disabilities	19	47.5
Department of Education/Special Education	26	65
Higher Education/University Affiliated Programs	19	47.5
Medicaid	4	10
Helen Keller Regional Representatives	20	50
Helen Keller Affiliates	10	25
Local Education Agencies	4	10
State School for the Deaf/Blind	15	37.5

Agency	Frequency	Percent
Advocacy	8	20
Social/Human Services	6	15
Adult Services	5	12.5
Adult Services for Deaf, Blind or Deaf-Blind	6	15
Regular Education	2	5

A number of states requested variations to the standard stakeholders' meetings and many states found it difficult to organize stakeholders' meetings as originally proposed. As such, variations to the process were made by NTAC in order to meet timelines and be responsive to states. NTAC responded to these requests by developing a range of possible Stakeholder meeting formats for state's use. The types of stakeholders' meetings for each respective state and needs identification process are presented in Table II-2.

**Table II-2. Types of Stakeholders' Meetings**

Types of Meetings	States
NTAC and state project sponsor a meeting of key stakeholders. Interests and positions are identified; collaborative solutions are explored; TA needs are written and prioritized. TA plan is written with interested agencies.	Facilitated primarily by NTAC: AL, D.C., FL, ID, IL, KY, LA, MD, MN, MS, MT, NM, OR, TN, TX, UT, VA, VT, WA, WV Facilitated primarily by an outside consultant: GLARC, IA, IN, KS, MO, NJ, PR, SC, VI
NTAC participates in a meeting of an existing state interagency group. TA needs are identified and prioritized.	CO, NE, WY
NTAC meets with major stakeholders separately. TA needs are identified. NTAC develops a TA plan for NTAC TA and obtains agreement to involve multiple agencies in the TA.	None
Interagency meeting is held without NTAC and prioritized needs are shared with NTAC.	AK, AZ, DE, GA, MI, ND, NV, PA, PAC RIM
A needs assessment is conducted across a large representative sample of stakeholders' via mail. Needs are prioritized through data analysis.	NEC (CT, MA, ME, NH), SD
No stakeholder meeting, interagency meeting, or needs assessment across agencies or organizations.	NC, OK, RI
Other	CA, HI, NY

**Participant satisfaction.** Participant satisfaction with the NTAC/State Needs Identification process was conducted on completion of the stakeholders' meetings. When NTAC staff facilitated the meeting (rather than an outside facilitator), participants indicated that the outcomes of the meeting were clearer and the meeting was a more valuable use of their time. The majority of meetings had agency representation from all age ranges and provided benefit to multiple agencies and staff. Participants indicated that families and consumers in their states would benefit from the technical assistance activities identified in the needs identification process and that a different process may not have as successfully identified the states needs.

NTAC staff also evaluated the state/NTAC Needs Identification process. In meetings, which were directly facilitated by NTAC, a greater number of agencies representing a broader spectrum of ages were participants. More parents also participated in the NTAC sponsored meetings and there was a broader awareness in relation to the purpose of the meeting and the availability of NTAC TA in meetings directly facilitated by NTAC staff.

**Changes in attitudes, values and knowledge.** Changes in participant knowledge related to the state/NTAC Needs Identification process was conducted. This included measuring change in the participant’s values, attitudes and knowledge towards increased partnerships, collaborative technical assistance planning and delivery; funding; and local capacity building. Attitudes that are more positive were indicated in those meetings facilitated by NTAC staff, as well as a higher motivation of stakeholders to initiate collaborative activities.

**State Long Range Technical Assistance Plans**

All state and/or multi-state deaf-blind projects identified needs and developed state Technical Assistance Plans related to NTAC technical assistance by the end of the project. Typically, 1-4 meetings were required to complete the Needs Identification and initial state Technical Assistance Plan process for each project. Although the numbers of meetings required to complete the process was more than originally anticipated, there were no adverse impacts to the projects work scope or budget. At the end of year 5, NTAC conducted a summary evaluation of the status of the existing Long Range Technical Assistance Plans. This summary indicated that:

- Seven (7) projects used the existing Long Range Technical Assistance Plans in the new NTAC grant cycle
- Twenty-nine (29) revised the existing plan during the new NTAC grant cycle
- Nineteen (19) developed new Long Range Technical Assistance Plans in the new cycle.

**Table II-3. Summary of Long Range Technical Assistance Plans (LRTAP)**

<b>Status of Long Range Technical Assistance Plans</b>	
Will the state's existing LRTAP be carried into the next grant cycle?  (This includes those LRTAPs that were revised or amended in the last grant cycle)	Area 1 - AK
	Area 2 – MI, MN
	Area 3 - NC, OK, TN, VI-on hold
	Area 4 -
Will the states existing LRTAP be revised/amended for the next grant cycle?  (This includes those LRTAPs that you anticipate will be revised or amended at the beginning of this grant cycle.)	Area 1 - AK, CA, CO, ID, MT, UT, WA, WY
	Area 2 – GLARC, IL, IN, MO
	Area 3 - AR, FL, GA, KY, LA, PR, SC, TX
	Area 4 - DE, MA, MD, ME, NJ, PA, RI, VA, VT
Will an entirely new LRTAP be developed for the new grant cycle?  (This includes those LRTAPs that you anticipate will be totally re-written at the beginning of this grant cycle)	Area 1 - AZ, CO, HI, NM, NV, OR, UT
	Area 2 - IA, KS, ND, NE, SD
	Area 3 - AL, LA, MS
	Area 4 - CT, NH, NY, WV

**Individual State Long Range Plans and Outcomes**

Appendix A shows the Long Range Plans and desired outcomes and the effectiveness of achieving those outcomes. These outcomes were analyzed to summarize overall effectiveness.

**Objective 1.2: To implement “State-Local Team Partnerships” for Establishing Coordinated, Family and Person Centered Services for Infants Through Transition-age Children and Young Adults who are Deaf-blind**

The purpose of this objective was to replicate and expand a 24 month Technical Assistance Model and Curriculum Package developed by the Helen Keller National Center-Technical Assistance Center (HKNC-TAC). The activities were to enhance the provision of transition services for children and young adults who are deaf-blind. The outcomes of the model include: (a) the development of state, regional and local planning teams; (b) individualized child and family services planning; and (c) the evaluation of self-monitoring systems.

**Summary of Objective 1.2**

Based on the initial technical assistance needs information, a review of project staff time and resources, and a review of the project’s budget allocation, the NTAC Management Team determined it would also be more time and cost effective to merge the activities of Objective 1.2 with the activities of Objectives 1.1 and 1.3 and to replicate and disseminate the existing State-Local Team Partnership (SLTP) model.

Thus, specific state identified needs, based on the priorities established by the state stakeholders’ meeting process and their accompanying Technical Assistance Agreements, were used to include states in the SLTP training.

**Cohort Workshop**

Before the beginning of the NTAC project, the HKNC-TAC project successfully initiated the SLTP Model with 12 states. Important to the maintenance of the SLTP model was an activity identified as a Cohort Workshop. The primary goal of this workshop was to allow partnership teams to share successes and problem-solve barriers common across the states. Since these SLTP model sites continued to operate and received technical assistance from NTAC staff, it was determined that a Cohort Workshop should be conducted to assist with continued maintenance of the teams. In addition to several of the original states involved, additional states were added based on the NTAC Stakeholder and TAA process. The Cohort Workshop was conducted in Kansas City, Missouri on July 10-11, 1998. Fifty-two participants from 11 states attended the workshop. The participants represented membership on previous, as well as newly developed State-Local Team Partnership. However, only 9 states participated in data collection activities.

**Table II-4. Numbers of Original and New Teams and Number of Students Served**

State	# Teams Initially Established	# Additional Teams Trained	# Teams Currently Functioning	Total # of Students
Arizona	1	0	3	10
Hawaii	NR	NR	NR	NR
Iowa	2	9+	11	11
Kentucky	19	14	15	28
Michigan	4	4	3	11
Missouri	1	4	5	50+
North Carolina	4	4	4	25+

New Jersey	4	4	2	8
Pennsylvania	5	3	3	8
West Virginia	Not Reported	Not Reported	Not Reported	Not Reported
Kansas	5	0	5	7

A needs assessment was developed and sent to the participating states to identify critical training needs to be addressed in the workshop and future activities. Areas identified by the recipients as being priorities for inclusion in the Cohort meeting agenda, follow.

**Table II-5. Training Needs Identified by Participants**

Rating Score	Topic
13	Training In-state trainers to initiate and support new teams
10	Reaching out to un-served or under served groups
9	Evaluating outcomes of the State -Local Team Partnership
8	Working with state Transition systems Change Projects and/or School to Work Projects
6	Strategies for orienting new team members
2	Ideas for funding future partnership activities
2	Enhancing communication between teams
2	Other - Strategies for getting commitment from new members

**Evaluation of participants' change in awareness.** Outcomes indicated increased motivation to implement and share information presented across the workshop sessions, as well as an increase in their awareness of the subject matter presented.

**Changes in the knowledge and skills.** Of the sixty-three participants indicated that the workshop definitely change their knowledge and skill levels, whereas 32% indicated that their knowledge and skills were somewhat changed. Only 2% indicated no change and 3% did not respond. Action plans were developed by eight of the 11 (73%) participating states. Analysis of these action plans indicated that (a) expansion of the existing teams, (b) increasing the diversity of team membership, and (c) developing and updating materials were the team's highest priority.

**Table II-6. Analysis of Action Plans**

Outcomes	Frequency of States Identifying Outcome	Ranking
Expand the number of teams	5 AZ, IA, MI, NC, PA	1st
Increase the diversity of teams	3 KS, MI, PA	2nd
Develop and update materials	2 NJ, PA	3rd
Implement Trainer of Trainer approach	2 AZ, PA	3rd
Develop interagency agreements	2 NY, NC	3rd

Eight states targeted ongoing technical assistance related to the development of new or expansion of existing partnerships and teams for their secondary transition-aged students and three states maintained their teams with no additional NTAC technical assistance. Indicators used to document systems change efforts reveal that the teams have successfully:

- Expanded the numbers of teams in their states
- Increased the diversity of the teams
- Increased teams capacity to conduct Person Centered Planning
- Increased teams abilities to train and increase the capacity of others
- Increased the use of effective transition planning strategies

No youth change data was reported by these states.

**Objective 1.3: To Provide Technical Assistance to Public and Private Agencies, Institutions and Organizations that are Responsible for: 1) Infant and Toddler Services, 2) Preschool Services, 3) Educational and Related Services; and 4) Transitional Services, in Order to Establish Effective Practices Which Increase Local Services and Personnel Capacity**

The purpose of the third technical assistance objective was to provide the framework for the technical assistance planning and delivery process used by the project. The process was flexible and fit the needs of specific states, in combination and individually. The first activity of this objective was inherent with the needs identification process described for Objective 1.1 and entailed the gathering of need assessment information to guide the actual planning process. This information was combined with other identified needs, such as the recommendations from individual project site reviews and needs information collected directly from state and multi-state project staff. The second and third activities addressed developing technical assistance activities related to these needs and the implementation, follow-up and evaluation of the technical assistance activities. A formal Technical Assistance Agreement (TAA) was developed consistent with the needs identified in the state Technical Assistance Plan. These TAAs specifically delineated the outcomes; content, methods, practices, and strategies to be focused upon; fiscal and personnel resources and responsibilities; and timeliness for each activity. In addition to the formal state specific Technical Assistance Agreements developed, a comprehensive array of technical assistance activities was implemented by NTAC. This array included:

- State specific, technical assistance identified and delivered through formal TAAs
- State specific, technical assistance identified and delivered through semi-formal TAAs
- Area meetings
- National workshops held on state prioritized topics and effective practices
- Focus Groups

*(Note: additional national meetings such as the Annual Project Directors meetings and the national family activities are discussed under their respective objectives.)*

**Summary for Objective 1.3**

**Formal State and Multi-State Technical Assistance Agreements**

At the end of the five-year grant cycle, 270 state specific Technical Assistance Agreements (TAAs) had been developed and implemented. No-cost extension dollars (from TRACES and TAC) were used to fund 1st year TAAs. Most activities during Year 1 included needs assessment and not new TA. Of these 270 TAAs, 203 were completed with evaluation data submitted. These TAAs addressed both state and multi-state activities and they consisted of single, discrete activities or a series of multiple activities based upon the specific Technical

Assistance Plan, which they were developed to support. A variety of recipients, content areas, and TA delivery formats were targeted in the TAAs. Although these TAAs were developed with a variety of recipients, the largest percentage were written with state deaf-blind project staff.

**Content.** The content of the TAAs was dependent upon the specific Technical Assistance Plan (TAP) and developed to help achieve the identified outcomes in the TAP. Although the majority of the TAAs addressed training of practitioners and parents, a range of content areas were addressed including systems change and development activities as well as deaf-blind specific training. Table II-7 illustrates the various content areas addressed in the specific TAAs.

**Table II-7. Content Areas Addressed in Technical Assistance Agreements (TAAs)**

Content Area	Number	Content Area	Number
Strategic Planning	53	Overview of Deaf-Blindness	15
Effective Practices	34	Usher Syndrome	13
Parent/Family/Consumers	32	Person Centered Planning	13
Technical Assistance Planning	30	Evaluation	10
Communication	28	Identification/Census	8
Transition	25	Local/State Team Partners	8
Team Building & Collaboration	22	Supported Living	8
Technical Assistance Delivery	22	Behavior Management	5
Supported Employment	22	Functional Vision	4
Curriculum/Methodologies	20	Orientation and Mobility	3

As with the recipient and the content for each TAA, the format in which the identified technical assistance was delivered varied greatly depending upon the needs identified in the planning process. The format for individual TAAs varied from planning meetings less than a day in duration, to week-long trainings. The use of consultants within the activities included:

- 55 activities which used only NTAC staff,
- 30 activities which used NTAC and outside consults in combination, and
- 91 activities that relied on external consultants.

However, over the five-year period more NTAC staff were utilized more frequently, often at the state's request.

**Numbers of participants.** Approximately 4926 individuals, representing a wide range of providers, as well as 821 family members, and 107 consumers have been recipients of the 270 NTAC TA activities. Table II-8 illustrates the breakdown of participants in formal TA activities for each year of the project. Persons representing groups who had the highest numbers of participants in TA activities include:

- Teachers
- Related service personnel
- Family members
- Adult service personnel

**Table II-8. Participants in Technical Assistance Activities**

	1997	1998	1999	2000	2001	Total
Family Members	0	235	252	152	182	821
Consumers	0	9	51	26	21	107
Teachers	10	417	273	234	131	1065
Consulting Teachers/Specialists*	.	0	38	145	103	286
Related Service Personnel	3	311	321	206	119	960
Para-Roles*	.	0	34	80	33	147
Adult Service Personnel	0	123	293	194	54	664
Administrators*	.	1	49	86	48	184
Others	0	53	141	94	50	338
Not Specified	0	152	87	115	0	354
<b>Total Number of Participants</b>	<b>13</b>	<b>1301</b>	<b>1539</b>	<b>1332</b>	<b>741</b>	<b>4926</b>

(\*Note: data were not collected prior to April 1999.)

**Children and youth benefiting.** In addition, over 18,500 children and youth have potentially benefited from NTAC's TAA activities. This number does include a duplicative count across training and years. These include infants, toddlers, preschoolers, school-age children and young adults who are deaf-blind, as well as their families. Table II-9 illustrates the breakdown across age ranges. Young adults (13+) appear to be the largest age group impacted by NTAC TA.

**Table II-9. Children/Youth Benefiting from Technical Assistance Activities**

	1997	1998	1999	2000	2001	Total
<b>Total Children and Youth to Benefit</b>	<b>7</b>	<b>4270</b>	<b>7102</b>	<b>5297</b>	<b>1904</b>	<b>18580</b>
DB Infants to Preschool Benefit	0	545	851	487	242	1686
DB School-age to Benefit	7	825	1234	601	166	2833
DB Young Adult (13+) Benefit	0	995	1892	1411	461	4759
<b>Total Deaf-Blind to Benefit</b>	<b>7</b>	<b>2382</b>	<b>4011</b>	<b>2626</b>	<b>881</b>	<b>9907</b>
<b>Total Others to Benefit</b>	<b>0</b>	<b>1888</b>	<b>3109</b>	<b>2671</b>	<b>1023</b>	<b>8691</b>

Many additional children with disabilities appear to have also benefited from NTAC's TA activities as illustrated in the following Table. These data may count some of the same children across trainings and across years.

**Specific State Technical Assistance Agreement Evaluation Measures**

A variety of evaluation activities were negotiated with the states in the state specific TAAs and collaboratively conducted by project staff. These varied by state and were often dependent upon the state to collect follow-up data and change measures. Evaluation measures related to the TAAs included:

- NTAC satisfaction measures
- Non-NTAC satisfaction measures
- Kaizens for formative decision-making
- Demographic information
- Process information
- Change in Awareness



- Change in Knowledge and Skill
- Change in Systems and Capacity Building
- Narrative outcome and impact statements
- Case examples

**Satisfaction measures.** Satisfaction was conducted on 147 of the possible 270 TA activities (83%) conducted. Of the 147 satisfaction scores submitted, 98 (67%) were conducted using the NTAC developed 4-point satisfaction rating scale. This scale assesses:

- Overall satisfaction with the technical assistance activity
- Satisfaction with the activities organization
- Satisfaction with the learning activities and accomplishment of the objectives stated for the activity.

Table II-10 summarizes the range and mean scores of the satisfaction evaluation measures for the TAAs activities completed. Overall satisfaction scores revealed that participants have been extremely satisfied with NTAC state specific TA activities.

**Table II-10. Range and Mean Scores of Satisfaction Evaluation Measures**

Evaluation Measure Conducted	Number Conducted	Percent of Total	Range	Mean
NTAC Satisfaction Rating	98	66.7		
Overall Rating	94	95.9	1.35	3.66
Organization Rating	90	91.8	1.73	3.58
Activities/ Objectives Rating	92	93.9	1.21	3.74
Non-NTAC Satisfaction Rating	49	33.3		
Overall Rating	45	91.8	1.46	3.61
Organization Rating	35	71.4	1.50	3.60
Activities/ Objectives Rating	39	79.6	1.44	3.64

**Kaizen** techniques, or the simple brainstorming of what worked and what did not work with a TA activity were conducted during, and after many activities in order to provide information to make “mid-stream” and after the event changes in agenda, activities, content, etc for the event.

A variety of **process information** was also collected during the five years of the project. This information was used both formatively and summative for project management decisions and impact analysis. Data were collected across the following variables:

- Relationship of the TAA to the long range Technical Assistance Plan
- Type of consultants delivering the TA
- Level of TA (Planning, Short-term, Long-term)
- TAA focus/content areas
- TA and System’s Change strategies used
- Technical Assistance Delivery format

Eighty-six percent of state specific TAAs were in agreement with and supported the states long range Technical Assistance Plan. Thirty-three activities addressed state planning needs, 115 were short term activities and 42 were long term or state initiatives. The technical assistance strategies most commonly employed were: (a) training for personnel development and individual capacity building; and (b) TA planning.

Systems intervention and change strategies employed most frequently included: (a) strategic planning for project initiatives; (b) initiative implementation including model development and field testing; and (c) training related to the initiative

**Change** measures collected in collaboration with participating states related to evaluating **Changes in Awareness, Changes in Knowledge and Skills, and Systems Change** as a result of the TA activities.

**Changes in systems and capacity building.** These measures were collected through an NTAC developed matrix designed to track the types and levels of system intervention and capacity building used in a state specific initiative. Appendix D presents the matrix and examples of performance indicators that were used to track movement in systems related to capacity building and change. This system’s intervention movement provided information related to successful strategies and captured the transition of activities from short-term, one-time trainings to model development/field-testing on local level and state levels to refinements, replications and/or expansions within the local or state initiative. Differing stages of the states system’s interventions were documented as planning, development, implementation, and evaluation.

For example, in Delaware the states Community Employment Initiative grew in time from planning and awareness activities, to the development of an interagency partnership to plan and develop the initiative to the interagency implementation of the model, resulting in the employment of several deaf-blind adults in the community. This change in systems capacity was tracked on the matrix over a several year period of time.

**TAA outcomes.** Outcome data were randomly collected upon the completion of state specific TAAs. The follow are a sample of outcome and impact statements most commonly reported by deaf-blind project staff and state specific TA recipients. Table II-11 shows these general outcomes. These statements are perceptions of change and are not documented by observations.

**Table II-11. Outcome and Impact Statements**

	<b>Outcomes</b>
Child	None
Effective placement practices	<ul style="list-style-type: none"> <li>• Increased teaching skills and individual capacity of teachers and related servers</li> <li>• Increased interpreters capacity and skills related to deaf-blindness</li> <li>• Increased paraprofessionals skills and capacity</li> <li>• Increased transition planning with adult service providers</li> </ul>
Project capacity	<ul style="list-style-type: none"> <li>• Increased projects’ evaluation knowledge and capacity</li> <li>• Increased capacity related to needs assessment</li> </ul>

	<b>Outcomes</b>
Family	<ul style="list-style-type: none"> <li>• Increased awareness of family skills specific to their child, as well as general deaf-blindness</li> <li>• Increased parent participation in child's special education</li> <li>• Increased parent leadership skills</li> <li>• Increased family organization capacities</li> </ul>
Systems	<ul style="list-style-type: none"> <li>• Increased capacity related to statewide Usher Syndrome screening and identification</li> <li>• Increased collaborative systems of services and strategic planning</li> <li>• Increased administrator knowledge and commitment to needs of deaf-blind students</li> <li>• Increased personnel and systems capacities for effective transition services</li> <li>• Increased systems capacity related to effective TAA and training</li> <li>• Increased systems collaboration and community employment outcomes</li> </ul>

**Case examples** were collected to document services, relationships, conditions, outcomes, and reflections (attitudes, motivations, dreams) that occurred in an individual's life. Case examples were used as formative and summative evaluative measures to show effectiveness and to attempt to connect services, strategies, and relationships to positive outcomes. These case examples were also used as needs assessment to demonstrate services, effective strategies, or positive relationships. Three examples can be found in Appendix E.

### **Semiformal Technical Assistance Action Plans**

Semiformal technical assistance activities were those activities that were provided by NTAC, but which were not directly tied to, or identified in the recipient's Technical Assistance Plan. Semiformal activities were defined as low cost that entailed no more than one day of staff time to implement. Activities considered semiformal included: assisting states to facilitate a meeting; speaking at local, state, or project advisory boards; assisting in the assessment strategies for a child; or demonstrating techniques in a classroom.

Semiformal technical assistance activities were developed on NTAC Action Plans and documented the outcomes and activities of the TA being provided. These activities included:

1. Planning and developing core training teams
2. Providing transition planning information training for consumers with Usher Syndrome
3. Providing training to become Support Service Providers
4. Conducting personal futures planning workshops
5. More in depth needs identification and assessment
6. Awareness training related to deaf-blindness
7. Presenting to state and multi-state project advisory boards
8. Providing information on interpreters
9. Developing best practice dissemination networks
10. Facilitating team building; increasing family involvement and participation
11. Development and conducting specific statewide evaluation activities

**Satisfaction.** These data were randomly collected on the semi-formal activities and average satisfaction ratings were of 3.64 on a four-point scale.

**Informal Technical Assistance Activities**

Informal TA activities were defined as those activities, which cost less than \$100.00 to deliver and entailed less than one day of staff time. These activities did not have measurable outcomes other than documentation of information sent; resources accessed and telephone coordination and calls. The majority of informal TA was documented on the Coordination and Collaboration Summaries.

**Topical Workshops and National Trainings**

NTAC conducted a variety of national workshops and activities, (in addition to the annual Project Directors' meeting) throughout the five years of the grant. These activities ranges from Area orientation meetings and Area meetings, to national workshops held on state prioritized topics and effective practice, to Focus Groups.

**Area orientation meetings.** One of the major activities of the project's first year included the planning and organization of the stakeholders' meetings necessary for the initial technical assistance needs identification process to be held within each state. In order to lay the initial groundwork for this needs identification process, as well as to disseminate the work scope and technical assistance model to be used by NTAC, four Area Orientation meetings were held in Atlanta, St. Louis, Philadelphia and Sparks, Nevada. The goals of these meetings were to disseminate information related to the workscope of the newly funded NTAC project and to increase the participants' knowledge of:

- Procedures for the identification and assessment of children and young adults who are deaf-blind
- Strategies, which the project would use to identify, plan and deliver training and technical assistance
- Service systems within states
- Effective strategies to increase coordination and collaboration between agencies

Two hundred and fifteen (215) individuals representing 50 states and territories attended the four Area Orientation Meetings (Table II-12).

**Table II-12. Area Orientation Meeting State Representation**

Area	# of Participants	# of States Attending	States Attending
Area I - January 22-24, 1997 Sparks, Nevada	58	13	AK, AZ, CA, CO, Guam, ID, MI, MT, NV, NM, OR, UT, WA
Area II - February 26-28, 1997 St. Louis, Missouri	52	12	HI, IA, IL, IN, MN, MO, NE, ND, OH, SD, WI, WY
Area III - February 5-7, 1997 Atlanta, Georgia	54	13	AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX
Area IV - March 19-20, 1997 Philadelphia, Pennsylvania	51	12	CN, DE, DC, MA, ME, MD, NJ, NY, PA, RI, VA, VT

**Participant satisfaction.** Satisfaction measures for the organizational and learning activities were conducted within each of the four Area Orientation meetings. Overall satisfaction for the four meetings was 3.3 (four point scale), with a range from low of 2.64 to a high 3.59. The project staff used individual meeting evaluations to revise and refine the agenda and content of subsequent meetings.

**Area meetings.** Based upon needs assessment information gathered through NTAC's Interest Survey process, Site Review recommendations, and requests from the state Deaf-Blind project Directors and staff, Area meetings were also held in 2001(project year 5). These Area meetings were funded on a cost-sharing basis with each participating state and NTAC. Although the meeting planning and logistical arrangements were facilitated by the NTAC Technical Assistance Specialists, the specific content and agenda were planned by the states working in collaborative workgroups with NTAC. A variety of content was presented dependent upon the needs identified in the specific area. These topics included:

1. TA and training strategies for delivering services at a distance and video technology
2. Outcome evaluation
3. Interveners
4. TA to Families
5. Providing TA with limited resources
6. Sharing resources across state lines
7. Central Auditory Processing Disorder
8. Alternate Assessment
9. Collaboration with Part C
10. Critical problem solving skills
11. Family services

Ninety-four (94) participants from 40 states participated in the Year 5 area meetings. A variety of evaluation measures were conducted dependent upon the Area meetings and their respective identified outcomes. Participant satisfaction averaged 3.7 on organizational satisfaction and 3.88 for learning activities (4 point scale) across the workshops.

Immediate outcomes reported as a result of the Area meetings include:

- Implementation of new TA and training strategies based on video technology
- Collaborative TA and training across states
- Project resource and skills sharing
- Increased inter-state collaboration and sharing throughout the region
- Increased knowledge of CAPD
- Increased knowledge of family services and family needs
- Inter-state support networks for exchange of ideas and resources
- Established inter-state support networks and systems of information exchange between projects
- Plan future strategic collaborative activities
- Increased referral activities with Part C systems

Table II-13 indicates the number of participants, states, and territories, which participated in their respective Area meeting.

**Table II-13. Area Meeting Descriptions**

Area	Number of Participants	Number of States/Territories Attending	Specific States Attending
Area I - August 24-25, 2001 Portland, Oregon	24	11 of 14	AK, CA, CO, ID, MT, NM, OR, PB, UT, WA, WY
Area II - August 16-18, 2001 Minneapolis, Minnesota	19	10 of 11	IN, IA, KS, MI, MN, NE, ND, OH, SD, WI
Area III - July 16-17, 2001 Atlanta, Georgia	26	10 of 14	AL, AR, GA, KY, FL, MS, PR, SC, TN TX
Area IV - Dec. 3-4, 2001* Philadelphia, PA	25	9 of 11	DE, MD, NH, NJ, NY, PA, VT, VA, WV

Additional Area meetings were held during the annual Project Directors Meeting in Washington, DC. These meetings provided opportunities for sharing information and strategies across states, planning collaborative TA activities and dissemination of information specific to an Area.

**National workshops.** Throughout NTAC's five-year grant cycle, a variety of topical, national workshops were held throughout the country. Topics for the workshops were based on annual needs assessment with the projects, as well as national issues of significance based on federal direction and IDEA '97 (i.e. alternate assessment, access to the general education curriculum). These workshops, as were the Area meetings, were funded on a cost-sharing basis with each participating state and NTAC. Although the meeting planning and logistical arrangements were facilitated by the NTAC Technical Assistance Specialists, the specific content and agenda were planned by the states working in collaborative workgroups with NTAC. The intent of the outcomes targeted for each was the enhancement of project capacity and capacity building related to the identified topics for each. Language translators for non-English speaking participants and interpreters (ASL and tactile), as well as Brailed and large print materials were provided for the national topical workshops. A total of 16 national workshops were conducted. Table II-14 details the number of individuals and states participating, the major content presented, and participant satisfaction scores for each workshop.

**Table II-14. National Workshop Descriptions**

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
National Evaluation May, 1997 Nashville, TN	Logic modeling Project evaluation Outcome evaluation strategies	56	30	3.67	Increased state project evaluation capacities; Increased in effective TA planning
Cohort Workshop July, 1998 Kansas City, MO	State Local Team Partnership building	52	11	3.81	Expanded teams; Increased diversity; Increased PCP; Increased training capacity; increase effective transitions
Program Planning San Diego, CA Feb 18-19, 1999	Note: The Programming Planning workshop was presented in three cities with participants choosing the location of their	144 (62)	50 (22)	3.65 (3.66)	Increased existing project capacities in: grant management, application budgeting and evaluation
San Antonio, TX Feb 22-23, 1999		(34)	(13)	(3.740)	

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
Orlando, FL Feb 25-29, 1999)	attendance.  Content addressed grant management, needs assessment and strategic planning	(48)	(15)	(357)	
Alternate Assessment August 30-31, 1999 Salt Lake City, UT	IDEA 97 alternate assessment requirements, strategies for alternate assessment and functional programming	45	44	3.61	Increased awareness on IDEA alternate assessment requirements, strategies for collaborating in SEA AA development activities, and AA strategies
New Project Directors Meeting October 19, 1999 Washington, DC	Orientation of new state DB project directors and staff	17	8	3.91	Increased newly funded projects capacity related to program requirements and grant management
Systems Intervention for Transition October 19, 1999 Washington, DC	Systems change and intervention issues for transition services and systems development	63	N/A	3.90	Increased projects understanding and capacities for developing interagency transition models
IDEA as a Catalyst for Change October 19, 1999 Washington, DC	Overview of general systems change strategies and issues which IDEA 97 present to initiate change	80	N/A	3.64	Increased projects systems intervention strategies, knowledge and skills
Using Distance Learning Methods to Deliver TA and Training February 24-24, 2000 Albuquerque, NM	Distance learning strategies ranging from low tech to high tech, goodness of fit model, effectiveness of DI and overview of existing DB DL	44	26	3.84	Developed state project capacity in distance education and the development and implementation of several distance education training activities
Effective TA Strategies May 1-2, 2000 Towson, MD	TA strategies to encourage and implement systemic change efforts	40	20	3.87	Increased states knowledge and skills related to effective TA and moved states from activity to initiative based TA
Strategies for Effective Family TA June, 26-27, 2000 Bloomington, MN	Family support systems, coping and grieving; school based community services; effective family TA	27	18	3.56	Increased project staff understanding and skills related to family focused TA
Teen Seminar with AADB July 29-Aug 4, 2000 Columbus, OH	Self determination and teen mentoring, problem solving and support to state projects on TA	15	9	3.22	Increased participants knowledge and skills related to self-determination, resources and support
Accessing the General Education Curriculum	Strategies for the inclusion of students in the general	52	28	3.68	Increased project staff understanding of IDEA's gen ed requirements and

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
February 12-13, 2001 San Diego, CA	education curriculum and in natural environments				awareness of strategies for services in regular education settings
CAPD/CVI April 20 to May 2, 2001 Austin, Texas	Strategies for intervention and assessment of CAPD and CVI	97	41	3.79	Increased participants understanding and skills for assessing and providing intervention to students with CAPD/CVI.
Train the Trainer Workshop Minneapolis, MN August 20-22,2001	Specific state team training on self determination curriculum	11	3	3.9	Increased participant teams capacities to train within their own states and replicate the content of the training.

The results of these meetings included to increase the capacity, awareness, and understanding of the topic with the participants, while stimulating the desire for more intensive state specific TA. Inherent within each workshop was the development of an action plan detailing the participants' implementation of the information upon return to their home states. Follow-up evaluation of these action plans indicates a broad range of implementation, with the majority of having been partially implemented at the point of follow-up. More importantly however, is the fact that state specific technical assistance was identified as a need and requested by at least one or more state attending each workshop.

**Focus groups.** NTAC staff participated in and sponsored several Focus Groups in the past five years.

Project Forums (NASDE) focus group on Educating Children and Youth Who are Deaf-Blind: Review of Issues and Directions for Federal Support was held in Alexandria, VA on July 22-24, 1998. The purpose of the meeting was to identify strengths and weaknesses in the federal deaf-blind program, service delivery systems and to make recommendations for future federal support. Participants included representatives from NTAC; national, state and multi-state, and university federally funded model demonstration projects in the field of deaf-blindness, as well as parents and family advocates, SEA staff, consumers who were deaf-blind, and members of the National Coalition on Deaf-Blindness. These representatives provided 8 specific recommendations and concluded that a strong federal presences in the area of deaf-blindness should be maintained including continuance of a national technical assistance project, a national clearinghouse, state and multi-state technical assistance projects, and model demonstration and research projects.

At the direction of NTAC's Federal Project Officer, NTAC sponsored a Focus Group in March of 1999 to provide input and direction to OSEP related to the state and multi-state external **Site Review** process. This meeting, which was also held in Alexandria, VA and was attended by six state Deaf-Blind Project representatives, 2 family representatives, NTAC staff and NTAC's Federal Project Officer. Specific recommendations related to the process, instrumentation, and materials to developed for the site reviews. Upon the conclusion of the meeting, NTAC staff at the direction of the NTAC Federal Project Officer, developed draft process and data collection materials. These were disseminated to the participants for feedback and edits, returned to NTAC and revised, and forwarded to the Federal Project Officer for OSEP approval and distribution.



### **Objective 1.4: To Provide Technical Assistance to Parents and to Family Members to Inform, Empower and Develop Skills in Advocating for and Participating in Effective Service Systems for the Family Member who is Deaf-blind**

The purpose of this objective was to provide the framework for the technical assistance planning and delivery process for families. The process was flexible and fit the specific needs of families identified in the state Technical Assistance Plans and Technical Assistance Agreements, as well as family activities conducted nationally. This objective was a collaborative effort between NTAC, state and multi-state deaf-blind projects, the Helen Keller National Center and other organizations such as NFADB and the Hilton/Perkins project. The objective included conducting family needs assessment; the development, implementation, and follow-up of technical assistance activities; providing technical assistance to new and existing parent organizations; and disseminating written information to parents.

#### **Summary for Objective 1.4: State Specific Activity**

NTAC provided a variety of state specific TA to 9 family organizations in 9 separate states. This TA has resulted in increasing parents' capacity to:

1. Self-govern
2. Collaborate with other family organizations and state Parent Training and Information Centers
3. Fund raise
4. Implement a variety of family activities, in collaboration with, and independent of, the state deaf-blind project
5. Participate as an active partner in their child's education
6. Plan for effective transitions

Additional state specific activity has included training and family weekend involvement in 14 states: Washington, Texas, Alabama, Florida, North Carolina, Virginia, Maryland, Pennsylvania, New York, Connecticut, Massachusetts, New Hampshire and Maine.

#### **Major Outcomes Resulting from State Specific TA**

There were a number of significant outcomes from the family-specific technical assistance agreements.

1. Parent and family members gained knowledge and skills in organizational development and strategic planning resulting in the identification and implementation of organizational goals and objectives.
2. Parent and family members gained knowledge and skills in advocacy and leadership to assist them in obtaining appropriate services for their child who is deaf-blind.
3. New parent organizations/networks were formed.
4. Inactive parent organizations were revitalized.
5. Parent to parent networks were strengthened.

#### **Summary for Objective 1.4: National Activities**

In addition to these state specific activities, NTAC has conducted a variety of national technical

assistance activities including:

- Conducting needs assessments to identify family issues and topics for national TA
- Developing and disseminating a variety of family Fact Sheets and products (i.e., *Parent Perspectives and Communication Fact Sheets*)
- Sponsoring family participation in a variety of national family meetings and OSEP sponsored activities (i.e. Pacer conference)
- Conducting five annual family conferences in collaboration with NFADB and/or Hilton Perkins
- Conducting three annual trainings for state deaf-blind project Family Specialists in collaboration with Hilton Perkins

### **Needs Assessments**

Two needs assessments were collected during the project funding period. Approximately 400 parents completed the needs assessments and returned them to NTAC. The needs assessments were used to: (a) determine topics for NTAC's annual family workshops; and (b) to determine the issues that were of greatest concerns to parents across age ranges as well as etiologies. The topics of communication, educational instruction, and transition were consistent areas of concern and priority.

### **Product Development**

Several products were developed specifically for families. These included:

1. *Parent perspectives on communication, behavioral, instructional strategies and suggestions from families with a child who is deaf-blind* (1998)
2. *Communication at home and in the community: Helpful strategies and suggestions from parents and families of a child who is deaf-blind* (1999)
3. *A transition tool kit for parents and families with a deaf-blind child* (2000)
4. *Communication fact sheets for parents and families with a child who is deaf-blind* (2002)

### **Family Sponsorships**

In addition to support for attending NTAC's annual Family Conferences, NTAC sponsored two parents to attend the National Parent Alliance in Washington, DC. These parents were asked to assist NTAC in cultural and ethnic diversity issues and to participate in a national network that trains parents and which addresses culturally diverse issues.

### **Family Conferences**

NTAC collaborated in and/or sponsored five national family workshops which included:

**Year 1: National Hilton/Perkins Conference on Deaf-Blindness (June, 1997).** The major technical assistance effort for parents occurring in NTAC's first year was held in conjunction with the National Hilton/Perkins Conference on Deaf-Blindness held in Washington, DC in June of

1997. The conference activities addressed a broad range of topics related to deaf-blindness. Through an application process, parents were selected for participation. This application process was coordinated through the state and multi-state projects. Of the approximately 100 applications, which were received, NTAC provided fiscal and logistical support to 30 parents, from 30 differing states, to attend the conference. Parent's needs and interests were equally distributed among the early childhood, school-aged and young adult age groups.

**Year 2: Going for the BEST: Building Excellence and Strength Together (July, 1998).**

Year two's family workshop, held in St Louis, MO, provided a facilitated discussion in the areas of communication, behavior and instruction. The outcome of this facilitated discussion was the generation of a list of critical issues related to behavior, communication and instructional needs of students who are deaf-blind. Additional agenda items included updates on national issues, DB-LINK and effective strategies for sharing and disseminating information. 70 parents representing 30 states and 56 professionals from NTAC (13), DB-LINK (2), HKNC (10), NFADB (13), the Hilton/Perkins Project (1) and seventeen (17) state and multi-state project directors attended the conference. Parent applicants were selected based on their child's age, degree of disability and their willingness to disseminate information generated at the conference upon their return to their home state. The parent's attendance was logistically and fiscally supported by NTAC. Participant satisfaction with the conference was rated 3.68 for its organization and 3.76 for its learning objectives and activities. Participants were particularly pleased with the conference facilitator, organization of the conference, the provision of second language and sign language interpreters, and the opportunities for interacting with other parents. Participants also indicated that they would have liked the conference to be longer, however, no additional content areas or agenda items were identified. Change in the Knowledge and Skills of the participants was also measured. Although 41% of the participants indicated that they had a good knowledge base prior to the conference, 86% indicated that they definitely gained new knowledge and 90% indicated that they definitely gained something useful and were motivated to seek additional information. Action Plans were developed by the participants in order to identify multiple dissemination strategies and to target multiple recipients of the conference information. The most frequently cited recipients of the critical issues list were other parents and families (60%), special educators (48%) and Part C programs (30%). The most frequently targeted dissemination strategies included phone calls (42%), letters, and newsletter articles (38). Follow-up measures of the levels of implementation of the 25 developed Action Plans indicated that 13 were fully implemented and, 4 were partially implemented and 8 were not implemented.

**Year 3: "Important Practices in Communication" (August, 1999).** One Hundred and five (105) parents from 37 states and approximately 45 professionals attended the 1999 Family Workshop, held in New Orleans, LA. "Important Practices in Communication" was the topic of the workshop. Families identified facilitators and inhibitors to their child's communication and a variety of age specific (i.e.; B-5, school-aged and secondary) concurrent sessions were held. Families generated tips for parents for facilitating communication in home and community. NTAC again assisted family's attendance with the cost of the conference and logistics. Participant satisfaction (measured on a five-point scale) with the conference was rated 4.41, for its organization, 4.86 for the knowledge and skills of the presenters and 4.59 overall. Although many participants indicated that the conference should have been longer and that the facility was difficult to hear in, overall they were pleased with the content of the sessions, the conference facilitator, organization of the conference, the provision of second language and sign language interpreters, and the opportunities for interacting with other parents. Change in the Knowledge and Skills measures indicated that 48% of the participants indicated that they had a good knowledge base prior to the

conference, 100% indicated that they definitely gained new knowledge and 100% indicated that they definitely gained something useful and were motivated to seek additional information. 975 of the participants indicated that they had gained new skills. The participants developed twenty-nine Action Plans. As in the previous year, multiple dissemination strategies and targeted recipients of the conference information were the most frequently indicated actions listed.

**Year 4: “Transitions: They Happen all the Time (August, 2000).** Held in Salt Lake City, Utah, the “Transitions’ workshop was attended by 85 families and 22 professionals from 31 different states. Based on parent needs assessment data, the workshop addressed critical transition issues for young children and students who are deaf-blind across ages. The workshop focused on issues and stressors experienced during transitions, coping strategies to alleviate stress and conflict, resources and services needed for a successful transition and IDEA transition requirements and practices. All participants received a “Transition Tool Kit” for use upon returning home. NTAC again assisted family’s attendance with the cost of the conference and logistics. Families were selected in order to maximize representation across the country, to maximize the diversity of families and across a birth through 28 age-range. Participant satisfaction with the conference was rated 3.91 for its organization and 3.84 overall. Participants were particularly pleased with the resources provided and age-specific breakouts. Several participants indicated that they wished NTAC could fiscally support the attendance of their entire family. Change in the Knowledge and Skills of the participants was again measured. Although 61% of the participants indicated that they had a good knowledge base prior to the conference, 100% indicated that they gained new knowledge and 100% indicated that they gained something useful and were motivated to seek additional information. All respondents also indicated that they learned new skills related to transition. Action Plans were developed by 48 of the participants in order to identify strategies which they would implement and share the information with others upon returning home. Commonly cited actions included sharing and using the information learned at the conference with their child’s IEP team and in their child’s transition plan. Follow-up on ten of the Action Plans randomly selected indicated 6 were fully implemented and 4 were partially implemented.

**Year 5: “An International Celebration of Empowerment: Sharing Dreams and Visions for Children and Young Adults who are Deaf-Blind” (August, 2001).** The final family workshop was held in collaboration with the Hilton/Perkins project in Miami, FL. This meeting was unique in that as well as being attended by 70 families from the United States, it was also attended by 40 parents from 13 Latin American country. Participation of the Latin American participants was made available through the Hilton Perkins Project: Fundacion Once Latino Americo. Forty professionals from the United States, Spain and Latin America were also in attendance. Simultaneous native language translation occurs throughout the meeting for both Spanish and English speaking participants and materials were available in both languages. The meeting included family panel and consumer panels, personal futures planning, an international exchange of services and systems, and several small group discussions and sing alongs! Satisfaction and Change of Knowledge and Skill measures were not collected due to the difficulty in accurately translating the content and purpose of the information. In contrast, participants were asked to describe their achievements and issues to be overcome in relation to their children. Not surprisingly, families from Latin America continue to prioritize parent networks, funding and recognition for the need for public education for their children and more global social and educational issues related to deaf-blind individuals and services. Latin American parents expressed a strong sense of establishing a Latin America network and support system, as well as the need for a regional census. In contrast, many parents from the United States recognized the difference in

services available to their children and reported an increased empathy and level of support for those individuals without services or who are underserved from the perspective of their own child's educational system.

### **Major Outcomes Resulting from National Parent and Family Activities**

A number of significant outcomes resulted from the National Parent activities.

1. Parent and family members gained knowledge and awareness of federal and state initiatives and how these initiatives relate to deaf-blind services (e.g. IDEA, waivers, Ticket to Work, Family Support Act, universal screening).
2. Parent and family members gained knowledge and skills in research-based effective practices (e.g. communication, transition, person-centered planning) as relates to deaf-blindness and appropriate IEP planning and development.
3. Parents and family members gained knowledge and skill in research-based effective practices (e.g. communication) as relates to deaf-blindness and the application of appropriate, functional strategies in the home and community.
4. Parent and family members increased parent to parent and parent to professional partnerships.
5. Parent and family members increased knowledge, awareness and utilization of state and national resources.
6. Identification and dissemination of parent and family perspectives on communication, behavioral and instructional strategies for children with deaf-blindness.

### **Summary of Objective 1.4: Family Specialist Activities**

NTAC sponsored three national trainings for state and multi-state staff working as Family Specialists. In some states these individuals were family members of children in deaf-blindness and in others they were professionals. However, all participants worked directly with families of deaf-blind children in their respective states and projects. Although the topics of these trainings changed from year-to-year, their primary purpose was to increase the personal capacity, knowledge, and skills of those individuals providing services to families. The Family Specialist trainings were co-sponsored and collaboratively planned with the Hilton/Perkins project. NTAC and Hilton/Perkins assisted participants in the costs of attending the trainings. The following describes the three trainings.

#### **Family Specialists -The Critical Link (October, 1998)**

Held in St. Louis MO, the purpose of the first family Specialist training was to identify and provided strategies for dealing with the mental issues that impact many families of children with disabilities. Topics included defining the roles and responsibilities of a family specialist, separating personal from family values and addressing the impact that family specialists have on others. Strategies for identifying and being sensitive to families were explored as well as methods to develop appropriate family service plans. Family Specialists attended the meeting

from 12 state deaf-blind projects, 8 NFADB representatives, 2 NTAC and 1 HKNC representative. Evaluation of the meeting was conducted by Hilton/Perkins (rather than on an NTAC satisfaction or change of skills and knowledge measure) and consisted of a Kaizen approach to what worked, did not work. Analysis of narrative statements gathered through this approach indicated that overall participants gained new insight and understanding of families of children with disabilities, as well as skills for conflict resolution. Comments on what did not work were aimed at facilities and not the content of the meeting.

### **Family Specialists - Self-Discovery - Impact on Families (June, 2000)**

The second family specialist meeting was held in Minneapolis, MN. The meeting was attended by 1 HKNC representative, 2 NTAC staff, 11 state and multi-state family specialists, 14 NFADB representatives and 1 representative from Hilton/Perkins. Seen as a sequel to the previous Family Specialist Workshop, this meeting provided more in-depth training and exploration on listening and communication skills, boundaries and conflict management resources and strategies to address burnout, balance and staff support issues. Overall satisfaction with the meeting was 3.81 with 3.93 reported for the learning activities. Change of knowledge and skill measures indicated that although all participants had a general knowledge of the topic prior to the meeting, all developed new skills, motivation and the willingness to share the information learned with others. Although Action Plans were not developed, follow-up conducted one year after the training indicated that the use of improved communication skills and stronger networking among the family specialists.

### **Parents Working with Parents: An Experiential Workshop (June, 2001)**

NTAC's final family specialist training was held in Chicago, IL. This was a by-invitation meeting for family specialists who had not previously attended a family specialist workshop and parent leaders identified as parents actively involved in a parent group and contributing to other families in their state. The workshop addressed strategies to enhance the work these leaders and specialists do with families including how personalities and gender impact interactions and relationships; listening skills; family of origins and its impact; stages of family life; and balancing your life between work, home and other commitments. Twenty-eight (28) individuals attended the meeting. Twenty-two of which were Parent Leaders or Family Specialists, 3 NTAC staff, 1 representative from HKNC, one representative from Hilton/ Perkins and one consultant. Satisfaction with the learning activities of the meeting was reported as 3.98 and the overall average satisfaction was reported as 3.81. Follow-up will be conducted in the summer of 2002.

### **Major Outcomes Resulting from Family Specialist Activities**

Four major outcomes resulted from the workshop:

1. Increased networking among the family specialists
2. Increased knowledge and awareness of interactive behavior skills needed to be effective when interacting with parents
3. Increased knowledge and awareness of different learning styles
4. Increased knowledge and awareness of conflict management strategies

## **Objective 1.5: To Provide Technical Assistance (TA) to Young Adults who are Deaf-blind in Order to Facilitate Self-advocacy and Self-determination**

The Purpose of this objective was to develop strategies and conduct activities to assist state and local service providers in building the capacity to train and support teens who are deaf-blind and their families in the acquisition of knowledge and skills leading to self-advocacy and self-determination.

### **Summary for Objective 1.5**

A collaborative partnership was established with Dr. Brian Abery and the University of Minnesota's Institute on Community Integration (UMICI) to enhance the outcomes and potential impact of this objective. The UMICI federal grant, Enhancing Self-Determination of Youth and Young Adults with Deaf-Blindness, is comprised of four activities which integrated with the NTAC self advocacy and self-determination objective. The UMICI grant objectives are as follows:

1. Conduct focus groups with parents, professionals and students to identify the capacities, barriers, and resources leading to self-determination;
2. Pursue a descriptive study of the self-determination capacities and opportunities, as well as ecological factors tied to self-determination;
3. Conduct an eco-behavioral study that involves going into classrooms to observe teacher/student and student/student interactions that increase or decrease the probability of students displaying self-determination behavior, and;
4. Conduct a review of self-determination curriculum for persons with disabilities and;
5. Develop a self-determination curriculum for students who are deaf-blind, parents and educators.

### **Focus Group Activities**

Due to the compatibility of the UMICI project with the NTAC objective on self-determination, the two projects joined forces to collaboratively conduct a series of focus groups to gather information on self-determination and youth who are deaf-blind. In the summer and fall of 1997, seven Consumer Focus Groups were conducted across the country. The purpose of these sessions was to obtain consumer input and to establish a knowledge base in the areas of self-determination and self-advocacy for young adults who are deaf-blind. The focus groups were conducted with young adults who are deaf-blind, parents of young adults who are deaf-blind and professionals who serve these individuals. Thirty-three students, nine parents and forty-nine professionals attended the focus groups. Dates, participants, and locations of each of the Focus Groups are indicated in Table II-15.

**Table II-15. Dates, locations, and participants in the focus groups**

Date	Location	Students	Parents	Professionals
<b>Focus Groups Conducted by NTAC</b>				
June 24, 1997	N. Carolina School for the Deaf Charlotte, NC	4	0	0
July 8, 1997	Helen Keller National Center Sands Point, NY	6	0	0
September 25, 1997	Louisiana School for the Deaf Baton Rouge, LA	7	0	0

Date	Location	Students	Parents	Professionals
<b>Focus Groups Conducted by the University of Minnesota with NTAC Assistance</b>				
June 6, 1997	Hilton Perkins National Conference on Deaf-Blindness Washington, DC	0	0	19
September 30, 1997	Perkins School for the Blind Boston, MA	0	5	12
<b>Focus Groups Conducted by the University of Minnesota</b>				
June 2, 1997	Minnesota State Academy for the Deaf Faribault, MN	5	4	18
August 19, 1997	Minnesota Deaf-Blind Services St. Paul, MN	11	0	0
<b>Total:</b>		33	9	49

The UMICI analyzed the results of the focus groups data. Both parents and professionals indicated that the top three domains related to self-determination were:

1. the development of skills
2. the development of resources
3. the development of knowledge

Additionally, the focus groups identified specific skills that impact the development of self-determination. Although the specific skills identified varied across parents, professionals and students, all three groups of respondents identified communication skills and self-advocacy skills as most important.

**Knowledge to support curriculum.** The focus group participants were also asked to identify the knowledge needed to support the development of self-determination. The three groups of respondents all indicated that knowledge on available resources and accessing service systems was most critical. Although continued education and training opportunities were next in importance to parents, they were less important to professionals, and of least importance to the students themselves. When asked to rate the attitudes and beliefs viewed as supportive of self-determination, self-esteem, self-confidence, and self-efficacy were of primary importance. Values, both personal and feelings of value demonstrated by others, were of least importance to the three groups of respondents. Unfortunately, and not surprisingly, the identification of barriers to enhancing individuals' self-determination generated one of the largest lists of responses from both professionals and parents

**Resources needed.** When asked to identify the resources needed to support professionals and families in enhancing an individuals self-determination skills, parents and professionals indicated educational, social-emotional, and personal supports as priorities. Not surprisingly, parents rated educational supports in relation to families as a priority. Priorities of all three groups of respondents related to the resource needs of students themselves, which included social, emotional, technological, and educational supports, as well as greater access to services.

Review of the process that was used and the data produced by the various focus groups identified an important missing respondent group needed for a comprehensive view of self-determination needs; adults who are deaf-blind. A number of adults who are deaf-blind have successfully transitioned to



various levels of independence. These adults have valuable real-life experiences relative to developing skills, knowledge, attitudes and beliefs, accessing resources, and overcoming barriers that affect their self-determination.

**Additional focus groups.** NTAC and UMICI felt that it was essential to identify experiences of this population before devising future TA strategies. Thus, two additional focus groups comprised of selected adults who are deaf-blind were conducted. One group included individuals between the ages of 21-35 years, and the second group included individuals over 35 years of age. The focus group including younger individuals represented a more contemporary set of experiences for current young adults. Individuals in the older group, however, represented a larger range of life experiences that are equally important to program planning. These additional focus groups were conducted in 1999 and the data obtained from them is summarized in Table II-16.

**Table II-16. Results of Adult Focus Groups**

<b>What is Self-Determination?</b>	
<b>Group 1</b>	<b>Group 2</b>
Achievement	Having dreams, goals, and a vision for the future
Responding to the challenges	Developing and maintaining a realistic outlook
Self-advocacy	Self-awareness of strengths and challenges
<b>What skills would enhance the self-determination of teens and young adults who are deaf-blind?</b>	
<b>Group 1</b>	<b>Group 2</b>
Decision and Choice Making skills	Decision and Choice Making skills
Goal Making skills	Goal Making skills
Communication skills	Communication skills
<b>What types of knowledge would enhance the self-determination of teens and young adults who are deaf-blind?</b>	
<b>Group 1</b>	<b>Group 2</b>
Knowledge of Resources and the System	Knowledge of Resources and the System
Knowledge about Deaf-blindness	Knowledge of the Community and World at Large
Knowledge of both Deaf-blind and other Cultures	Knowledge of Self

**Research and Review of Self-Advocacy Curricula**

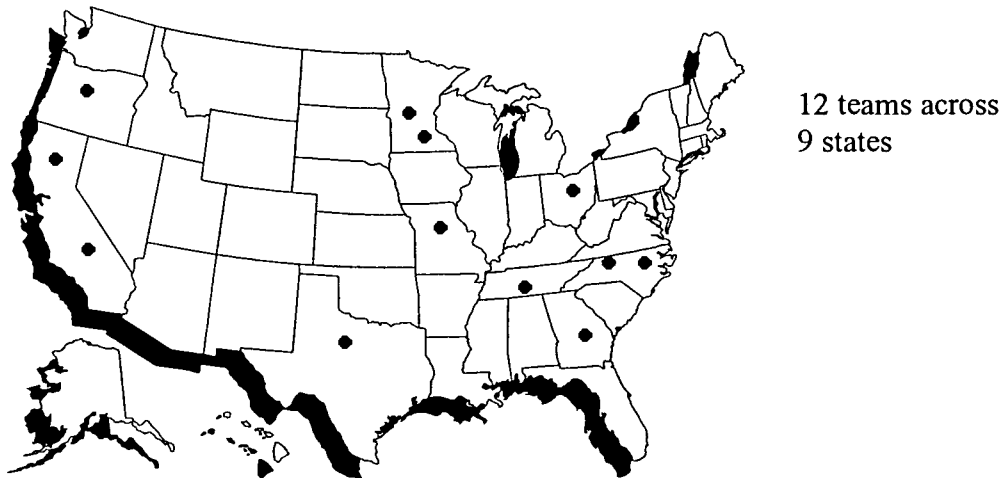
TAC staff conducted an extensive literature review of existing self-determination curricula and strategies for instruction. Curricula were identified and correlations between individual curriculum content and the various domains of self-determination were made with the information that was gleaned from the focus group participants at the outset of this objective and in year 5 of the grant. The findings of this literature search and the current availability of educational tools and service provision on self-determination and young adults who are deaf-blind are discussed in NTAC's briefing paper entitled Self-Determination for Children and Young Adults who are Deaf-Blind.

**Self-Advocacy Workshop for Consumers**

**Teen seminar.** Initially, the results of the focus group were to be used to plan and conduct an annual self-determination and self-advocacy training workshop for teens who are deaf-blind. The first workshop was planned in conjunction with the American Association for Deaf-Blind (AADB) convention, which was held in June of 1998. However, in November 1997 the administration of AADB determined that the teen program was not of priority for AADB at that time. As such, it was determined that it would not be in the best interest of convention participants to attach this workshop to the 1998 convention.

The AADB Board membership decided that the 2000 National Conference in Columbus, OH, however, would be a ready platform for such an event. In collaboration with the UMICI, AADB and Helen Keller National Center (HKNC), NTAC hosted a Teen Seminar entitled “Self-Determination: Creating a Path to the Future.” A national search for teams comprised of a young adult who is deaf-blind, a mentor who is deaf-blind, and a state representative was conducted. Teams were selected on the following criteria:

- Young adults must be between the ages of 16 – 21
- Mentors must be from the same geographic region and/or have a viable means of communicating with the young adult on their team
- The state deaf-blind project and/or state Vocational Rehabilitation program must be in support of this team
- The team must commit to attending the training, developing action plans and agreeing to maintain contact with each other and NTAC for an entire calendar year
- Teams must represent the diversity of individuals within the deaf-blind community
- Teams must be nationally dispersed representing geographic and cultural diversity



**Figure II-1. State teams represented: North Carolina (two teams), Georgia, Tennessee, Ohio, Missouri, Texas, Minnesota (two teams), Oregon, and California (two teams)**

The purpose of bringing teams together from across the country is manifold. Young adults who are deaf-blind have unique attributes and may be isolated in their home community. They may never have had the opportunity to meet another individual who is similar to them. By bringing these teams together they were able to gain knowledge about self-determination, meet other young adults who share similar experiences, identify with a community, meet adults who are deaf-blind who may serve as role models and gain knowledge on various topics that may significantly impact their personal and vocational development.

This Seminar focused on various topics that encourage the development of the necessary knowledge, skills, attitudes, and beliefs in order to lead a self-determined life. Agenda topics included the concept of self-determination, dreaming for the future, mentoring, orientation and mobility, communication strategies, and assistive technology. The anticipated outcomes for the week were the following:

1. Learn what self-determination means, the different aspects of self-determination and how to

- apply it to one's life;
- 2. Learn from deaf-blind adults how they became self-determined;
- 3. Establish bonds with other deaf-blind teens and mentors, and
- 4. Develop a plan to work collaboratively with the mentor and state deaf-blind project representative.

The curriculum used as the base of instruction throughout the seminar was *Self-determination for Youth who are Deafblind: An Individual Skills Curriculum* that was developed by the UMICI. This curriculum was created in large part from the focus group data that was collected in years one and two of the NTAC grant. Satisfaction measures were completed for each of the identified topics and reported on a four-point scale. Scores for each of the satisfaction measures are reflected in Table II-17.

**Table II-17. Satisfaction scores for Teen Seminar**

Topic	Mean
Self-Determination	3.13
Assistive Technology	3.25
Panel & Group Discussion	3.43
Resources	3.00
Dreaming Session	3.37
Action Planning	3.17

At the end of the Seminar each team created an action plan that captured the young adult's goals for the upcoming year, identified specific action steps that would lead to achieving those goals, named people who would support the individual in this process and identified target dates of completion. All teams maintained contact with each other throughout the course of the next calendar year. NTAC conducted a six and twelve month probe on each action plan to determine the level of achievement and satisfaction that each team experienced. The results of the probes are seen in Table II-18.

**Table II-18. Follow-Up Data for Implementation of Action Plans**

Number of Students	Probe Date	Total	0	1	2	3
N = 13	6 months	100%	8%	15%	77%	0
N = 13	12 months	100%	0%	8%	46%	46%

Degree of Implementation:  
 0 =No Implementation  
 1 =Implementation inconsistent  
 2 =Partial Implementation  
 3 =Full Implementation

The above case examples provide a narrative perspective on the level of impact that occurred

from the Teen Seminar. Young adults gained knowledge on self-determination and deaf-blindness, exposure to peers and mentors who are deaf-blind and developed linkages to a national network of deaf-blind individuals and resources.

### **Train-the-Trainer Workshop**

In continued collaboration with the UMICI and to support the dissemination of the curricula on self-determination for youth who are deaf-blind NTAC hosted a workshop in August 2001. Once again a nationwide call for interested parties went out. The participants that were initially targeted were those that had previously been involved with NTAC during the Teen Seminar. The criteria for attendance were as follows:

- Must have had some involvement with NTAC in previous activities regarding the topic of self-determination
- Must have an avenue and support from respective agency/school to teach the curriculum
- Must have a student or team of students identified that could benefit from the curriculum
- Must have timelines when curriculum will be implemented
- Must maintain contact with NTAC and U of MN, ICI regarding the use of the curriculum
- Must agree to provide feedback to curriculum authors on the feasibility and applicability of the curriculum with young adults who are deaf-blind

Teams of two came from three states (Texas, Ohio & North Carolina), one national agency (HKNC) and five NTAC staff. Each team consisted of a state deaf-blind project representative and a potential state educator. Project staff from the UMICI federal grant, Enhancing Self-Determination of Youth and Young Adults with Deaf-Blindness provided training on the curriculum, *Self-Determination for Children and Young Adults who are Deaf-Blind*. A “train-the-trainer” model was used in order to teach potential trainers on the purpose of the curriculum, method of delivery, targeted population, etc.

At the conclusion of the training each team developed an action plan that identified steps that would lead to implementing the curriculum. NTAC has maintained close contact with each team via teleconference. The progress of implementing the curriculum is provided below for three of the states.

**Texas.** As reported by the state representative, the curriculum is being implemented in a public school in a classroom with students who have varying disabilities. Within the class there is one young adult who is deaf-blind. The modules are being used twice a week for one-hour sessions. Sometimes a third hour is used to reinforce the information that is learned. Utilizing the curriculum in a diverse setting allows the students to identify similarities amongst themselves and identify mutual goals and interests. Unfortunately, the deaf-blind student in the group is currently experiencing some medical complications and has not been attending school. The class continues to implement the curriculum and the teacher provides feedback on usability of the modules.

**Ohio.** A relationship between the school for the deaf and school for the blind has been developed in order to pilot this curriculum. Because of the nature of such a process progress in the actual implementation has been delayed. Between both schools approximately six students who are deaf-blind have been identified as potential participants. The deaf-blind project team leader is fostering the development of this program and hopes to pilot it in the spring of 2002.

**North Carolina.** A group of three young adults with Usher Syndrome have been piloting this curriculum. It is being conducted at the North Carolina School for the Deaf and Blind. They have been meeting one time per month and have accomplished three of the modules. Students expressed great interest in the activities yet struggle with some of the language that is used in some of the materials. A state representative, attributes this struggle to limited life exposure. Accommodations are made by the instructor in order for all of the students to participate.

### **Outcomes of Objective 1.5**

Throughout years one through five of the NTAC grant the following outcomes have been achieved:

1. Collaborated with federal project on the development and field-testing of a self-determination curriculum for students with deafblindness.
  - a. Collected data on the needs of young adults who are deaf-blind through a focus group process.
  - b. Increased the capacity of state deaf-blind project staff on the available curricula targeting the needs of young adults who are deaf-blind, families and educators.
  - c. Conducted follow-up teleconferences in order to support implementation of the field test.
2. Conducted a national literature search on published curricula on self-determination for students with disabilities.
3. Collaboratively conducted a Teen Seminar with the University of Minnesota, Institute on Community Integration and Helen Keller National Center.
4. Developed a national briefing paper on self-determination entitled *Self-Determination for Children and Young Adults who are Deaf-Blind*.
5. Provided national, regional and state presentations on the topic of self-determination and individuals who are deaf-blind.
6. Provided information and materials to consumers, families, deaf-blind project staff, national collaborators and related service providers on the topic of self-determination and individuals who are deaf-blind.

### **Objective 1.6: To Develop a Nationwide Data base on the Demographic Characteristics of Infants Through Young Adults who are Deaf-blind**

The purpose of this objective was to develop a national database that provided a continuous longitudinal flow of information on deaf-blind individuals from birth through 28 years of age. It was anticipated that this would increase the numbers of infants, toddlers and preschoolers identified as deaf-blind at an earlier age; improve efforts to appropriately identify new, young adults as deaf-blind; and longitudinally follow young adults who have been previously identified on the census. These efforts resulted in information that was utilized by NTAC and states to plan and implement technical assistance services. Activities included:

1. Examining the existing databases and reporting forms that are currently being used.
2. Determining additional data needed and identifying strategies for collecting the information
3. Developing computer software programs needed for data storage/retrieval
4. Conducting training
5. Designing a reporting format and procedures that could be used for decision making

## Summary for Objective 1.6

This objective required NTAC to revise and maintain the national census data base which longitudinally follows individuals with deaf-blindness, birth-21

### Examination of Existing Data Bases and Reporting Form

Initial steps taken to accomplish this objective included gathering and reviewing existing data bases and reporting forms to determine how they are used. These were then integrated into a more comprehensive and useful database of deaf-blind individuals, infants to young adults. This process was initiated in October 1996 with a request to state and multi-state projects for copies of the deaf-blind data collection forms used by their individual projects. This request resulted in the review of 24 different sets of data forms that were submitted. A specific review of New York's state and multi-state technical assistance project's database was conducted and the deaf-blind registry database being developed by Helen Keller National Center was also reviewed. Information regarding the usefulness, as well as recommended changes, to the federal deaf-blind census form were also gathered by key stakeholders during the NTAC sponsored Regional Orientation Meetings and the Evaluation Meeting. These were summarized and provided to the U.S. Office of Education, Office of Special Education Programs for review and consideration.

### Revisions to Census Procedures and Forms

A team of individuals representing different agencies was established to review all previously collected information and to develop a new census format that would provide more comprehensive and useful data on deaf-blind individuals, ages birth through 28 years of age. This team met several times which resulted in a draft copy of a newly developed deaf-blind census collection procedures and forms that was introduced to the state and multi-state projects at the 1997 Project Directors Meeting. The time lines and process for the creation and implementation of the new Deaf-Blind Census are outlined in Table II-19 which follows.

**Table II-19. Activities for Creating/Using New Deaf-Blind Census Forms**

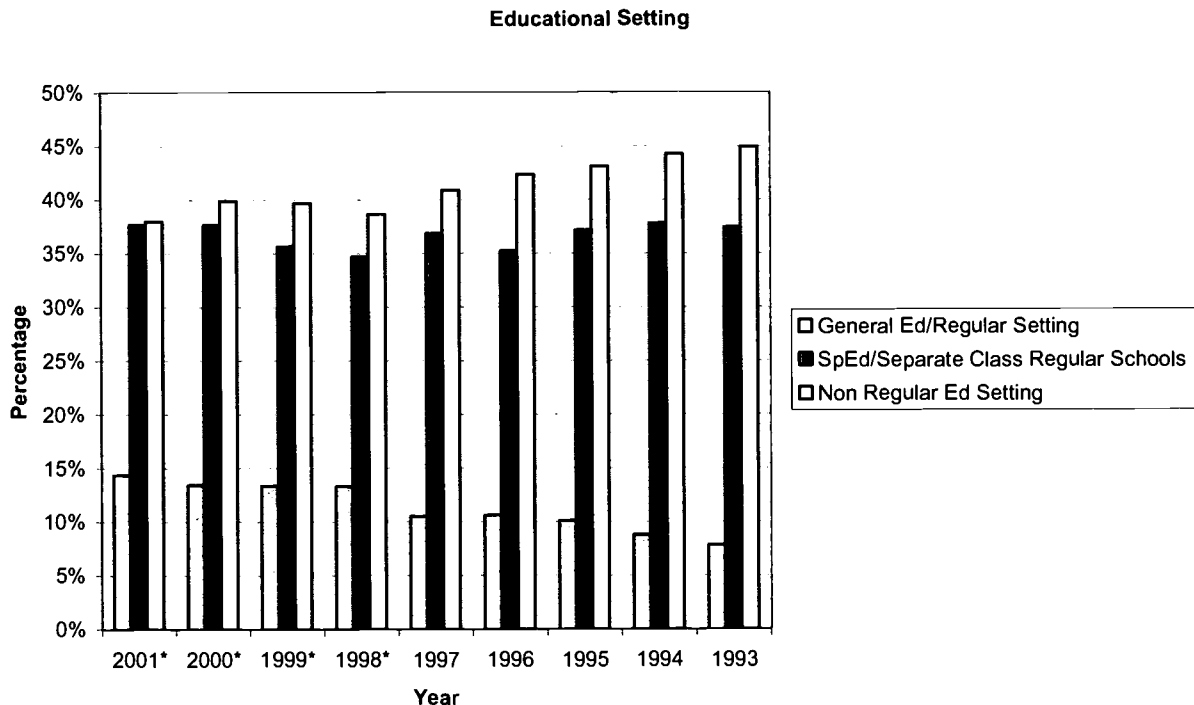
Activity	Dates
1. Create draft of new Deaf-Blind Census forms based on modification team recommendations.	9/10/97 - 10/25/97
2. Receive input from field on proposed draft of hard copy and disk format forms.	10/26/97 - 12/1/97
3. Revise hard copy draft based on comments from the field.	12/1/97 - 1/15/98
4. Review of revised hard copy draft by modification team members.	1/19/98 - 1/26/98
5. Finalization of hard copy draft for use by pilot states.	1/26/98 - 1/30/98
6. Final hard copy draft sent to pilot states for use.	2/2/98
7. Revise final hard copy and disk format forms based on problems/difficulties identified by pilot states.	5/1/98 - 8/15/98
8. New Deaf-Blind Census forms sent to all states for use in collecting December 1, 1998 data.	8/17/98

## Pilot Use of New Census Procedures and Forms

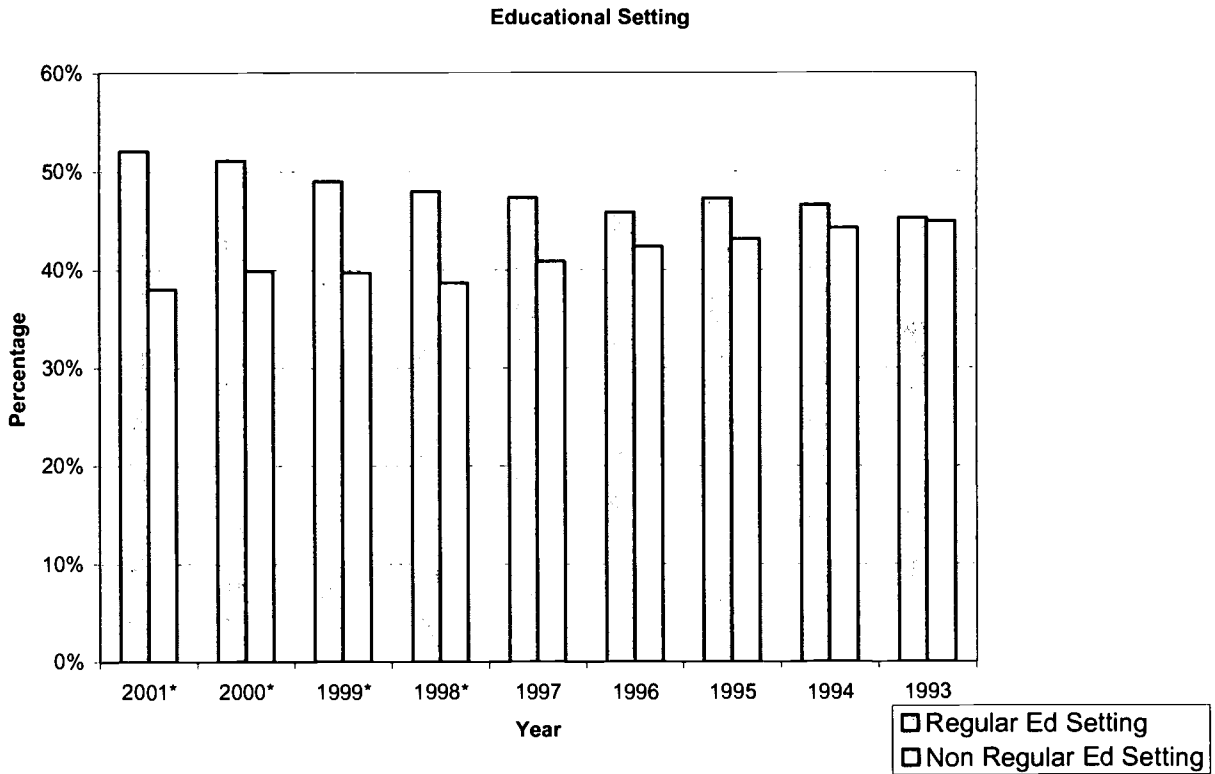
One multi-state project (the New England Center - ME, MA, CT, NH), and seven single state projects (MT, PA, WY, ND, FL, NY, RI.) chose to pilot the new census procedure and form for the December 1, 1997 data collection process. Data from these states was analyzed and the comments and suggestions from projects participating in this pilot effort guided the finalization of the new census format. Full-scale implementation of the new format began in December 1.

## Census Information

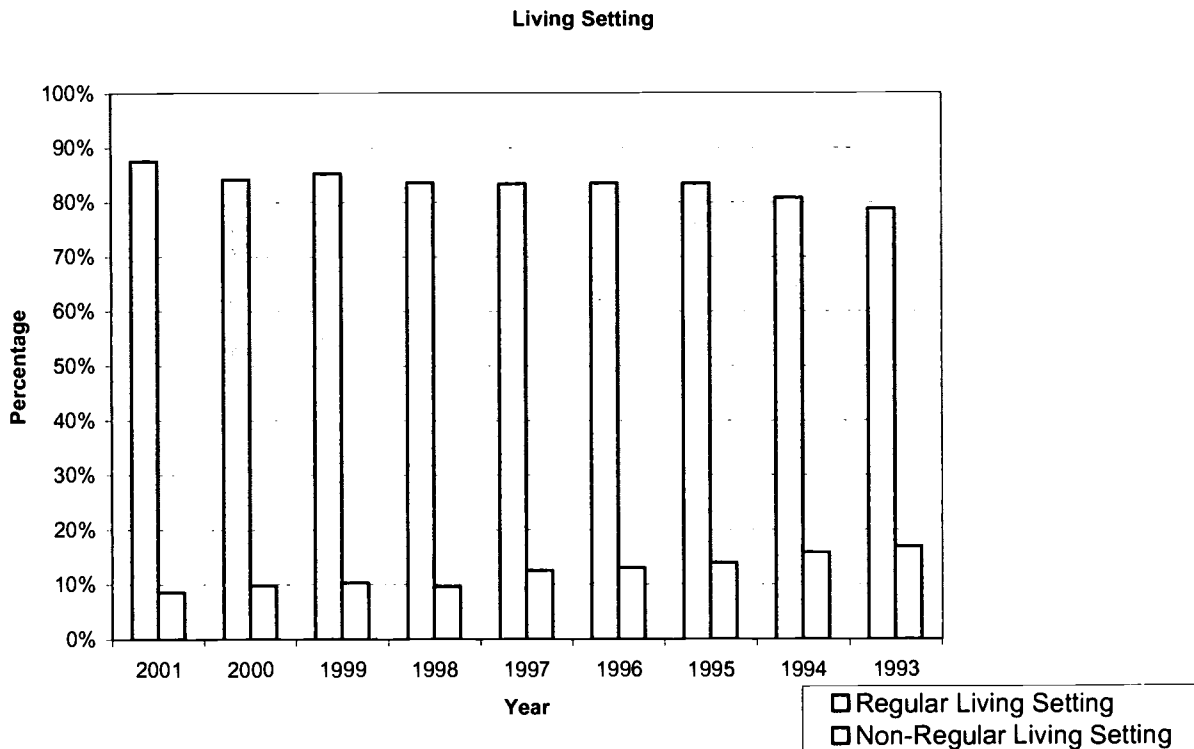
The December 1st child count data continues to indicate an upward trend of students identified as deaf-blind rising from 4,227 in 1985 to 10,713 on December 1, 2000. Of this number, 747 children are reported as infants in the Part C age range, 1186 are reported in the section 619 preschool age range, 8,467 are Part B school aged and 313 are over 22 years of age. Although the majority of students are served in separate schools and/or classes, this number continues to slowly decline. Approximately 58% are reported to have additional physical impairments and nearly 70% of those individuals on the census are reported to have cognitive impairments. The majority of students live at home with their parents or with extended family members. Figures II-2 through II-5 show the changes in the census profiles for the past 9 years.



**Figure II-2. Census Profile - Educational Setting**



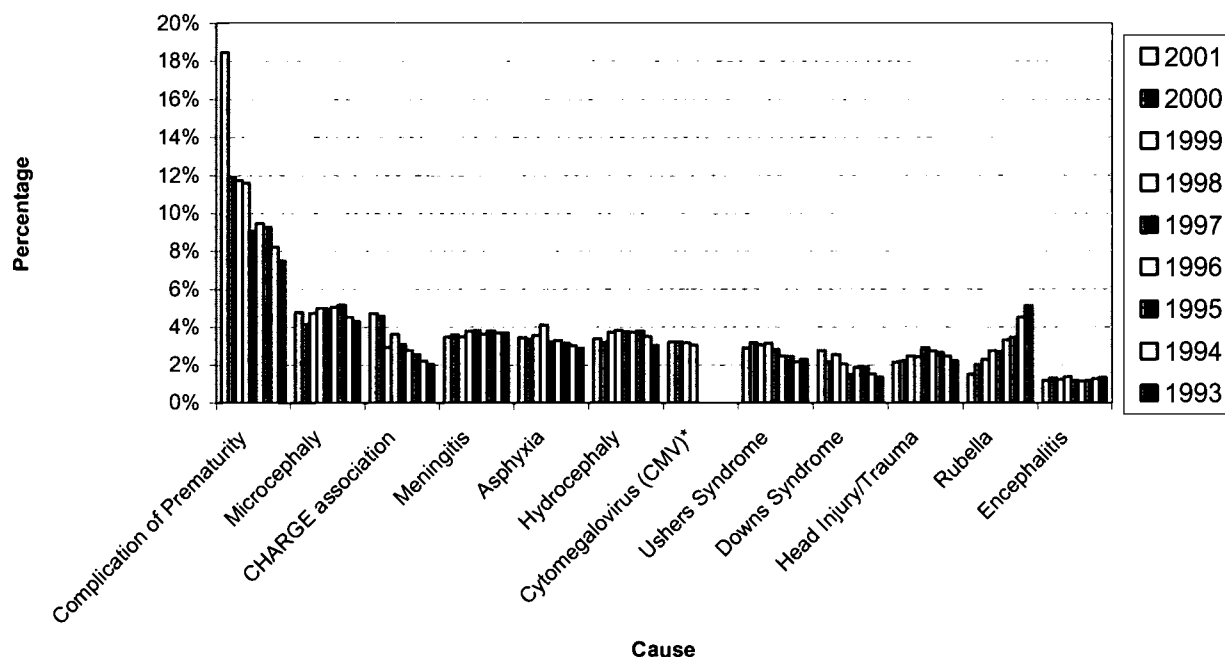
**Figure II-3. Census Profile - Educational Setting**



**Figure II-4. Census Profile - Living Setting**



### Major Cause of Deaf-Blindness



**Figure II-5. Census Profile - Major Cause of Deaf-blindness**

### **Objective 1.7: To Provide Planning and Managerial Support for the Annual Meeting in Washington, DC for Directors and/or Their Designees of Projects Serving Children and Young Adults who are Deaf-blind**

The purpose of this objective was to, in concert with OSEP staff, plan and sponsor the annual state and multi-state project directors meeting in Washington, DC. Based on previous longitudinal evaluations of the conference, the following areas of emphasis were identified for the Project Directors Meetings (PDMs):

- Disseminating information related to federal programs and specific project management strategies
- Disseminating effective practices, individual project progress and results
- Conducting substantive discussions on issues related to deaf-blindness

#### **Summary of Objective 1.7**

This objective reoccurred on an annual basis. In order to plan and implement PDMs which addressed the aforementioned areas, as well as the needs of OSEP and the projects themselves, a collaborative work group planning process was implemented for each annual PDM. Major tasks conducted by the work groups included:

- Consulting with the federal project officer to identify content needs
- Surveying state service personnel to identify critical issues

- Identifying projects that represented effective and innovative service practices as potential presenters at the meeting
- Setting meeting dates, selecting and securing the meeting location
- Develop meeting content, agenda, and selecting appropriate speakers and presenters
- Conducting and coordinating the meeting as scheduled

Both summative and formative information from previous years were considered in revising and creating the meeting for subsequent years.

### **1997 Annual Meeting**

The 1997 Annual Project Directors Meeting was conducted in Washington, D.C. from October 27-29, 1997. The meeting was attended by 133 participants including 89 state and multi-state project staff, 10 representatives from federally funded deaf-blind model demonstration and research projects, 6 representatives from Deaf-Blind Link and 18 NTAC staff. An additional ten participants were from non-deaf-blind related projects and OSEP. As in the previous year, the primary focus of this meeting included various federal updates and a variety of sessions related to effective practices for children and youth who are deaf-blind and their families.

Participant satisfaction with the meeting was completed by 83 individuals. The overall satisfaction rating for the meeting was 3.84 on a four-point scale. Participants again indicated that the timeliness of information received before the meeting was a concern and NTAC staff have addressed this in the development and planning for the following year's meeting.

### **1998 Annual Meeting**

The 1998 Annual Project Directors Meeting was conducted in Washington, D.C. from October 18-20, 1998. The meeting was attended by 137 participants from state deaf-blind project staff, model demonstration and research projects, HKNC, DB-LINK, Hilton Perkins and NTAC.

Participant satisfaction for the meeting ranged from 3.44 to 3.89 on a four-point scale. Participants indicated that the concurrent sessions were well received. Additional responses cited the federal updates and grant information as valued, but needing more time.

### **1999 Annual Meeting**

The annual Project Directors Meeting, held October 17-19, was planned in collaboration with OSEP and five representatives from the state project. The 1999 meeting was expanded to include a Project Directors' Orientation meeting for the new projects and new directors/coordinators. Additionally, two pre-sessions dealing with project capacity building and related to transition services and systems change strategies, were held in conjunction with the annual meeting. 137 individuals attended the meeting. Representatives from NASDSE, and all other National TA projects, were invited to the meeting to increase networking and informational opportunities.

Participant satisfaction for the PDM was 3.63. Satisfaction with the associated workshops (presented in the national meeting data in Objective 1.2) was extremely high. The workshops provided a cost effective way of providing additional Research to Practice information identified by participants.

## **2000 Annual Meeting**

The 2000 Project Directors Meeting was held on October 15-17. Based on the previous years success a pre-session on capacity building was again held before the beginning of the Project Directors meeting itself. The meeting was attended by 136 participants including: state and multi-state project staff, representatives from federally funded deaf-blind model demonstration and research projects, representatives from Deaf-Blind Link NTAC staff. As in the previous years, the primary focus of this meeting included various federal updates and sessions related to effective practice.

Participant satisfaction indicated that the satisfaction rating for the meeting was 3.75 on a four-point scale. Participants scored the keynote address on inclusion and the concurrent sessions highest.

## **2001 Annual Meeting**

Due to the events of September 11, the 2001 Project Directors meeting was postponed until January 17-19, 2002. Attended by 122 individuals, participants included 16 NTAC staff, 74 state and multi-state project staff, 1 consumer, 7 federal representatives, 2 model demonstration projects, and 22 other individuals. The meeting included a variety of sessions related to effective practice which were identified by the planning committee.

Participant satisfaction for the PDM ranged from a low of 3.31 for the usefulness of the family panel to a high of 3.87 for this years concurrent sessions. Concurrent sessions were the highest rated from the previous years.

**Table II-20. Summary of PDM Participants and Satisfaction Scores**

<b>Year</b>	<b>Number of Participants</b>	<b>Satisfaction Scores</b>
1997	133	3.89
1998	137	3.44-3.89
1999	137	3.63
2000	136	3.75
2001(2002)	122	3.31-3.87

### **Objective 2: Project Management**

NTAC's project management tasks were accomplished through three separate sub-objectives, which addressed:

- Implementing an outcomes measurement system to ensure regular progress toward achieving project objectives and activities (process evaluation)
- The effective use of project resources
- Ongoing staff training and professional development activities

## **Objective 2.1: To Implement an Outcomes Measurement System**

The purpose of this objective was to implement and document process evaluation procedures that:

1. Utilized formative data sets across each grant objective to determine if sufficient progress was being made according to the timelines
2. Modifying or adapting the activities leading to the objective as needed
3. Re-allocating resources to meet the timelines

### **Summary for Objective 2**

Process evaluation activities provided information that were used to improve the effectiveness and efficiency of project implementation and to assist in identifying problems, deficits, or needs that were addressed to ensure continued effective project operation. Data were used for making decisions about ongoing operations. Process evaluation also addressed staff accountability and provided strategies for the explicit assignment of responsibility to project personnel. Activities under this sub-objective included: (a) analyzing the project work scope; and (b) analyzing regular measures of project activities and outcomes.

### **Evaluation Questions**

1. How have the objectives of the project been analyzed into activities and sub-activities in a logical manner that will lead to outcomes?
2. How are the activities within each objective regularly monitored to show the level of progress?
3. What procedures are implemented to identify and address problems, deficits, or needs and to make decisions to modify project operations if progress is not being made according to the timelines?
4. What procedures are implemented to modify objectives if they cannot be met due to lack of resources or non-project variables.
5. What procedures are implemented to summarize the level of progress toward each objective?
6. What supervision systems are in place to address staff assignment of responsibility and accountability?
7. What procedures are implemented to demonstrate to funding sources, consumers, professionals, parents, and taxpayers that the project is meeting the stated objectives and monitoring progress toward those objectives.

**How have the objectives of the project been analyzed into activities and sub-activities in a logical manner that will lead to addressing outcomes?** The project objectives were organized into multiple activities and sub-activities across the months of each year with initiation and completion dates. Outcomes, which included quantitative data and timelines, were reviewed from the evaluation database on a regular basis. Additionally, each major grant technical assistance activity was task analyzed into small component sequences with specific initiation and completion dates. Each national/regional technical assistance activity was also task analyzed into even smaller

components to guide the efficient completion of the activity. The specific work group cluster, which is responsible for tracking the progression of the completion of the sub-activities, reported progress to the Management team on a regular basis. An examples of this breakdown can be seen in Appendix F for the Annual Project Directors Meetings.

**How are the activities within each objective regularly monitored to determine the level of progress?** Timelines and anticipated outcomes were determined for each objective and activity for the project work scope. The *Goal Attainment Scale* (presented in Part I) was then utilized to monitor and make decisions of the level of progression toward an activity. Data were collected from a number of data sources, analyzed, and reported on the Goal Attainment format. A variety of individual data sources and documentation formats (both print and electronic) were developed and implemented and may be found in Appendix G.

**What procedures are implemented to identify and address problems, deficits, or needs and to make decisions to modify project operations if progress in not being made according to the timelines?** Problems, deficits, and needs that inhibited the timely progress of any activity and objective were reviewed regularly to update the Goal Attainment Scale and addressed in the project's monthly Management Team Meetings (MTM). Management team members also addressed any problem by adding the topic to the agenda, which was developed prior to MTM meetings. Activities that were not meeting timelines and projections based on time and quantitative data were reviewed to indicate potential or actual problems.

**What procedures are implemented to modify objectives if they cannot be met due to lack of resources or non-project variable?** The Management team met an average of two times per month by teleconference calls. Objectives and activities were monitored and updates were provided. Decision questions for modifying the objectives included:

1. The feasibility of committing additional resources
2. The likelihood that completing the objective with additional resources would remain cost effective
3. The critical activities and status of the objective
4. Modifications leading to the objectives activities yet which retain the integrity of the objective
5. Acquisition of better outcomes if modified
6. Subsuming activities under another logical objective
7. Decisions on omitting or drastically changing the objective since costs were unreasonable or collaborative activities, on which the objective was dependent, are no longer feasible?

**What procedures are implemented to summarize the level of progress toward each objective?** Quantitative data were collected for each objective and Technical Assistance Activity. These data were analyzed on a regular basis and transferred to the Goal Attainment Scale. Ongoing activities were broken down into sub-activities and the progress was tracked by the cluster responsible for that objective. All TA data were summarized immediately after the activity is completed. Action Plans and follow-up data were collected for 3-5 day training, ongoing local capacity building, and sequential activities. Level of implementation from the Action Plans was obtained in Follow-up through:

- Collaborative evaluation efforts with the state and multi-state projects
- Random telephone probes
- Electronic, web-based surveys

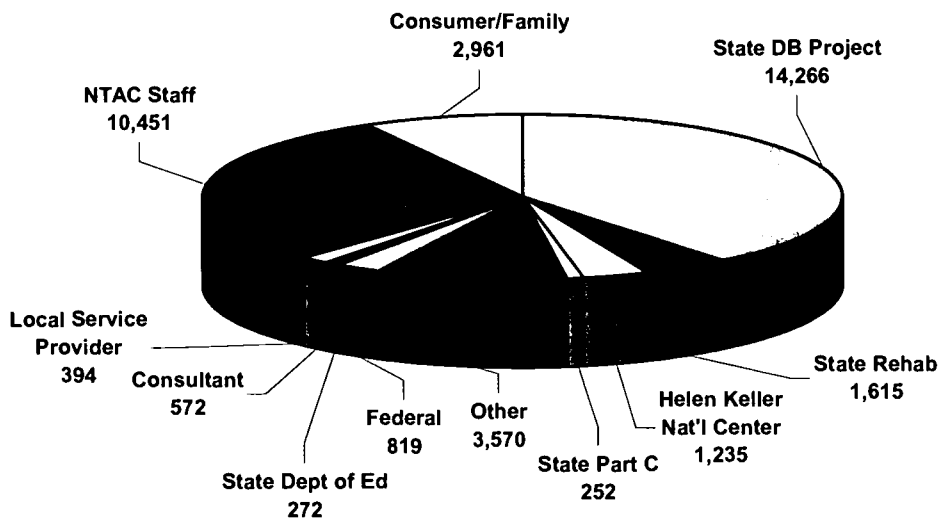
- Written surveys

The length of time for follow-up was dependent upon the intermediate and long-term outcome. Qualitative data systems were initiated to better account for the outcomes across different objectives, as well as multiple objectives. Qualitative data were through a variety of procedures. These included:

- Logs of telephone conversations with recipients of the TA
- Written surveys and telephone interviews
- Focus groups from representative states

**What supervision systems are in place to address staff assignment of responsibility and accountability?** Supervision systems included:

- Documentation of coordination and collaborative activities (Figure II-6)
- Approving TA Plans and signing off on each TA Agreement
- Assisting the TASs to develop an appropriate evaluation plan for the TA
- Reviewing materials and providing feedback
- Traveling to states with the staff for coaching and feedback
- Monitoring progress in each state and determining modifications if progress is not being made
- Documenting problems and barriers encountered with states
- Reviewing completed work tasks and timelines
- Evaluating staff performance



**Figure II-6. NTAC Coordination and Collaboration Activities**

Support staff were assigned to a specific staff member for supervision and the assignment of major work tasks. All staff assisted in developing their performance evaluation. Each staff performance evaluation was divided into two sections. The first included the percentage of time necessary to complete major tasks and was specific to staff roles and responsibilities. The second section consisted of generic work indicators.

**What procedures are implemented to demonstrate to funding sources, consumers, professionals, and parents that the project is meeting the stated objectives and monitoring progress toward those objectives?** Performance reports were written and sent to OSEP as required. Charles Freeman, the Federal Project Officer, was regularly updated on NTAC's progress toward objectives. Additionally, professional and parents who were recipients of NTAC TA received summaries.

### **Objective 2.2: To Utilize Project Resources Effectively and Efficiently**

The purpose of this sub-objective was to monitor the utilization of staff, support staff, consultants, travel, and equipment to determine if activities, staff, and tasks had adequate resources allotted to complete the job in a satisfactory manner. Activities included:

- Assigning roles and responsibilities for project activities based on skills, knowledge and experience
- Allocating and tracking project staff time across objectives and activities
- Monitoring budget expenditures and costs

Responsibilities for project activities were assigned in a number of ways. Technical Assistance Specialists were responsible for specific states in their regions. They were also responsible for planning and implementing TA activities as a team within their region. Each Area Director had direct supervision responsibility for two of the Technical Assistance Specialists and for the quality of the Technical Assistance Agreements and Activities. Staff person was also assigned to work as a team in a cluster. These clusters were responsible for planning activities to meet the different objectives of the grant. Each of the cluster was lead by management staff. The management staff brings back major decisions to the Management team. The clusters were also responsible for planning activities within a specific budget. Each cluster was responsible for summarizing the outcomes of each meeting and updating all staff of the progress toward the objective. This summary was e-mailed to each staff member no later than a week after the meeting. Meeting schedules were posted on NTAC's Intranet. All staff were assigned responsibilities to complete tasks in their area of expertise.

Staff time was allocated across objectives and levels of support. Task and activity completion across timelines were the primary criterion for determining staff use of time, re-allocation of resources, or variation of timelines. Each site (TR & HKNC) had administrative offices that were responsible for providing financial reports. The Budget Cluster monitored costs to determine if they were reasonable and to re-allocate financial resources if necessary. Costs were also monitored and assigned to specific activities for cost analyses.

### **Objective 2.3: To Utilize Project Resources Effectively and Efficiently**

The purpose of this sub-objective was to assure that NTAC staff had the knowledge and skills to complete their jobs, as well as staying current on research based effective practice related to deaf-

blind content issues as well as effective TA and systems intervention. Activities included: (a) providing staff with training in competencies essential to the project objectives; and (b) conducting staff development needs assessment

The Area Directors were responsible for the majority of staff training for the Technical Assistance Specialists. Additionally, each staff member was allocated a staff development budget to assist in meeting their specified needs. Staff assisted in identifying their needs and develop a staff development plan to meet those needs. Training for all staff during the first two years of the project was also provided for fidelity of implementation of the Needs Assessment process, for developing Technical Assistance Agreements, and for planning appropriate evaluations.

### **Objective 3: Project Evaluation**

The third objective of the project delineated the overall evaluation plan related to NTAC's effectiveness. The purpose of the sub-objectives was to design and implement the overall evaluation plan for the NTAC project. They addressed formative, summative, and cost evaluation activities used by the project in its day-to-day and overall decision-making process. The specific sub-objectives addressed:

1. Conducting evaluations of project effectiveness and objective/activity achievement (3.1)
2. Conducting a follow-along study for young adults (3.2)
3. Conducting a cost analysis across project objectives and activities (3.3)

Activities to accomplish these sub-objectives included (a) developing data systems, (b) developing systems for data storage, management, retrieval, and reporting, (c) developing and implementing all of the data sets specific to technical assistance planning, delivery, and evaluation and (d) developing all grant and staff management data forms and analysis procedures. All cost data are collected through the Teaching Research Administrative Office. The overall costs across budget categories were presented in Part I.

### **Summary for Objective 3**

#### **Evaluations of Project Effectiveness and Technical Assistance**

Formative and summative evaluations are made across each objective. The Technical Assistance objectives are evaluated on an intensity basis. The more intensive the TA, the more that different data sources and instruments are used to evaluate the levels of effectiveness. The different levels of measurements include the following:

1. Demographic information across participants and children/youth to benefit,
2. Satisfaction data
3. Change of awareness or knowledge/perception of skill change
4. Implementation of practices (service provider & families)
5. Implementation of system's change strategies
6. Child/Youth outcomes.

Each technical assistance activity is evaluated across at least the first two variables. One day training activities rarely result in dramatic child change outcomes and it is not feasible to attempt to collect these data. NTAC has worked with states to stress that long term TA activities and



system's change initiatives should focus on all levels of outcome data. NTAC had developed outcomes and performance indicators during the no-cost extension period of this project in order to better document project and TA effectiveness.

NTAC management tracks each TAA on the NTAC Intranet to determine the status of the activity. Each activity that is conducted by NTAC is evaluated by documentation, demographics, satisfaction, and some level of follow-up. It is often difficult to actually obtain follow-up results.

### **Follow-Along Study for Transition**

Two follow-along studies for transition were completed during the project's duration. NTAC published a Briefing Paper (Petroff, 1999) for the first study and is currently writing the results from the second study. Overall the studies show the severity of the population with approximately 60% of the participants using non-symbolic communication systems. The data from the first study indicate that few of the participants exiting school had effective transition plan, opportunities for job training in high school, or had access to competitive employment or post secondary education after the graduated. The results of the second study showed similar participant profiles. However, there were some positive trends across planning for transition and more effective transition strategies being implemented in a more timely fashion. The results of both studies indicated that overall parents had few expectations for their children to work after high school and they were satisfied with their transition services. These results demonstrate the need for more parent awareness of job training and transition outcomes. NTAC did provide a Parent Workshop on Transition after the first study was completed.

### **Objective 4: Dissemination of Project Information and Products.**

NTAC's Resource, referral and dissemination activities reached an audience of over 30,000+ individuals within state and multi-state deaf-blind projects, other local, state and federal agencies; service providers and over 3000 families. R&R services were mainly provided to families. Information disseminated ranged from generic information on deaf-blindness to requests for specific research publications, IDEA related information and information on effective practice.

NTAC continued its predecessor's strong history of disseminating products and materials through traditional mail and onsite; over one-third (10,2000+) of the projects R&R and dissemination contacts resulted in the provision of information, products and materials either face-to-face (5010) or through traditional mail (5187). Alternate formats, including Braille, large print, ASCII or rich-text format, and web-based are currently available to increase accessibility for all users. The project also increased accessibility for Spanish speaking individuals by providing Spanish-speaking translation for selected materials and workshops. Electronic technologies, such as phone contacts (12,000+) and email correspondence (13,007) and facsimile technology (2786) were also used by the project. NTAC provided downloadable versions of products, at no cost, through its project website and developed and hosts a listserv for state project staff, model-demo projects and personnel preparation projects. NTAC administered the listserv and facilitated its use by sharing information and generating hot topics and questions for discussion.

#### **4.1: Collaboration with Deaf-Blind LINK to Ensure Effective Dissemination**

The purpose of this sub-objective was to ensure the proper and efficient dissemination of information about the project, as well as effective strategies for serving children and young adults with deaf-blindness. Activities included:

1. Identifying quality state and multi-state products and procedures that may be shared by others through D-B LINK
2. Utilizing D-B Link information and resources more effectively to deliver “effective practices”
3. Collaborating with D-B LINK on dissemination products

#### **Summary for Objective 4**

NTAC staff extensively used DB Link’s resource and referral capabilities during the project; both through referrals directly to DB Link, as well as by the dissemination of DB Link developed and housed materials. Materials obtained by NTAC staff were provided to DB Link and NTAC staff encouraged state projects to maximize the use of DB Link’s dissemination resources. NTAC staff also disseminated a variety of DB-LINK products including: 784 DB-LINK brochures, 862 DB-LINK Fact Sheets, and 548 bibliographies.

#### **Publications in DB Perspectives**

These included:

*What’s my role: A comparison of the responsibilities of interpreters, interveners, and support service personnel.* (Morgan, S., 2001)

*National parent conference report.* (McNulty, K. M., 2001)

*NTAC update on state and regional activities.* (Barnard, S, Morgan, S., Harding, J., and McNamara, J., (2001)

*Annual deaf-blind census is a great tool and resource.* (Hembree, R., 2001)

*NTAC parent and family activities.* (McNulty, K. M., 2000-1)

*NTAC updates on national and state activities.* (Davies, P., Harding, J., Eisenberg, J., Morgan, S., McNamara, J., 2000)

*NTAC updates.* (Staff, 1999-00)

*Supporting the involvement of deaf-blind individuals in meetings about deaf-blind topics.* (McNamara, J., 1999)

*NTAC updates.* (Staff, 1999)

*The 1997 amendments to the Individuals with Disabilities Education Act: Changes to parent participation in the evaluation, reevaluation, and IEP process.* (Killoran, J., 1998-9)

*Ways to incorporate physical fitness into the lives of individuals who are deaf-blind.* (Lieberman, L. & Taule, J. 1997-8)

*Transdisciplinary activity-based assessments for students who are deaf-blind.* (Baker, S. & Grisham-Brown, 1997)

*Sign language for people who are deaf-blind: Suggestions for tactile and visual modifications.* (Morgan S., 1998)

#### **4.2: Identification Content, Audiences, and Timelines for Project Products.**

The purpose of this sub-objective, and its accompanying activities, was to identify the specific audiences and methods to target the dissemination of NTAC and other deaf-blind related products, materials and resources. Activities included:

1. Identifying all agencies, organizations and contact persons for dissemination activities
2. Disseminating project activities, products, and findings on a national level
3. Evaluating all dissemination activities

#### **Summary for Objective 4.2**

NTAC used a variety of ongoing needs assessment to identify topics for specific product (i.e., briefing papers and workshop fact sheets) development. As a result, a variety of products and materials have been developed and/or disseminated by NTAC staff to national, state, regional and local agencies and associations. These range from project brochures describing NTAC to federal Part B regulations and GPRAs performance indicators to specific deaf-blind training curricula. All of the following materials were disseminated by NTAC and provided to DB Link for their dissemination. Most briefing papers and fact sheets were made available as hard copy, as well as downloadable from the NTAC web page.

#### **NTAC Briefing Papers**

Three briefing papers and one additional publication were developed and disseminated during the final three years of the project. Topics for these papers were generated through input from the field. Experts outside of NTAC wrote two of the papers and NTAC staff wrote one. Each paper went through an expert review and revision process before publication. Copies were disseminated to all state project staff, family members and NFADB, Hilton Perkins, and others on NTAC's dissemination list (i.e.: federal model demo, TAA and D projects and PITCs). The three briefing papers were:

*The intervener in early intervention and educational settings for children and youth with deafblindness* (Alsop, L., Blaha, R., and Kloos, E., 2000)

*National transition follow-up study of youth identified as deaf-blind: Parent perspectives.* (Petroff, J. G., 2001)

*Self-determination for children and young adults who are deaf-blind.* Morgan, S., McNamara, J., Bixler, E., 2002)

## NTAC Fact Sheets

These were developed as a follow-up to several topical workshops held. The first set of fact sheets were developed in collaboration as a result of the NTAC sponsored distance learning workshop in collaboration with Dr. Cyndi Rowland held in Albuquerque and they are titled:

- *The goodness of fit model for selecting technology* (2000)
- *Glossary of selected distance learning terms and phrases* (2000)
- *Why design accessible web pages?* (2000)
- *Overview of technologies* (2000)

The second series of fact sheets resulted from Dr. William Sharpton's work on effective technical assistance and capacity building. Dr. Sharpton conducted extensive training during NTAC's topical workshop in Baltimore, as part of two Project Directors Meeting pre-sessions, as well as in several states. The fact sheets resulting from Dr. Sharpton's work address:

- *The principles of effective technical assistance* (2000)
- *Systems interventions* (2000)

In addition to Dr. Sharpton's work, Tom Udell of WOU also assisted the project in effective training strategies.

- *Thoughts on effective training* (2000)

The final sets of fact sheets were a result of the topical workshop, which addressed strategies for effective family technical assistance. The first, developed in collaboration with Gwen Whiting addressed:

- *Loss, grieving, facilitating, and intervening: Helping and the dynamics of change and growth* (in press)

A second fact sheet, developed in collaboration with Kate Moss, Sally Prouty and Kathy McNulty addressed;

- *Providing technical assistance to families*

## Family Products

Family products developed by NTAC were discussed under objective 1.4 and include:

- *Parent perspectives on communication, behavioral, instructional strategies and suggestions from families with a child who is deaf-blind* (1998)
- *Communication at home and in the community: Helpful strategies and suggestions from parents and families of a child who is deaf-blind* (1999)
- *A transition tool kit for parents and families with a deaf-blind child* (2000)

- *Communication fact sheets for parents and families with a child who is deaf-blind (2002)*

### **NTAC Presentations at National Conferences**

NTAC staff were also involved in a variety of professional presentations and trainings (not related to state specific TAAs) in addition to the products and publications disseminated. National presentations were made to:

1. TASH
2. Parent to Parent Organizations
3. PACER
4. OSEP's Annual TA and D meetings
5. AADB
6. CEC
7. DEC

Table II-21 summarizes NTAC products and publication dissemination activities.

**Table II-21. Additional Products and Publications Disseminated by NTAC**

<b>NTAC Products and Publications Disseminated</b>	<b>Copies disseminated</b>
NTAC brochures and information packets	755
NTAC developed training materials and modules	842
NTAC Project Director Meeting manuals	665
NTAC Topical Workshop Manuals	701
NTAC National Census Packets	300
NTAC National Census Reports	512
NTAC Evaluation Summaries	25
NTAC Fact Sheets	3200
NTAC Briefing Papers	2000
NTAC Family/Parent Materials	1225
<i>Total</i>	<i>10369</i>
<b>DB-LINK Products and Publications Disseminated by NTAC</b>	
DB-LINK Brochures	784
DB-LINK Fact Sheets	862
DB-LINK Bibliographies	544
<i>Total</i>	<i>2190</i>
<b>Federal Information Disseminated by NTAC</b>	
State Improvement Plan and Grant information	149
Government Performance and Results Act of 1993 information	288
Personnel Prep Program RFPs and descriptors	136
I.D.E.A. '97 information	135
Grant Performance Report notices and requirements	67
<i>Total</i>	<i>775</i>

<b>Other Information Disseminated by NTAC</b>	
Articles and curricula addressing effective practices	1804
Strategies for Effective Dissemination	135
Other	198
Newsletters and Clearinghouse materials	64
Staff publications	13
<i>Total</i>	<i>2214</i>
<b>TOTAL PRODUCTS AND PUBLICATIONS DISSEMINATED BY NTAC</b>	<b>15548</b>

### **PART III. BUDGET INFORMATION**

The actual expenditures for the project duration and the no-cost extension year are provided in Figure III-1. At least 90% of the travel dollars spent were for the provision of technical assistance. Throughout the five years of the project, the project staff conducted more of the direct technical assistance.

The primary use of the no-cost extension funds were to: (a) complete state specific TAAs written during 2001, (b) produce the Parent Fact Sheets, (c) complete the Outcomes/Performance Indicators, (d) assist in the field test of the Self-Determination Curriculum with Dr. Brian Aberly, and (e) assisting state projects to address their Site Review recommendations.

**NATIONAL TECHNICAL ASSISTANCE CONSORTIUM  
FOR CHILDREN AND YOUNG ADULTS WHO ARE DEAF-BLIND  
5 YEAR EXPENDITURE SUMMARY  
OCTOBER 1, 1996 through SEPTEMBER 30, 2002**

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	TOTAL
<b>PERSONNEL</b>							
Teaching Research	257,595	244,581	257,333	285,663	345,601	28,759	
Helen Keller National Center	398,995	413,346	464,666	430,629	435,259	0	
<b>PERSONNEL TOTAL</b>	<b>656,590</b>	<b>657,927</b>	<b>721,999</b>	<b>716,292</b>	<b>780,860</b>	<b>28,759</b>	<b>3,562,427</b>
<b>FRINGE BENEFITS</b>							
Teaching Research	81,945	76,599	89,173	103,505	125,934	6,906	
Helen Keller National Center	134,459	136,653	156,115	144,863	146,421	0	
<b>FRINGE BENEFITS TOTAL</b>	<b>216,404</b>	<b>213,252</b>	<b>245,288</b>	<b>248,368</b>	<b>272,355</b>	<b>6,906</b>	<b>1,202,573</b>
<b>TRAVEL</b>							
Teaching Research	53,779	57,640	144,333	80,683	113,932	17,485	
Helen Keller National Center	100,024	111,332	85,038	68,559	74,182	40,000	
<b>TRAVEL TOTAL</b>	<b>153,803</b>	<b>168,972</b>	<b>229,371</b>	<b>149,242</b>	<b>188,114</b>	<b>57,485</b>	<b>946,987</b>
<b>EQUIPMENT TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SUPPLIES</b>							
Teaching Research	3,593	7,440	19,030	15,471	18,618	9,478	
Helen Keller National Center	10,525	6,167	5,489	4,682	4,035	0	
<b>SUPPLIES TOTAL</b>	<b>14,118</b>	<b>13,607</b>	<b>24,519</b>	<b>20,153</b>	<b>22,653</b>	<b>9,478</b>	<b>104,528</b>
<b>CONTRACTUAL (TA)</b>							
Teaching Research	0	54,687	30,563	93,724	56,611	120,195	
Helen Keller National Center	158,054	221,923	171,585	148,188	161,179	84,346	
<b>CONTRACTUAL TOTAL</b>	<b>158,054</b>	<b>276,610</b>	<b>202,148</b>	<b>241,912</b>	<b>217,790</b>	<b>204,541</b>	<b>1,301,055</b>
<b>CONSTRUCTION TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER</b>							
Teaching Research	53,708	59,611	89,454	77,945	152,269	29,674	
Helen Keller National Center	59,076	65,134	62,614	47,384	56,705	10,654	
<b>OTHER TOTAL</b>	<b>112,784</b>	<b>124,745</b>	<b>152,068</b>	<b>125,329</b>	<b>208,974</b>	<b>40,328</b>	<b>764,228</b>
<b>TOTAL DIRECT COSTS</b>	<b>1,311,753</b>	<b>1,455,113</b>	<b>1,575,393</b>	<b>1,501,296</b>	<b>1,690,746</b>	<b>347,497</b>	<b>7,881,798</b>
<b>INDIRECT COSTS</b>	<b>104,940</b>	<b>112,035</b>	<b>123,655</b>	<b>120,305</b>	<b>134,837</b>	<b>30,500</b>	<b>626,272</b>
<b>TRAINING STIPENDS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL COSTS (Expenses)</b>	<b>1,416,693</b>	<b>1,567,148</b>	<b>1,699,048</b>	<b>1,621,601</b>	<b>1,825,583</b>	<b>377,997</b>	<b>8,508,070</b>

(No Cost Extension)

The Indirect Costs were calculated at a rate of 8% of direct costs, except in Year 6 where Helen Keller National Center calculated their indirect at 10% of direct costs. Furthermore, no indirect costs were collected on the Contractual Teaching Research direct costs; therefore, the total indirect cost is not calculated by simply multiplying the total direct costs line by 8%. The indirect costs were added up individually for each category to arrive at the total.

## **PART IV. SUPPLEMENTAL INFORMATION**

### **Implications for Policy, Practice, and Research**

#### **Policy**

It is critical that OSEP maintain a Federal presence in providing assistance and information to part C lead agencies, State Education Agencies, other state agencies and families specific to children/youth who are deaf-blind. Due to their unique communication needs, coupled with their dual sensory losses, children who are deaf-blind are some of the highest risk for being left behind (NCLB). The unique training needs for service providers serving children who are deaf-blind, , coupled with the tremendous shortages and problems in retaining teachers who are qualified to provide early intervention and educational services. Supports the need for continued federal leadership and policy development for children and youth who are deaf-blind,

#### **Practice**

OSEP should consider revising the "Selection Criteria" used in the state and national TA Request For Proposal to better align the strong Federal accountability mandates with the grant evaluation activities. Currently, the Selection Criterion used do not include evaluation; yet a major emphasis of current RFPs and the current administration is the demonstration of child outcomes and a the impact of a project's services on students and families. In addition, increased clarification and guidance related to the extent and intensity of child change data which is currently being requested.

NTAC feels that it is also important for OSEP to continue to have states collect census data. These data provide important information to determine some critical child needs.

#### **Research**

The majority of children/youth who are deaf-blind do not have a symbolic (or formal) communication system that they use. It is difficult to determine if this is due to the severity of their cognitive and motor disabilities in conjunction with their sensory impairments, or if it is due to insufficient effective practices and strategies being implemented in their education and home settings. Additional research in this area, and in the area of behavior problems for the CHARGE populations, are just two areas in which research findings would assist to guide the technical assistance efforts of NTAC and the state projects. It is important to continue to provide assurances that children/youth who are deaf-blind are included in all Federal studies so that they are represented.



## **APPENDIX A**

### **Long Range Technical Assistance Plans**

**STATE PLAN NEEDS/OUTCOMES COMPARISON**

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
AK	<p>1. Statewide expertise among families and service providers for appropriate program development.</p> <p>2. In-state trainers with advanced level knowledge and skills in content and training to train families and service providers</p>	<p>1.1 Families and service providers trained in topical areas which have been identified through formal and informal needs assessments.</p> <p>2.1 Selected family members and service providers trained in advanced levels of areas related to DB with the intention of developing consultants of local resources who can provide TA within the state.</p>	X	X		
AZ	<p>1. Expertise in best practices related to diversity of needs, program planning, communication, technology, O&amp;M, accessing resources for families, educators and related service personnel.</p>	<p>1.1 Increased knowledge/skills of families, educational teams and service providers throughout state in areas of program planning, communication, O&amp;M, technology, accessing and developing resources, etc. to improve programs in school, home and community.</p>	X			
CA	<p>3/99 Plan 1. Develop a training model to build local capacity.</p> <p>2. Develop/enhance seamless transition to Adult Services</p> <p>3. Infuse DB content into existing teaching &amp; rehab. Counseling programs.</p> <p>5/00 revised 4. Increase accuracy of census</p> <p>5. Implement effective family services.</p> <p>6. Develop a seamless transition for all ages.</p>	<p>1.2 Increased collaboration between service agencies to enhance services, resources, quality of life for individuals with DB.</p> <p>3/99 1. Develop, implement, maintain, &amp; evaluate a training and service delivery model that builds local expertise.</p> <p>5/00 4. Census data collection system will be implemented.</p>			X	
CO	<p>1. Children and young adults who are at risk of having Usher Syndrome need to be identified as early as possible in order to provide appropriate services to the child/young adult, family, and professionals working with the individual.</p>	<p>5. Resources will be identified to either support the parent support network COPE-DB or to alternate strategies will be explored.</p> <p>6. Assessment of strengths &amp; weakness of current system. Implement strategies to improve the current system.</p>		X		
HI	<p>1. Increased knowledge and skills of educators in areas of communication and functional program development.</p> <p>2. Ability at LEA level to train and maintain expertise in DB and communication.</p>	<p>1. A long term plan will be developed to identify the most appropriate strategies for Colorado with regard to Usher Syndrome screening.</p> <p>2. A small cadre of professionals will be trained in Usher Syndrome screening strategies so that they may perform, or train others to perform, screenings.</p> <p>1.1 Educators are trained in areas of communication assessment, writing IEP goals and objectives to include communication strategies, demonstrate, then implement communication techniques with students.</p>		X		

State TA Plan		State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
				<p>2.1 Key personnel will receive training so they have the expertise to follow up, consult or train educational staff in the areas of DB and communication.</p> <p>2.2 Ongoing TA and training will be provided by trained key personnel.</p>	X			
ID			<p>1. A training structure to support acquisition of knowledge and skills for adult service providers.</p>	<p>1.1 Adult service providers will gain an awareness of DB, effective practices and community programs; and local, state and national resources which can be used to enhance services for all individuals who are DB.</p> <p>1.2 Selected adult service providers will develop advanced level skills and knowledge regarding DB and will develop the training skills necessary to provide ongoing training to other service providers.</p>	X	X		
MT (dev 3/01)			<p>1. Ongoing training is necessary to enhance the knowledge and skills of service providers and families across the state.</p> <p>2. A system of follow-up for training and technical assistance is necessary to ensure the implementation of TA and training provided.</p>	<p>1.1 Families and service providers will be trained in topical areas that have been identified through formal and informal needs assessments.</p> <p>2.1 Develop strategies and necessary documents for a system to do follow-up TA and evaluation after providing training.</p>	X		X	
NM			<p>1. Increased expertise of in-state regional consultants in best practices related to communication strategies, Hand in Hand materials, Van Dijk principles, and teacher competencies.</p> <p>2. Procedures for consultants to track and maintain child change data.</p> <p>3. Knowledge and skill for adult service providers in managing disruptive behaviors.</p>	<p>1.1 Increased knowledge/skills of NM DB consultants in Hand in Hand materials, Van Dijk principles and teacher competencies of "best practices."</p> <p>2.1 Documented child change data and evaluation system for program.</p> <p>3.1 Trained team of core persons in the area of behavior management and communication.</p> <p>a. Adult service providers and others are trained in specific skills related to behavior management and communication.</p> <p>b. Trained persons will implement skills with individuals with DB to enhance communication and decrease disruptive behavior.</p>	X	X		
NV			<p>1. Process to educate school nurses, public health nurses, Speech Pathologists, Audiologists, tribal health service personnel, teachers of deaf, teachers of blind, vision specialists and O&amp;M specialists in Usher screening techniques.</p> <p>2. 1/00 As a result of identification, training &amp; follow-up needs to be provided to educational teams &amp; families</p>	<p>1.1 All children who are deaf, hard of hearing, visually and hearing impaired will be screened for Usher Syndrome.</p>	X			
OR			<p>1. Increased knowledge/skills of consulting teachers in areas of TA delivery, model site development, and best practices in the field.</p>	<p>2.1 Students identified with US, will have training provided to their families &amp; teams</p> <p>1.1 Increased knowledge and skills of consulting teachers in areas of TA delivery, model site development and related topics to DB.</p>	X			

State TA Plan		State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
PB	<p>2. System change of adult service to accommodate/improve and expand access to service. Revised 5/00</p> <p>3. Develop supports for educational teams.</p> <p>4. Develop system for family support.</p>		1. Training to key educational staff on DB population, communication, O&M.	2.1 Develop a system for effective use of Medicaid Waiver in OR.	X		X	
				3.1 Teachers will have increased support, networking opportunities & quicker response time in TA delivery.	X			
				4.1 Families will have input in determining the best resources to meet their needs.	X			
				1.1 Increased knowledge and skills of educators working with students with DB in areas of program planning, communication and O&M.	X			
UT	<p>Revised 10/99</p> <p>2. Develop an effective TA delivery system</p> <p>1. Family training and networking to enhance knowledge and skills.</p> <p>1a. Family social networking.</p> <p>2. Family access to information regarding appropriate services.</p>		2.1 Local capacity will be built training and delivered through the developed TA model.		X			
				1.1 Families in all areas of the state will have at least two opportunities per year to attend training activities specifically designed for families.	X			
				1.0 A family support system which includes training and networking opportunities will be established.	X			
				2.1 An in-home assessment tool will be developed and families and service providers will be trained to use it.	X			
WA	<p>1. More parent/guardian involvement in "Parents and Friends for People with Deaf-Blindness."</p> <p>2. Mentoring of families by DB adults and other families as they learn to navigate various emotions, systems and environments.</p> <p>3. Service providers with ability to assess an individual's appropriate language/format needs and availability of information in appropriate format for consumers.</p> <p>4. Training for service providers and families in topical areas relating to DB.</p>		2.2 A resource guide compiling information about DB services, contact information, and contact instructions will be developed for families and service providers.		X			
				2.3 Increased knowledge of adult service systems and services.		X		
				1.1 As a result of the implementation of identified strategies, greater numbers of parents and guardians will participate in local or state DB support networks and assume a variety of participatory and leadership roles.	X			
				2.1 Adults who are DB and family members will be trained in mentoring skills and given the opportunity to interact with mentees.	X			
WY	<p>1. Awareness training for parents and providers.</p>		3.1 Service providers, families and consumers will be made aware of local, state and national resources for producing materials for consumers in appropriate language and formats.					X
			4.1 Families and service providers for children and young adults will have training in areas related to DB and support in implementation of strategies following the training.	X				
			1.1 Parents and providers will have the opportunity to receive training in a manner which suits their learning style.		X			

**State TA Plan**

State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
IL	2. Skill attainment/implementation training for Wyoming Early Intervention Assessment Team.	2.1 WEIAT members will gain the skills and knowledge necessary to provide appropriate, multi-disciplinary assessments; train parents and service providers attending the clinics on effective strategies; and develop the expertise to train service providers across the state.	X	X		
	3. Awareness training for medical personnel.	3.1 Wyoming medical personnel will gain a better understanding of DB; appropriate and effective strategies for working with individuals who are DB; and state, regional and national resources available.	X	X		
	1. Training of service providers in a variety of topics.	1.1 Trainers will be identified, increase their knowledge and skills, and have access to training in six content areas: behavior management, O&M, vision loss, communication, leisure activities, and best instructional practices. 1.2 Trainers will receive instruction and support to replicate/continue training. 1.3 Trainers will conduct training to additional service providers in their agency or regional area.	X	X		X
IN	1. Training for service providers who work with transition age DB in communication, vocational assessment, DB overview, transition planning and curriculum.	1.1 Teams supporting 3 transition age DB individuals will increase their knowledge over five content areas including employment, communication, DB overview, curriculum, transition planning.	X	X		
	2. Jobs for people who are DB that match interest and abilities.	2.1 Content and process strategies (practice applications) of the summer training will be recorded and disseminated to teach an increased number of service providers who work with DB transition age individuals.	X	X		
IA	1. Service providers and families to be better communicators with DB.	1.1 Develop consistency on the role of interveners in the lives of persons who are DB by gathering information from other states, and meeting with key people in Iowa around this strategy.				X
	2. Skills for individuals who are DB to communicate in their "world."	2.1 Develop a mentor system to support teams who serve students focusing on the communication need.				X
	3. Qualified sign language interpreters (cued speech and oral interpreters).	3.1 Information will be collected on: a) issues regarding interpreting for DB; b) current availability of interpreters in Iowa; c) training needs of interpreters and potential for collaboration across agencies.	X	X		
	4. Continued training and partnering of local/state transition teams.	4.1 Conduct training sessions on P-CFP and other collaborative teaming strategies to identified local teams serving individuals who are DB. 4.2 Record and disseminate successful strategies learned through the state and local partnerships.	X	X		X

State TA Plan		Initiated	Occurred	Did not occur	Dropped
State	Ranked Needs	Desired Outcome(s) to Meet Need			
KS	<ol style="list-style-type: none"> <li>1. Individuals who are DB and their families to have better access to information, resources and professional-family partnerships in order to effectively meet their needs.</li> <li>2. Individuals who are DB using person specific communication systems in variety of settings.</li> <li>3. Case study approach for transition planning in areas of leisure, communication, daily living and employment.</li> </ol>	X	X		X
MI	<ol style="list-style-type: none"> <li>1. Revitalize and strengthen the parent group in Michigan Association of the DB in order to build a strong network of support for parents.</li> <li>2. To strengthen existing state/local team partnerships and add new local teams.</li> </ol>	X	X	X	

State TA Plan		Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
State							
MN	<p>1. Trained personnel to serve infants, toddlers, and preschoolers and their families.</p> <p>2. "Fine tuning" of the intervener program.</p>	<p>2.5 The trainers will help set up and train more new local teams.</p> <p>1.1 Increase awareness of the issues in early intervention and early childhood for children who are DB with "key" people in the area of EC/EI.</p> <p>1.2 Increased skills and knowledge of personnel working with infants, toddlers, and preschoolers who are DB.</p> <p>1.3 Appropriate programming for new referrals are achieved for infants, toddlers, and preschoolers who are DB as well as existing early childhood children identified on the MN census.</p> <p>2.1 To establish a structure for the use of interveners in MN.</p> <p>2.2 To further develop the intervener model of services and connect with other developing programs across the country.</p> <p>2.3 To develop an outline of identified skill areas for the use of interveners/SSPs for individuals who are DB.</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>				
MO	<p>1. Offer and expand a continuum of employment options for DB.</p> <p>2. Good/appropriate communication skills for consumers/direct service providers to understand and communicate with each other.</p>	<p>1.1 Identify and develop a systemic process/model to address individual vocational needs to expand employment options to consumers.</p> <p>1.2 An increased number of service providers are trained on utilizing this process/model.</p> <p>1.3 Service providers implement activities necessary for job development, training and support.</p> <p>2.1 A systemic model will be developed and used to ensure consumer and direct service providers are trained and using appropriate communication skills.</p> <p>2.2 An increased number of service providers and individuals who are DB can effectively communicate wants and needs.</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>				
NE	<p>1. An accurate and integrated identification system for provision of services and identification for children and young adults.</p> <p>2. An integrated identification system for children and youth who are DB is implemented.</p>	<p>1.1 A more efficient system of identifying children and young adults who are DB is developed with the Nebraska Special Education Information System.</p> <p>1.2 An integrated identification system for children and youth who are DB is implemented.</p>	<p>X</p> <p>X</p>				

State TA Plan		Initiated	Occurred	Did not occur	Dropped
State	Ranked Needs	Desired Outcome(s) to Meet Need			
State	2. Continued support and ongoing training for TA Team on communication strategies for children and youth.		X		
	3. Development of a system of training paraeducators who are job coaches in the areas of supported employment for population of DB that included severe disabilities.		X		
			X		
GLARC	1. Local/state capacity to provide training for service providers and families to have competency to work with persons who are DB.		X		
			X		
			X		
			X		
			X		
	2. Seamless continuity ensuring appropriate transition process.		X		
					X
					X



State TA Plan		State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
ND	<p>1. Training for key personnel and families of infants, toddlers, and preschoolers in communication skills, assessment, functional vision and hearing programming.</p> <p>2. Support for local capacity efforts of North Dakota Statewide TA Team.</p>	<p>and skills in person centered planning, i.e., MAPS.</p> <p>1.1 Increased skills and knowledge of key personnel and families in areas of communication, assessment, functional vision and hearing programming.</p> <p>1.2 Improved IFSPs regarding programming, family participation, and increased number of home visits for this population.</p> <p>1.3 Demonstrated level of implementation of skills learned in the above areas.</p>	X	X				
SD	<p>1. Coordination/collaboration of GPRA states to identify and share strategies on identifying and serving Native Americans.</p>	<p>2.1 Increased pool of STAT members including more family involvement.</p> <p>2.2 Increased knowledge and skills of all STAT members in specific skill areas as identified in needs assessment.</p> <p>2.3 Increased knowledge in delivery of TA, development of action plans, evaluating TA.</p>	X	X	X			
AL	<p>1. Collective vision of parent group in response to Coalition identified needs.</p>	<p>1.1 Increased awareness of the dicuational and identification needs of Native American children who are DB among the Alliance states will discuss their progress, share information on educational and identification issues, and problem-solve ideas to enhance the services of Native American children.</p> <p>1.2 Increased knowledge of Native Americans regarding the activities of the GPRA in educational and identification issues.\</p> <p>1.3 Increased number of states will have access to the GPRA Template manual which will include information on cultural uniqueness of Native Americans, and provide awareness of DB and the unique needs of this population.</p>	X	X	X			
AR	<p>1. Families, community members, educators and service providers need to be trained and become knowledgeable in issues of best practices.</p>	<p>1.1 Parent group will have a unified position and recommendations for the Coalition (in response to identified needs).</p> <p>1.1 Selection of 3 sites (based on survey conducted to assess interest and need) to pursue development of model programs.</p> <p>1.2 Three (3) model program staff/teams will have increased knowledge and skills in the areas of DB as a result of being trained in "effective practices."</p>	X	X	X			

State		State JA Plan		Initiated	Occurred	Did not occur	Dropped
State	Ranked Needs	Desired Outcome(s) to Meet Need					
FL	1. Realistic and effective person-centered transition planning.	<p>1.1 Effective transition strategies will be identified and recommendations for replication will be disseminated.</p> <p>1.2 Task force will identify a mission statement, goals and objectives to support the transitional local teams.</p> <p>1.3 2-3 transition aged young adults with DB will achieve transition outcomes in the areas of community work, living, housing and recreation.</p> <p>1.4 All school districts in the state serving students who are DB will receive an announcement of the transition pilot project, updated information on the progress on the pilot project, and final document for replication.</p> <p>2.1 A statewide family network, representing the full DB population, will be in place.</p>	X	X			
GA	<p>2. Access to information sharing, family to family connections, training opportunities, social gatherings, organized advocacy for parents/guardians and families.</p> <p>1. A standardized procedures for screening children at risk for Usher Syndrome.</p>	<p>1.1 Increased number of professionals (consultants, vision teachers, teachers of the deaf, etc.) will gain knowledge and skill in conducting screening for Usher Syndrome.</p> <p>1.2 Children at risk for Usher Syndrome will be screened.</p> <p>1.3 School staff and related professionals will receive Usher Syndrome sensitivity and awareness training.</p>	X	X		X	
KY	<p>1. Collaborative, community transition planning and implementation of self-determined transition plans</p> <p>2. Collaborative, community transition planning and implementation of self-determined transition plans</p> <p>3. Increase the range of personnel using best practice</p>	<p>1.1 Establish two regional transition teams</p> <p>2.1 Increase the number of students supported by PCFP teams</p> <p>2.2 Increase the number of personnel who are trained in implementing PCFP</p> <p>2.3 Provide PCFP trainings in programs serving young children</p> <p>3.1 Develop a personnel prep program across region universities</p> <p>3.2 Increase the knowledge and awareness of EI/EC service providers</p>	X	X		X	

State TA Plan		State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
LA	1. Opportunity to receive training by all persons who work with individuals who are DB.	1.1 Statewide needs assessment will be developed and in place. 1.2 Evaluation plan will be developed and in place. 1.3 Increased sharing of training information (across agencies), with a plan in place for higher levels of collaboration, to: a. avoid duplication of training; b. expand/increase number of individuals trained; c. assure cross-agency site sharing of information (e.g. activity/event calendar), web-site d. establish process to ensure continuation of collaboration efforts; e. assure appropriate training through collaborating	X X					X
MS	1. All individuals who are DB to be served by collaborative team that has received comprehensive training.	1.1 At least 2 Regional Resource Partnerships are established and in place. 1.2 Increased number of personnel and family members (from at least 2 regions of MS) are trained in effective practices associated with educating children with a low-incidence disability, such as DB. 1.3 Improvement in the educational programs for at least two or more students who are DB as a result of the partnership efforts.	X X X					
NC	1. Family and professional access to information and resources related to best practice	1.1 Identification of parent perspectives of most important practices 1.2 Targeting of key recipients to receive practices 1.3 Development of a dissemination and training plan related to identified practices	X					X X
OK	1. To increase interagency collaboration and training w/ Part C, ECE providers and early school age personnel related to early identification and awareness. 2. To increase the competencies of teachers and related service personnel providing services to school aged children w/ Deaf-blindness.	1.1 Early interventionists will increase their awareness and knowledge and skills for early identification, referral and intervention 2.1 Project will continue to increase service provider competencies through collaborative training	X X					
PR	1. To identify all children who are DB, place them on the census, and conduct a needs assessment of families, teachers and administrators who support each identified person who qualifies for DB services.	1.1 Establishment of census policy and procedures. 1.2 Establishment of needs assessment procedures for family members, teachers, and administrators.	X					X

State TA Plan		Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
State							
SC	1. Training for professionals, families, and others in contact with individuals who are DB	<p>1.3 Increased number of DB children and young adults on PR census.</p> <p>1.1 Usher Syndrome screening program will be in place and implemented.</p> <p>1.2 Increased pool of people with knowledge/awareness.</p> <p>1.3 Plan will be in place for screening.</p> <p>1.4. Increased number of personnel trained to screen.</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>				
TN	1. There is a need to address information and training needs of families and school personnel in central Tennessee	<p>1.1 Increased and awareness of a variety of TA models</p> <p>1.2 Development of two Multi-disciplinary teams trained in deaf-blindness</p> <p>1.3 Increased skills in two students</p> <p>1.4 Establishment of two school sites as a resource for other schools</p> <p>1.5 Increase capacity of central Tennessee resource center</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>				
TX	1. Training/information to families and personnel providing educational services.	<p>1.1 300 family members, professionals, and paraprofessionals will have increased knowledge of specific issues related to DB, including: technology; concept development; quality indicators (for preschool); communication; student assessment; behavior.</p> <p>1.2 300 family members, professionals, and paraprofessionals will be updated on and have increased knowledge of national issues surrounding DB including the history of and current trends in services to individuals who are DB.</p> <p>1.3 Families of individuals with Usher Syndrome will have information they need to design the type of support(s) they would like to have in place.</p>	<p>X</p> <p>X</p> <p>X</p>				
VI	No TA Plan available	2. Provide ongoing means for parents to connect/network/interact to address any/all critical family issues and collaborate with professionals.	<p>2.1 A refocused parent group, with the internal organizational structure to meet the needs of the membership, will be in place (and will have acquired the skills necessary to do long-range planning). The following intermediate outcomes will be considered: regionalized networking system; options for fund raising; system in place for information getting to the local level; executive director (pd?) in place.</p>				

State TA Plan		Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
State							
DE	1. Access to meaningful and challenging employment opportunities in community settings for transition aged youth.	<p>1.1 The interagency council agrees to support and work toward achieving the outcome of young people who are DB working in community based supported employment sites.</p> <p>1.2 Agency has developed the capacity to promote awareness, knowledge and skill acquisition in the area of community based supported employment for your people who are DB.</p> <p>1.3 # of service providers and support staff have the knowledge and skill to work with people who are DB in community based supported employment sites.</p> <p>1.4 # of young adults who are DB with additional disabilities are working in community based supported employment sites.</p> <p>1.5 Upon successful completion of outcomes, the process will be documented and available for dissemination and replication.</p> <p>1.6 The members of the interagency council continue to collaborate to ensure that students who are DB are working in community based supported employment settings.</p>	X  X  X  X  X	X  X  X  X  X			
DC	1. A central point of contact and coordination of services for children and young adults who are DB and their families in DC..	<p>1.1 Potential candidates are identified to serve on an interagency task force to serve children and young adults who are DB.</p> <p>1.2 Task force members agree on a common value statement and mission to serve children and youth who are DB in DC. An interagency task force is formed.</p>				X  X	
MD	1. Access to personnel who have the knowledge, skills, resources and training for all individuals who are DB.	<p>1.1 The various models of using mentors to train and support teachers is explored.</p> <p>1.2 A mentor teacher model is designed to fit the needs of MD.</p> <p>1.3 Prospective mentor teachers are selected to participate in the program.</p> <p>1.4 (#) of teachers selected to become mentored are trained in (1) "best practices" and appropriate methods for teaching children who are DB; and (2) the role and responsibilities of the mentor teacher.</p>	X	X		X  X	

State TA Plan		Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
State			<p>1.5 .Mentor teachers provide training and support to the teachers, parents and related staff of (#) students who are DB in the areas of "best practices" and appropriate methods in teaching students who are DB.</p> <p>1.6 The teachers and related service providers of (#) students who are DB are using best practices and appropriate methods in teaching their students who are DB.</p> <p>2.1 A parent group is identified to take the lead in an effort to secure corporate funding for an annual family event in MD.</p> <p>2.2 The identified parent group has the organization, knowledge and skills necessary to write a proposal to corporate sources to secure annual funding of the family event.</p> <p>2.3 Possible funding sources are identified and proposals are submitted.</p> <p>2.4 A contractual agreement is developed and agreed upon by the parent group and the corporate sponsor for annual funding of a family event in MD.</p> <p>2.5 The process is documented for use by other parent groups.</p>	X	X		
NJ	<p>2. Access to information, training and networks of support for families of individuals who are DB.</p> <p>1. An increase in seamless service coordination between agencies serving persons who are DB.</p> <p>2. A parent-to-parent group that provides support and empowerment and services as an organized interest group that advocates on behalf of children and young adults.</p>	<p>1.1 DB STEP-UP members who provide transition and adult services will regroup/convene and support a pilot project designed to increased seamless services to persons who are DB.</p> <p>1.2 Four (4) adults who are DB will have written plans (e.g. IEP, IWRP, IHP, etc.), by age 21, that identifies agencies who can meet their transition and long-term needs.</p> <p>1.3 Four (4) young adults, by age 21, who are DB in the state of NJ will be linked with appropriate agencies.</p> <p>1.4 Twelve (12) young adults who are DB in the state of NJ will have received seamless service coordination.</p> <p>2.1 Parents of children who are DB in the state of NJ who are interested in participating in a parent support group will be identified.</p> <p>2.2 Parents of children who are DB in the state of NJ will form a</p>	X	X	X	X	

State TA Plan		Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
State	Ranked Needs					
		<p>group and develop a shared mission statement.</p> <p>2.3 A statewide parent-to-parent support network will be established.</p> <p>2.4 The parent group is expanded and is affiliated with other parent organizations in NJ.</p> <p>2.5 Parents of children who are DB will receive support from one another and will have access to an organized interest group advocating on behalf of the needs of children and young adults who are DB in the state of NJ.</p>	X	X	X	
NY	<p>1. Strengthening of pre-existing state and local team partnerships and expansion to new partnerships of service providers who work with transition age young adults.</p>	<p>1.1 A partnership between service providers who work with transition age young adults who are DB and their families in the Syracuse, NY area will be developed.</p> <p>1.2 Team members will gain familiarity with transition age young adults who are DB in the state of NY and learn what their needs are.</p> <p>1.3 Existing and newly developed teams will strengthen their partnerships and will address the needs of transition age young adults who are DB.</p>	X	X	X	
PA	<p>1. Access to appropriately and adequately trained service providers</p> <p>2. Increased services for students with Ushers syndrome</p>	<p>1.1 Development of the BEST training program including follow-up and evaluation measures</p> <p>1.2 Collaboration by Tri-state Consortium on BEST training</p> <p>1.3 Identification of teams for BEST training</p> <p>1.4 BEST training for identified teams</p> <p>1.5 Identification of field consultants from trained teams</p> <p>2.1 Increased knowledge and skills related to Ushers for service providers and families</p> <p>2.2. Identification of students with ushers</p> <p>2.3 Advanced knowledge and skills related to Ushers for service providers and families</p>	X	X	X	X

State TA Plan

State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
RI	<p>1. Access to adequately and appropriately trained for DB students.</p> <p>2. Increased service providers and parents knowledge and skills related to Usher syndrome</p>	<p>2.4 Students with Usher syndrome will have the knowledge and skills for self-determination</p> <p>1.1 Needs assessment for youth and adults</p> <p>1.2 Increased understanding of deaf-blind youth and adults by service providers</p> <p>1.3 Increased skills by service providers</p> <p>2.1 Service provider training related to transition for youth with Ushers</p> <p>2.2 Parents of young adults with Ushers will gain Knowledge and receive support related to the condition</p> <p>2.3 Transition aged students with Ushers' at RISD will receive support from trained personnel</p>	X	X	X	
VT	<p>1. An increase in seamless transition services provided by personnel who have knowledge, skills, resources and training specific to needs of young adults.</p> <p>2. Standardized procedures for screening children at risk for usher Syndrome.</p>	<p>1.1 VT I-TEAM and members in the adult service agencies will join in a collaborative effort to promote "best practices" in transition planning and service delivery.</p> <p>1.2 An increased number of teachers, related and adult service providers will gain knowledge and skills in implementing the "best practices" in transition planning.</p> <p>1.3 _Number of transition age DB students and young adults in VT will have a written plan that identifies transition outcomes in the areas of work, living, recreation and socialization.</p> <p>1.4 _Number of young adults who are DB who have left the educational system are working, living, socializing in the community of their choice.</p> <p>2.1 Increased number of professionals (consultants, vision teachers, teachers of the deaf, etc.) will gain knowledge and skill in conducting screening for Usher Syndrome.</p> <p>2.2 _# of children at risk for Usher Syndrome will be screened by the age of ___.</p> <p>2.3 School staff and related professionals will receive Usher</p>	X	X	X	



**State TA Plan**

State	Ranked Needs	Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
VA	1. Access to personnel and family members who have the knowledge, skills and resource to meet unique needs	<p>Syndrome sensitivity and awareness training.</p> <p>1.1 Development of a statewide family organization</p> <p>1.2 Development of a comprehensive evaluation system</p> <p>1.3 Increased capacity of T-TAC (SEA) related to training of students who are DB</p>	X	X		
WV	1. Access to personnel who have knowledge, skills, resources and training to meet needs of individuals who are DB.	<p>1.1 The parents, teachers and related service professionals of 25 students in Kanawha County are trained in appropriate methods and "best practices" for serving students who are DB.</p> <p>1.2 As a result of training, ___% of teachers, parents and related service providers are using appropriate methods and "best practices" to serve students who are DB.</p>	X	X	X	
NEC (CT, ME, MA, NH)	1. An increase in service provision for transition age young adults who are DB through an interagency team approach in the NEC states.	1.1 After exploring/investigating different transition modes, members of the NEC Advisory Council and appropriate stakeholders will identify an interagency transition model that they will support and promote in CT, MA, NH, and ME.			X	X

State plan needs comparison.doc

## **APPENDIX B**

### **Summaries from Illinois and Nebraska from August Topical Workshop**

## Illinois Evaluation Summary Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 1999-2000 (ISD, LICA)

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : 4

Number of students screened by Project Reach staff: 22

Number of staff at your agency trained to do screen? 13

Number of students screened by members of your agency: 50

Number of students recommended for more screening: 2

     repeated screening                      2 paper/physical screening

Number of students recommended for further diagnostics after the screen: 3

Have these diagnostics been completed? If not, what have been the barriers?

**Yes, all were completed**

Number of these students diagnosed with Usher Syndrome/Retinitis Pigmentosa? 1

Number of students diagnosed with other visual impairments? 1

How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? 0

How many were referred to the Philip Rock Center after the screen? 0

If they are eligible but not referred, what are the reasons/barriers?

**School staff not sure of procedure**

Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

What changes would you recommend in the:

- 1) Actual screening process: - **be sure interpreters are used as needed**
- 2) Staff training process: - **none**
- 3) Follow up: - **none**
- 4) Other: - **remove word "Usher" from training/testing materials that the students can see**

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

**-no comments**

## Illinois Evaluation Summary Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 2000-2001 (ECHO, ISD, LICA, Marion HOH, NIA/Parkwood )

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : 6

Number of students screened by Project Reach staff: 17

Number of staff at your agency trained to do screen? 3

Number of students screened by members of your agency: 100

Number of students recommended for more screening: 3

3 repeated screening      \_\_\_ paper/physical screening

Number of students recommended for further diagnostics after the screen: 2

Have these diagnostics been completed? If not, what have been the barriers?

**All were completed or rescreened except 2 "family declined"**

Number of these students diagnosed with Usher Syndrome/Retinitis Pigmentosa? 2

Number of students diagnosed with other visual impairments? 1

How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? 0

How many were referred to the Philip Rock Center after the screen? 1

If they are eligible but not referred, what are the reasons/barriers?

**Family declined**

Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>	<u>0</u>

What changes would you recommend in the:

- 1) Actual screening process: - **add pass/fail standards onto actual protocol/data sheet**
- 2) Staff training process: - **Davenport flowchart led to false negatives**
- 3) Follow up: - **flowchart of next steps; "script" to use with family**
- 4) Other: - **devise system to screen itinerant students**

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

**-option to call another family with same language or student same age; ongoing support to school staff as needs arise**

## Illinois Evaluation Summary Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 2001-2002 (CPS, Eisenhower, LICA, Marion HOH)

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : 8

Number of students screened by Project Reach staff: 1

Number of staff at your agency trained to do screen? 20

Number of students screened by members of your agency: 159

Number of students recommended for more screening: 2

     repeated screening                      2 paper/physical screening

Number of students recommended for further diagnostics after the screen: 9

Have these diagnostics been completed? If not, what have been the barriers?

Not all, due to funding for diagnostics and family declining

Number of students diagnosed with Usher Syndrome/R P? To be determined

Number of students diagnosed with other visual impairments? 3

How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? 4

How many were referred to the Philip Rock Center after the screen? 1

If they are eligible but not referred, what are the reasons/barriers?

Waiting for diagnostics

Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
<u>0</u>	<u>0</u>	<u>0</u>	<u>? plus 1</u>	<u>0</u>

What changes would you recommend in the:

- 2) Actual screening process: - Helpful to have Project Reach staff at training and initial screening; our agency changed forms to better suit our needs (Eisenhower), standardized forms for prior notice/announcements
  
- 2) Staff training process: - great as is; good to practice on one another
  
- 3) Follow up: assistance to review paper screens when done next school year; standardized protocols for follow-up
  
- 4) Other: - Helpful to have someone from Project Reach on site to answer questions

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

- resource printouts (2x); information meeting; list of retinal specialists; information about Ushers; list of other families with students who have Ushers.

**Inservice Evaluation Scale**  
developed in part by Earl McCallon, Ph. D.

Contact Person: Peg Singleton/Eisenhower Date of Inservice: 11-15-01

Specialist or Hired Consultant: K. Windy; M. Clyne

Topic of Inservice (please circle): Academics, Behavior, Collaborative Planning, Communication, Family-Specific Training, IEP/IFSP Quality, Inclusion (School or Community), Recreation, Resources for Families, Self-advocacy, Self-help, Social skills/friendship, Transition, Vision/Hearing, Work, Other: Usher Syndrome Screening

Thank you for attending this inservice provided by staff from Philip Rock Center/Project Reach. We are required to report on the effectiveness of the services we provide. Could you please answer the following questions regarding the completed inservice?

1) The organization of the inservice was:	Excellent <u>4</u>	3	2	Poor 1
2) The objectives of the Clear inservice were:	<u>4</u>	3	2	Vague 1
3) The ideas/activities presented were:	Very Interesting <u>4</u>	3	2	Very Dull 1
4) The scope (coverage) was:	Adequate <u>4</u>	3	2	Inadequate 1
5) The work of the consultant(s) was:	Excellent <u>4</u>	3	2	Poor 1
6) My involvement in this inservice should prove:	Very Beneficial <u>4</u>	3	2	No Benefit 1
7) Overall, I consider this inservice:	Excellent <u>4</u>	3	2	Poor 1

The stronger features of this experience were: Hands-on experiences with doing all subtests; critiques of our methods when testing one another; video had clear instructions; troubleshooting techniques helpful.

The weaker features of this experience were: None.

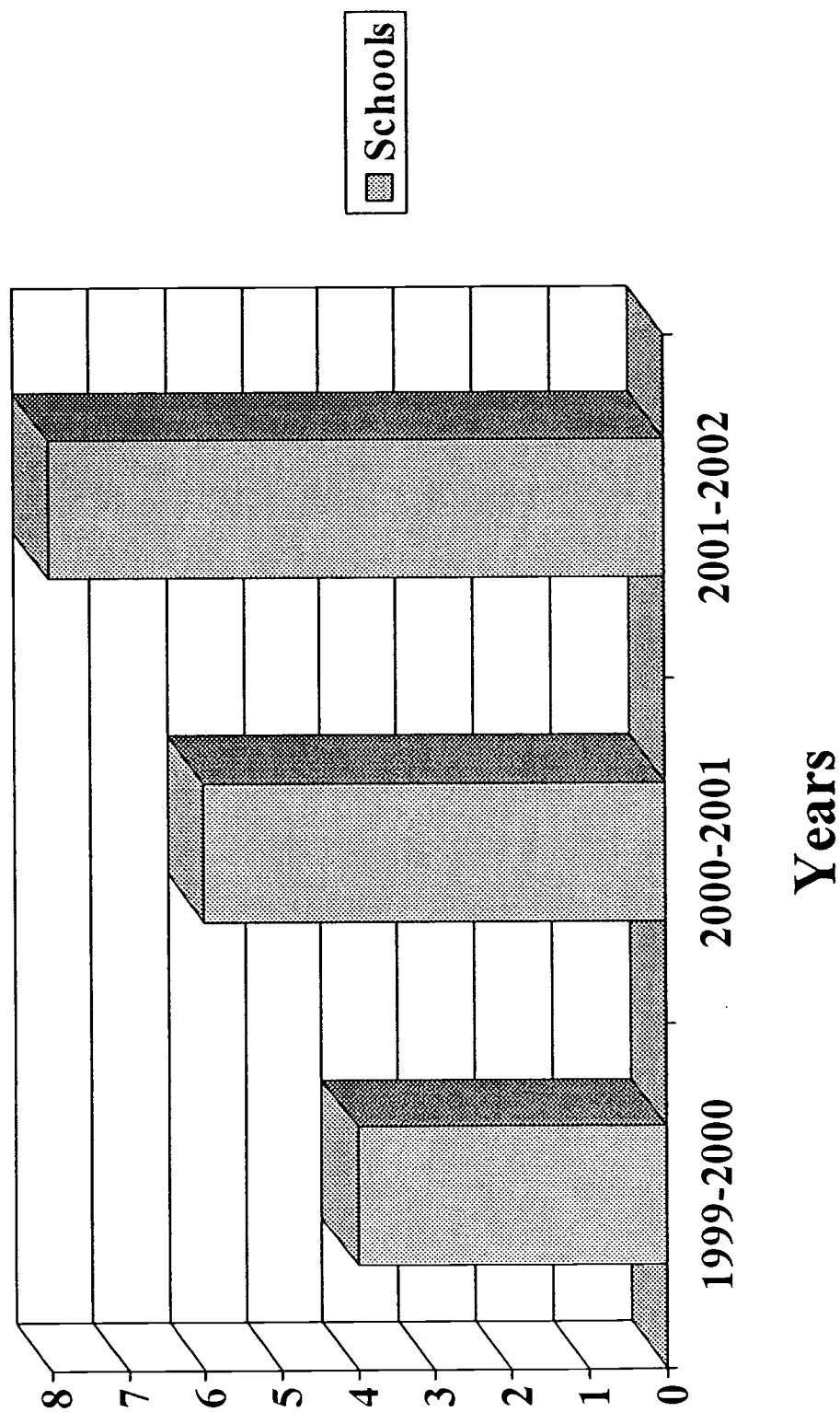
General Comments: Very thorough, lots of information given, but it is easy to manage it all and envision starting the program.

Do you feel the need for more information on this topic? YES NO

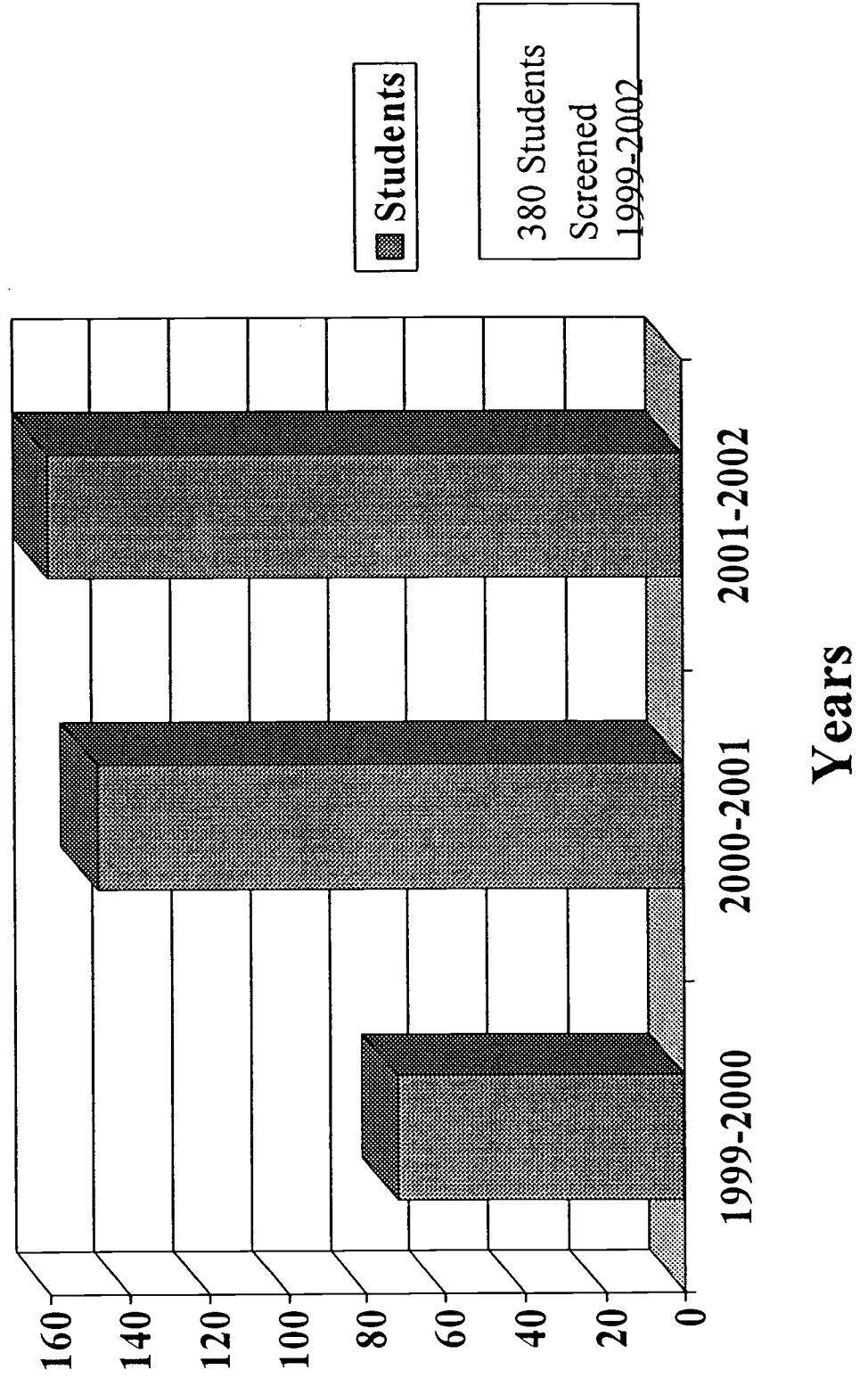
Will contact Project Reach as needed.

Any other comments, please use back of this form. Thanks for your input!

# Schools Completed Screening

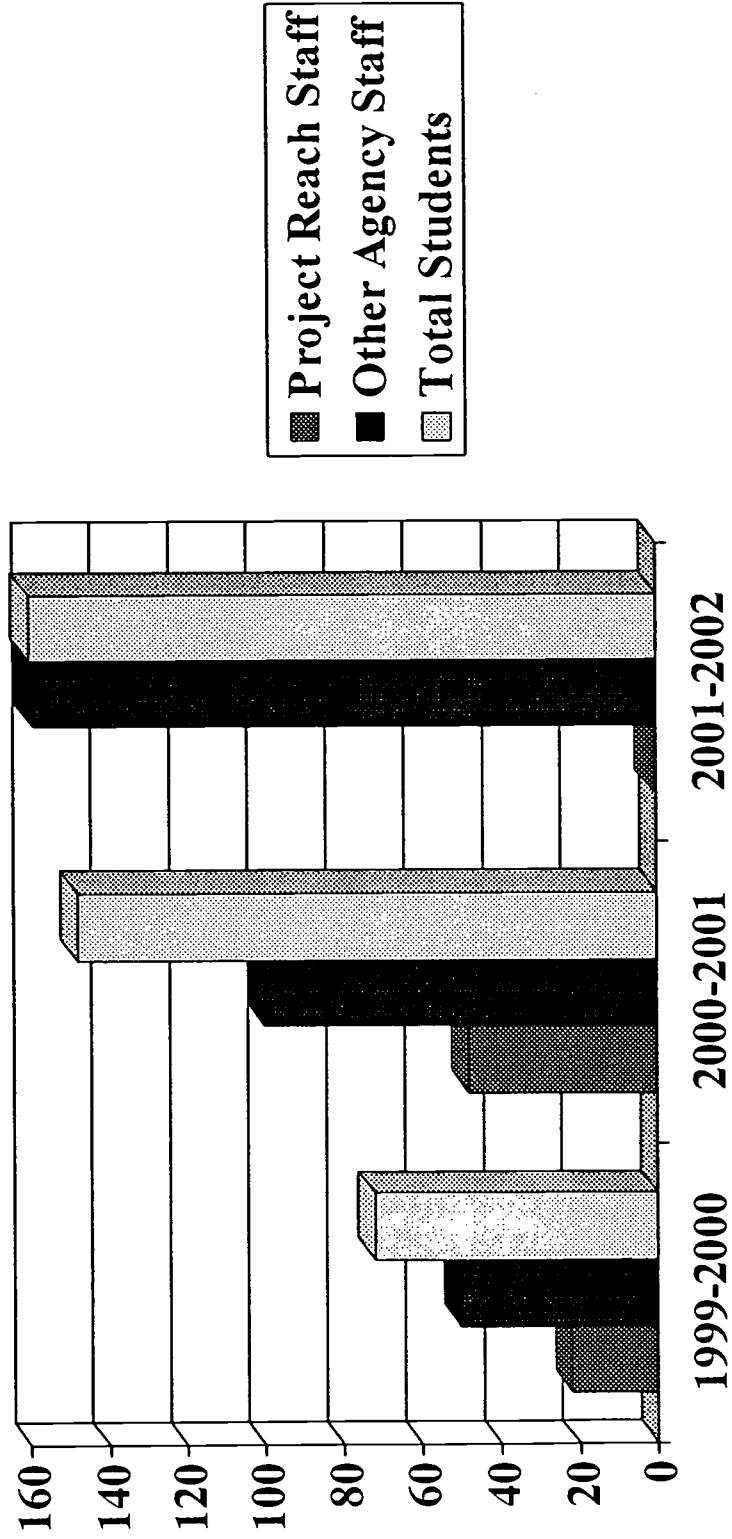


# Total Number of Students Screened

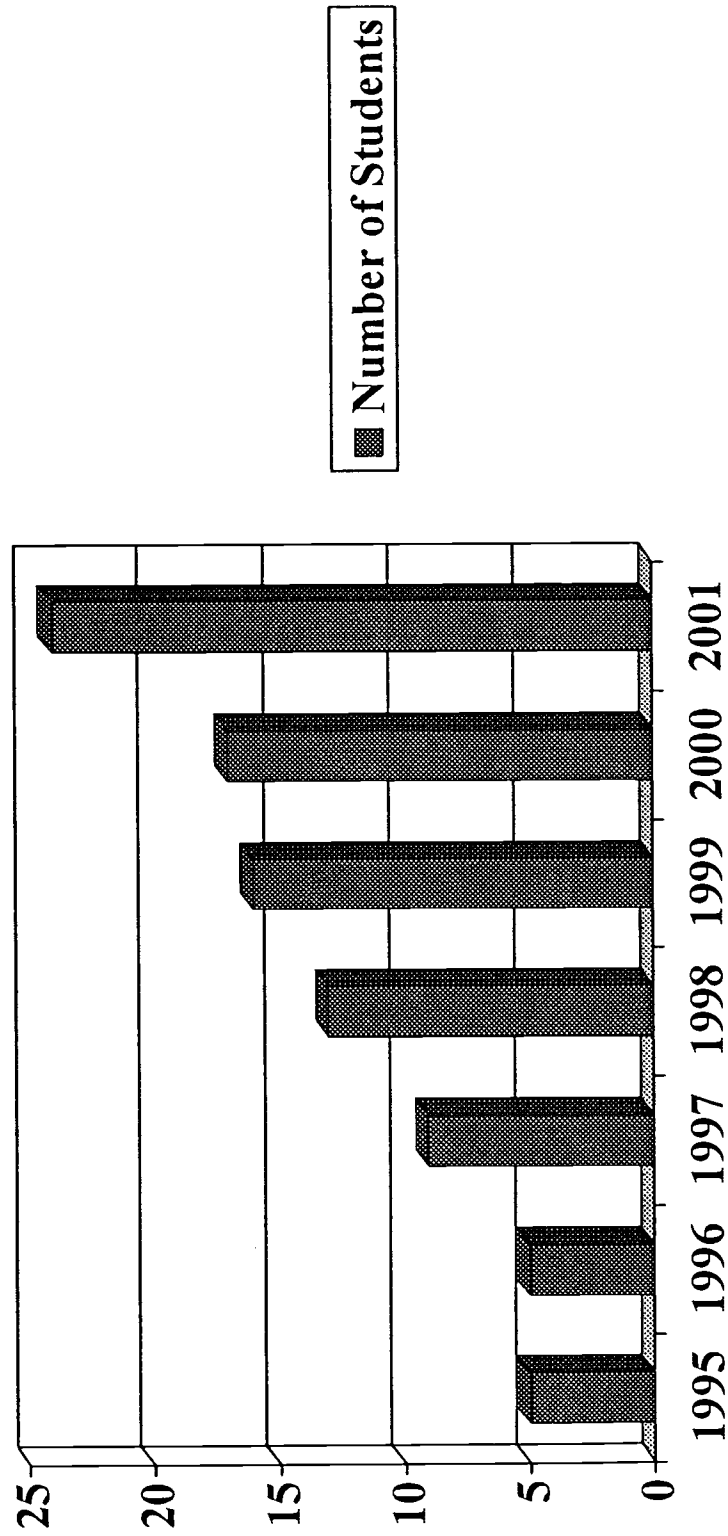




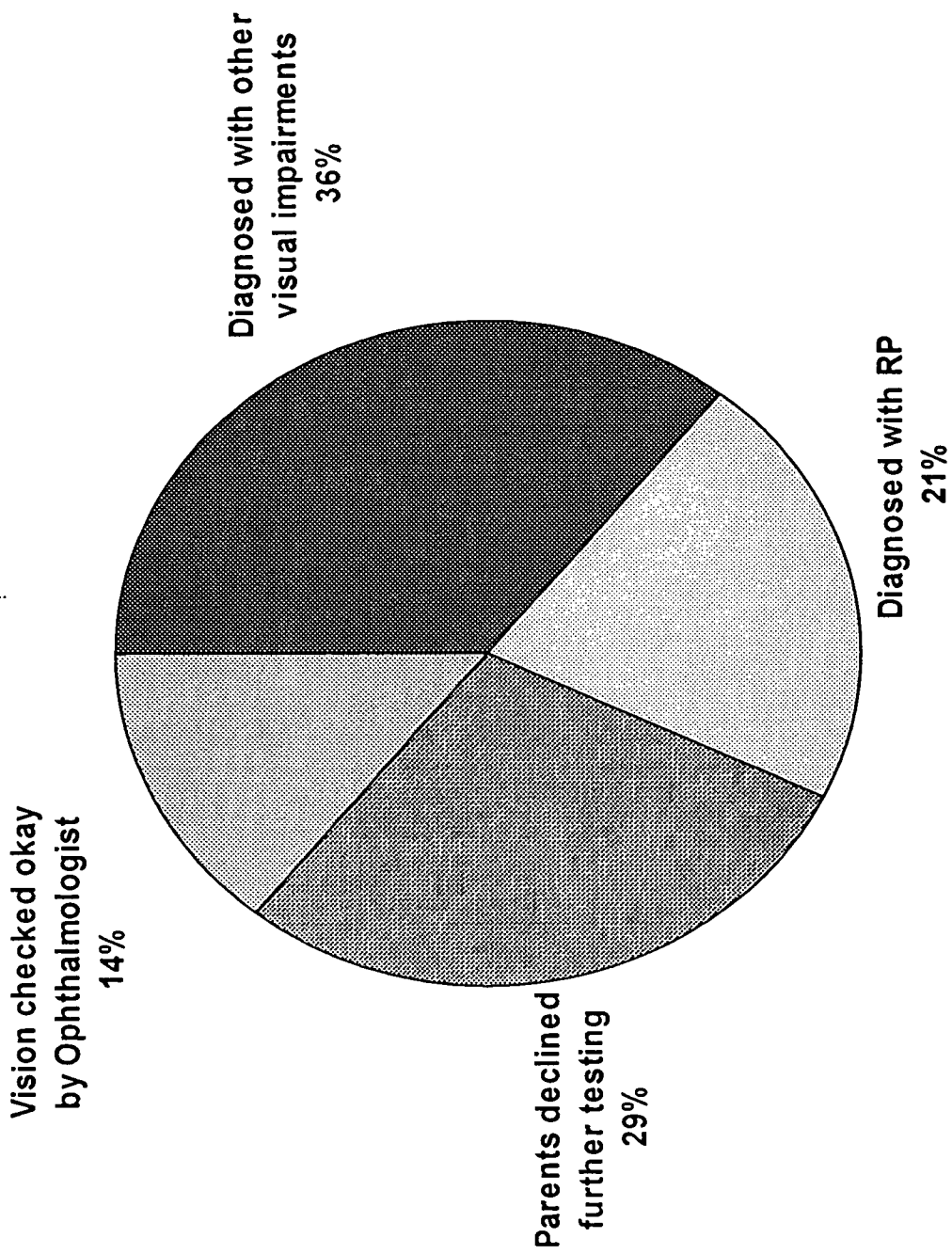
# Building Local Capacity



# Usher Syndrome



# POST US SCREENING DATA



# PROJECT REACH

## Technical Assistance Service Plan

Student's Name: Not Applicable Program/School Name: Chicago Public Schools  
 TA Recipient (family/school): District Deaf-Blind Specialist/ TA Provider: Michelle Clyne  
 Topic(s) of Consultation (please circle): Academics, Behavior, Collaborative Planning, Communication, Family-Specific Training, IEP/IFSP Quality, Inclusion (School or Community), Recreation, Resources for Families, Self-help, Self-advocacy, Social skills/friendship, Transition, Vision/Hearing, Work, Other: Usher Screening  
 Specific Goal(s) of TA: Chicago Public Schools (CPS) will develop a system for screening students who are Deaf/Hard-of-Hearing for retinitis pigmentosa  
 Best method(s) for TA: Individual TA visit - home  Individual TA visit - school  Materials loan  Staff Inservice  Other:

ACTIVITIES TO MEET GOAL(S)	PERSON RESPONSIBLE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	ACTUAL OUTCOME
CPS will apply for IAER minigrant coordinated by Project Reach	E. Andrews	Feb. 2002	01/28/2002	CPS was accepted when another agency had to suspend its plan
CPS core team will be given training in Usher Syndrome screening techniques	E. Andrews and M. Clyne and team	March 2002	03/08/2002	Training at main office with video and materials provided by IAER.
CPS core team will make changes to parent notification/releases, data forms, etc. They will determine a schedule and screen sequence.	E. Andrews and team	April 2002	04/10/2002 04/24/2002	CPS members went through district lawyers to determine release procedures. Practiced physical screen, decided to do that first.
Complete at least one screening	E. Andrews and team	July 2002	06/11/02	Screened middle school Deaf/HOH students at Bell Elementary - 1 already known to have Usher, 2 to rescreen with paper.

DATE OF TECHNICAL ASSISTANCE EVALUATION and FORMAT OF EVALUATION: 8/02 Project Follow-up Survey

TA Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 TA Recipient Signature \_\_\_\_\_ Date \_\_\_\_\_

## ILLINOIS USHER SCREENING PROJECT

### CASE STUDY: "Michelle"

August, 2002

#### Background Information

Michelle was born profoundly deaf. When she was a young girl in school, her mother could remember the school personnel telling her, she should have Michelle put on medication due to her short span. Michelle reportedly worked better in small groups and was being labeled more and more as a "behavior problem". Eventually, Michelle was enrolled in the Deaf and Hard of Hearing program at a high school, outside of her district, due to her behavior problems.

In March 2000, when Michelle was a sophomore, her high school was contacted by Project Reach: Illinois Deaf-Blind Services to screen students for Usher's Syndrome with hearing impairments. The project taught the teachers about Usher's Syndrome and how to conduct a screening with students. Susan, a speech therapist for the student population who are hearing impaired, was the contact person for the school program. She and the other teachers had identified several students they felt may have vision problems. Michelle was originally not one of the students they had concerns about. At a later time, a classroom teacher of Michelle's, indicated to Susan that he felt Michelle should be included in the screening. Michelle was a good student with mostly A/B grades in her classes.

#### Screening Process

The screening process began with asking the students to watch a video that describes the vision/balance screening process. When the students were asked, if they would mind if the lights were turned down, Michelle immediately began to sign "why" with a worried look on her face. So, the lights were left on.

Michelle was unable to pass any of the three parts of the screening: visual field, balance or cone test. Her visual field and night vision already appeared to be quite restricted. She immediately expressed concerns about how she had done and knew something was wrong.

#### School Personnel Feedback

Susan observed the screening and was surprised and upset that Michelle hadn't been identified earlier. She felt she was personally responsible for failing to initially identify Michelle's visual impairment. It was explained that sometimes the vision loss is so gradual it isn't easy to pick up under normal observations. Examples were given, of how a person with a restricted field of vision, may not be aware of things to her side, or up and down, or may express the feeling that people are "out to get her." Susan immediately began to realize that Michelle had some of these behaviors. A recent event, was where Michelle was in P.E. and playing volleyball. She became very upset and was accusing students of hitting her in the head with the volleyball on purpose. Based on the results of her screening, all agreed it was very likely she was unable to see the ball coming towards her. Susan also described several instances where Michelle felt people purposely ran into her while she walked down the hall. She also described incidents where Michelle seemed to get a little disoriented in areas where it was darker, and often times, she was accused of making excuses, for not getting to places on time.

#### Communication with Parent

Susan wanted to be the one who approached Michelle and her mother about the screening results. Susan had, and still has, a wonderful relationship with the family and is trusted by them. She consulted the

project staff to identify ways to approach the family and possible recommendations. Project staff recommended an ophthalmologist, Dr. Fishman, as the doctor to help make the appropriate diagnosis. He is considered an expert in Usher's Syndrome in the Chicago area.

### Additional Diagnostics

The family had HMO coverage, they needed a referral to Dr. Fishman from their general practitioner. When Michelle's mother explained their concern to their family practitioner and showed the letter written by Susan explaining the findings of the screening, the doctor proceeded to take out a penlight and shine it in each of Michelle's eyes repeatedly. He then explained to the mother that he did not see anything wrong with the eyes and that the "muscles were working just fine" and didn't find the need for further testing. Fortunately, after some persuasion from her mother, the HMO doctor still made the referral. Susan assisted the family in getting an appointment soon and Michelle was examined and diagnosed with Usher's I by May 2000. She already had a significant field loss of vision, night blindness and color blindness. Susan called the project staff with these results and asked for guidance for next steps. It was recommended that Michelle have a functional vision evaluation and an Orientation and Mobility (O & M) evaluation. It was recommended that Mike the deaf-blind specialist from Office of Rehabilitation Services (ORS) become involved, since Michelle would soon be a junior.

### School Follow-up

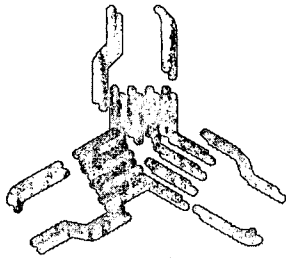
An O & M evaluation and a functional vision evaluation were done and a new IEP was written in November 2000 to reflect their findings. Instructional modifications were made in her program and O & M services was recommended. Finding an O & M instructor was more difficult, but again with the persistence of Susan and other school personnel, they were successful in hiring an O & M instructor from another district. The introduction of Braille was also recommended. Michelle indicated a lot of apprehension to these new changes in her learning environment. She began to see a psychologist to help deal with all of these changes in her life and continues to see him every other week.

As her mother once indicated, Michelle had already expressed how much she hated being deaf, and now to find out she is visually impaired and at risk of being blind was more than she wanted to accept. Michelle feels the only good news she has received in the past two years is that her vision has not changed at all in that period of time.

Michelle was almost denied graduation based on a failed grade in P.E. in her freshman year at her home school district. Her family was notified in April 2002 of this. Again, it was necessary to prove that her deaf-blindness would make it difficult to participate in a regular P.E. class and that she should be given an alternative way to gain the grade. After several meetings, she was allowed to write a term paper and received a passing grade and allowed to graduate.

### Next Steps

Mike of ORS has been very involved in helping Michelle begin her planning for her adult life. Michelle has always wanted to be an artist and is very talented in that field. He is trying to arrange for her to attend the Helen Keller Center, but she is still hesitant to take that step. Hopefully, this fall she will attend. A new O & M Evaluation is scheduled due to Michelle's continued desire to begin art classes in downtown Chicago. She has rejected suggestions for her to attend a junior college in the suburbs near her home. She resists using the cane or anything else that might make her stand out to other people. She hopes to start college in Chicago, in the spring.



**Transitioning Together  
Indicators for Effective Transitions  
Pre/Post Evaluation**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Please check (4)yes or (4)no if this indicator is completed or not. This information will be kept to indicate any family, child, and or team change throughout this initiative.

**Family Change:**

- Yes  No 1. Develops a long-term transition plan for the child (living, work, social, etc.)
- Yes  No 2. Completes a Background Map and shared with team.
- Yes  No 3. Connects to adult agencies for my child.
- Yes  No 4. Participates fully in person centered planning/mapping process
- Yes  No 5. Participates in the development of our team value statement
- Yes  No 6. Identifies local community based recreation/leisure resources for son/daughter

**Child Change:**

- Yes  No 1. Attends and participates in the Person-centered mapping process
- Yes  No 2. Choices and preferences are included in the IEP & part of his/her daily life at home, school, and community
- Yes  No 3. Attends and participates in IEP and transition meeting
- Yes  No 4. Participates in age-appropriate consumer organizations in the local community
- Yes  No 5. Participates in age-appropriate recreational/leisure activities
- Yes  No 6. Has opportunities to develop friendships at home, school, and in the community.

**Team Change:**

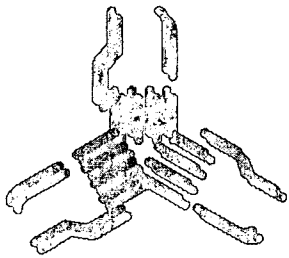
- Yes  No 1. Develops a long-term transition plan for the child (living, work, social, etc.)
- Yes  No 2. Participates fully in person centered planning/mapping process
- Yes  No 3. Participates in the development of our team value statement
- Yes  No 4. Identifies local community based recreation/leisure resources for student
- Yes  No 5. Provides student's opportunities for the development of friendships
- Yes  No 6. Infuses/applies student focused information (from Mapping) into the IEP

**IEP Change:**

- Yes  No 1. Includes goals and objectives that reflect the choices and preferences of the student
- Yes  No 2. Includes full participation by student, family members, educational personnel, and other related service providers
- Yes  No 3. Provides for the actualization of skills of self-determination including choices, decision-making, advocacy.
- Yes  No 4. Includes goals and objectives for the development of leisure & recreation in the school and the community

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## Transitioning Together Indicators for Effective Transitions Pre/Post Evaluation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student:  
\_\_\_\_\_

Please check (4)yes or (4)no if this indicator is completed or not. This information will be kept to indicate any family, child, and or team change throughout this initiative.

### Family Change:

- Yes  No 1. Develops a long-term transition plan for the child (living, work, social, etc.)
- Yes  No 2. Completes a Background Map and shared with team.
- Yes  No 3. Connects to adult agencies for my child.
- Yes  No 4. Participates fully in person centered planning/mapping process
- Yes  No 5. Participates in the development of our team value statement
- Yes  No 6. Identifies local community based recreation/leisure resources for son/daughter

### Child Change:

- Yes  No 1. Attends and participates in the Person-centered mapping process

- Yes  No 2. Choices and preferences are included in the IEP & part of his/her daily life at home, school, and community
- Yes  No 3. Attends and participates in IEP and transition meeting
- Yes  No 4. Participates in age-appropriate consumer organizations in the local community
- Yes  No 5. Participates in age-appropriate recreational/leisure activities
- Yes  No 6. Has opportunities to develop friendships at home, school, and in the community.

### **Team Change:**

- Yes  No 1. Develops a long-term transition plan for the child (living, work, social, etc.)
- Yes  No 2. Participates fully in person centered planning/mapping process
- Yes  No 3. Participates in the development of our team value statement
- Yes  No 4. Identifies local community based recreation/leisure resources for student
- Yes  No 5. Provides student's opportunities for the development of friendships
- Yes  No 6. Infuses/applies student focused information (from Mapping) into the IEP

### **IEP Change:**

- Yes  No 1. Includes goals and objectives that reflect the choices and preferences of the student
- Yes  No 2. Includes full participation by student, family members, educational personnel, and other related service providers

- Yes  No 3. Provides for the actualization of skills of self-determination including choices, decision-making, advocacy.
- Yes  No 4. Includes goals and objectives for the development of leisure & recreation in the school and the community

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## **APPENDIX C**

### **Outcomes and Indicators**

Area	State	TAA #	Yr.



RECEIVED	_____	_____
CONFIRMED	_____	_____
WEB PAGE	_____	_____
ENTERED	_____	_____
OFFICE USE ONLY		

## SERVICE PROVIDER OUTCOMES

Service Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Perceived	Data-Based	Service Providers demonstrate an increase in their use of effective strategies related to:
_____	_____	1. active engagement of learners and effective teaching strategies
_____	_____	2. IFSP/IEP planning, implementation, and evaluation for participation in natural environments and general education curriculum
_____	_____	3. receptive and expressive communication
_____	_____	4. knowledge of normal development of motor, cognitive, academic activities
_____	_____	5. physical intervention/management techniques for positioning, movement, eating/feeding, etc.
_____	_____	6. interactions across home, school, and community
_____	_____	7. active engagement in age appropriate play, recreation and/or leisure activities
_____	_____	8. self-determination and/or citizenship
_____	_____	9. transition across the life stages
_____	_____	10. work development and competencies
_____	_____	11. self-care, community, and independent living skills
_____	_____	12. functional and academic curricula
_____	_____	13. effective teaming with others for planning, implementation, evaluation
_____	_____	14. support of functioning and participation through appropriate applications of assistive technology

**Comments and/or Additional Information:**

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Area	State	TAA #	Yr.

## SERVICE PROVIDER PERFORMANCE INDICATORS

Check the specific performance indicators as appropriate and briefly describe the source of data for each in the gray area. Service providers demonstrate **increases in** the following behaviors:

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>1. Active engagement of learners and effective teaching strategies</b></p> <ul style="list-style-type: none"> <li>A. quality of instruction</li> <li>B. use of acquisition procedures (shaping, fading, pairing, time delay)</li> <li>C. use of generalization skills</li> <li>D. use of reinforcement systems and strategies</li> <li>E. use of time management</li> <li>F. opportunities for participation in learning</li> <li>G. use of community-based instruction</li> <li>H. preparation and use of scheduling</li> </ul> <p>Participation in natural environments and/or the general education curriculum:</p> <ul style="list-style-type: none"> <li>A. access to opportunities in community of choice for living, working and leisure</li> <li>B. use of positive support strategies</li> </ul>	<p style="font-size: 48px; opacity: 0.5;">DRAFT</p> <p style="font-size: 48px; opacity: 0.5;">DO NOT</p>			
<p><b>2. IFSP/IEP planning, implementation, and evaluation for participation in natural environments and general education curriculum</b></p> <p>Early identification and assessment:</p> <ul style="list-style-type: none"> <li>A. universal hearing screening/diagnostics</li> <li>B. appropriate program planning (IFSP, IEP, ITP)</li> <li>C. utilization of related services (speech path, _____, occupational therapy)</li> <li>D. vision screening/diagnostics</li> <li>E. understanding of impact of sensory losses on learning</li> <li>F. the identification of deaf-blind children</li> <li>G. referral to deaf-blind project</li> </ul> <p>IFSP/IEP planning and implementation</p> <ul style="list-style-type: none"> <li>A. improved classroom-based services</li> <li>B. coordination between special and general education staff</li> <li>C. alignment of assessment</li> <li>D. high standards</li> <li>E. quality of instruction</li> <li>F. decreased "down" time</li> <li>G. age appropriate materials and tasks</li> </ul>	<p style="font-size: 48px; opacity: 0.5;">DISCONTINUE</p>			

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p>H. task is critical activity I. participation in functional/academic activities J. use of environments and materials K. skills taught in natural setting L. appropriate accommodations and modifications</p> <p>Conducting functional behavioral analysis and implementing positive behavioral supports across settings:</p> <p>A. behavioral assessments across environments on a continuing basis B. positive behavioral supports C. comprehensive behavioral planning D. positive and appropriate behavior E. systematic intervention F. data collection skills G. program modification</p> <p>Person-centered and/or personal futures planning</p> <p>A. use of person-centered planning as a functional assessment tool use of information developed from person-centered planning used in the development of IEP goals and outcomes to prepare for transition for teams to develop and complete action plans</p>				
<p><b>3. Receptive and expressive communication</b></p> <p>Receptive communication:</p> <p>A. knowledge of the array of communication skills (rec. &amp; exp) B. ongoing, individual communication assessment C. use of appropriate communication strategies across environment D. provision of opportunities in communication E. opportunity for augmentative communication system</p> <p>Expressive communication</p> <p>A. knowledge of the array of communication skills (rec. &amp; exp) B. ongoing, individual communication assessment C. use of appropriate communication strategies across settings D. provision of opportunities in communication E. responsiveness to child's communication F. expansion of child's communication development G. use of consistency across home, school, work</p>				
<p><b>4. Knowledge of normal development of motor, cognitive, academic activities</b></p> <p>A. opportunities for gross motor and fine motor equipment,</p>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
devices and supports B. use of appropriate techniques C. opportunity and support to travel and individual level of independence				
<b>5. Physical intervention/management techniques for positioning, movement, eating/feeding, etc.</b> A. appropriate movement B. locomotion skills C. independent travel (level) D. orientation skills E. posture (positioning) F. balance G. hand use H. manipulation I. tool use J. bilateral skills	DRAFT           DO NOT			
<b>6. Interactions across home, school, and community</b> A. provision of opportunities for more interactions with same age peers B. opportunities to choose people with whom to socialize or choose not to C. understands how students express arousal, attention, interest and disinterest in daily activities, and internal states such as pleasure and discomfort, needs and desires D. encourages student initiations through turn-taking routines and games, delaying anticipated activities, and providing appropriate responses E. creates predictable daily routines and subroutines F. can identify specific auditory, visual, olfactory, tactile and kinesthetic cues to help students anticipate familiar daily activities and family situations G. enjoyable and preferred activities H. promotes appropriate interactive behaviors within the student's repertoire responds appropriately to interactive behaviors		DISSEMINATE		
<b>7. Active engagement in age appropriate play, recreation and/or leisure activities</b>				



Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<ul style="list-style-type: none"> <li>A. access to age appropriate activities and natural environment</li> <li>B. opportunity for a range of group play</li> <li>C. access to services and devices that support participation in recreational activities</li> <li>D. fostering development of cooperative play</li> <li>E. fostering development of peer relationships</li> <li>F. opportunity for interactions with same age peers</li> <li>G. opportunity to engage in solitary activities</li> </ul>				
<p><b>8. Self-determination and/or citizenship</b></p> <ul style="list-style-type: none"> <li>A. provision of opportunities to make choices – living arrangement, personal needs/interests, etc.</li> <li>B. teaches students about self-determination and how it applies to their own lives</li> <li>C. understands the contextual conditions that promotes self-determination and those that may challenge self-determination for students</li> <li>D. understands the states, traits and skills of students and the impact these characteristics have on opportunities to access to self-determination opportunities</li> <li>E. supports any effort of self-determination by students through acknowledgement or respectful redirection</li> <li>F. assists students with the development of self-awareness; how to identify and communicate their strengths and challenges; encourages and provides opportunities for self advocacy</li> <li>G. teaches how to access information and resources for informed choice in order to problem solve and access supports they will need to overcome their challenges</li> <li>H. teaches students how to learn from their mistakes and turn negative situations into positive situations</li> <li>I. teaches students the meaning of personal control and to identify the extent to which they utilize personal control in various areas of their lives</li> <li>J. provides various environments to practice communication skills</li> <li>K. provides opportunities for students to identify and set goals, then teaches them how to work toward their goals</li> </ul> <p>teaches students their rights and responsibilities as a citizen; how to value and feel valued by others</p>				
<p><b>9. Transition skills across the life stages</b></p> <ul style="list-style-type: none"> <li>A. interagency linkage in targeted community</li> </ul>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
B. use of person-centered planning principles in preparing for transition C. parental involvement D. successful employment (competitive, supp. and community) E. opportunities and linkages for supported living, independent living and community resources F. a variety of work experiences G. transition planning H. inclusive peer and community activities, interactions I. paid work experiences J. teaching modifications, adaptations demonstrate natural, logical, occurring sequencing and routines throughout the day and routines typical of age group				
<b>10. Work development and competencies</b> A. training of functional activity-based/community based curriculum/_____ B. access to age-appropriate recreation and leisure activities C. opportunities to support self-determination D. conflict resolution skills E. skills to train peer partners/tutors F. access to community living options G. opportunity to carry out personal-care, domestic activities H. participation in career planning I. opportunities for development of work related skills J. options for paid/volunteer work K. access to supports and accommodations L. opportunities for community based paid work experiences prior to school exit M. opportunities for occupation-specific vocational training N. opportunities for instruction on standards and work related behaviors O. use of contextual based vocational assessment strategies to define career goals P. knowledge and skill in the area of marketing and job development strategies Q. knowledge and skill in the area of making environmental assessment, environmental modifications, and job caring R. opportunities for student to interact with co-workers and supervisors in work environments				
<b>11. Self-care, community, and independent living skills</b>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>Self-care and adaptive living skills</b></p> <ul style="list-style-type: none"> <li>A. teaches dressing skills</li> <li>B. teaches management of clothing, footwear and accessories</li> <li>C. teaches skills in personal hygiene and grooming</li> <li>D. ensures the student has skills around proper toileting and feminine hygiene</li> <li>E. teaches appropriate eating skills in various settings</li> <li>F. teaches skills in food preparation and management</li> <li>G. teaches skills in cleaning, organizing, and maintaining a living space</li> <li>H. teaches skills for maintaining health and safety</li> </ul> <p><b>Community and independent living skills</b></p> <ul style="list-style-type: none"> <li>A. access to services and supports</li> <li>B. access to age appropriate facilities and activities</li> <li>C. instruction on community resources to meet needs</li> <li>D. opportunities provided for student to practice independent living skills in supervised and unsupervised settings</li> </ul>				
<p><b>12. Functional and academic curricula</b></p> <ul style="list-style-type: none"> <li>A. participation in core curriculum</li> <li>B. access to supports and modifications to participate in general curriculum including adaptations for sensory losses</li> <li>C. access to alternate or modified assessment</li> <li>D. adaptations/assistive technology is used to increase or maintain child in curricula</li> <li>E. use of heterogeneous grouping</li> <li>F. measuring outcomes</li> <li>G. modifying programs based on data</li> </ul>				
<p><b>13. Effective teaming with others for planning, implementation, evaluation</b></p> <ul style="list-style-type: none"> <li>A. team has time for face-to-face, participatory interactions</li> <li>B. team engage in consensus decision-making</li> <li>C. team designs, implements, and evaluates a student's IEP</li> <li>D. team engages in problem solving and collaborative activities</li> <li>E. team shares and allocates resources</li> <li>F. team develops, implements and evaluates discipline free goals</li> <li>G. team members engage in role release and role acceptance</li> <li>H. team has procedures for looking at student outcomes</li> <li>I. team members modify the student's program based on outcomes</li> </ul>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
J. team members support an optimum climate for trust, collaboration, and open communication K. team members support paraprofessionals so that their skills are used most effectively L. team members use the least intrusive intervention strategies.				
<p style="font-size: 2em; opacity: 0.5;">DRAFT</p>				
<b>14. Support of functioning and participation through appropriate applications of assistive technology</b> A. service personnel determine if assistive technology would increase, maintain or improve the functional capabilities/skills of a child B. service personnel match assistive devices to the intervention/education and instructional objectives(IFSP/IEP) C. service providers consider the least intrusive, least intensive devices D. service providers consider devices in the assessment process E. service providers provide children access to assistive devices across settings F. service providers collect data to determine the effectiveness of the device.	<p style="font-size: 4em; opacity: 0.5;">DRAFT</p>	<p style="font-size: 4em; opacity: 0.5;">DO NOT</p>		
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Area	State	TAA #	Yr.

## CHILD AND YOUTH OUTCOMES

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Perceived	Data-Based	Children and youth demonstrate an increase in skills related to:
_____	_____	<ol style="list-style-type: none"> <li>1. quality of life (state behavior, health, etc.)</li> <li>2. active engagement in intervention and/or instruction</li> <li>3. responsiveness to visual, auditory and/or tactile stimuli</li> <li>4. receptive and expressive communication skills</li> <li>5. motor skills, positioning, orientation and mobility, and mobility/movement</li> <li>6. interactions across home, school, and community</li> <li>7. functional activities and/or academic curricula</li> <li>8. participation in natural environments and/or the general education curriculum</li> <li>9. self determination and citizenship</li> <li>10. self-care, community, and independent living skills</li> <li>11. transition across life stages</li> <li>12. work development and competencies</li> <li>13. Other</li> </ol> <p>*I am not aware of any impact across the above areas</p>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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_____	_____	
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**Comments and/or Additional Information:**

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Area	State	TAA #	Yr.

## CHILD AND YOUTH PERFORMANCE INDICATORS

Check the specific performance indicators as appropriate and briefly describe the source of data for each gray area. Child/youth demonstrates **increases in** the following behaviors:

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>1. Quality of life (state behavior, health, etc.)</b></p> <ul style="list-style-type: none"> <li>A. appropriate states to stimuli (awake, alert)</li> <li>B. accepts and maintains medical regime</li> <li>C. appropriate sleep patterns</li> <li>D. follows general health procedures</li> <li>E. school attendance</li> <li>F. food intake; weight gain – accepts/chooses healthy food</li> <li>G. interacts with friends and family</li> <li>H. participates in leisure activities</li> <li>I. choice of spiritual/religious experience</li> <li>J. ID with a community (cultural)</li> </ul>				
<p><b>2. Active engagement in intervention and/or instruction</b></p> <ul style="list-style-type: none"> <li>A. attending, responding appropriately, maintaining attention</li> <li>B. response to instructional stimuli</li> <li>C. attendance</li> <li>D. group collaboration and interaction</li> <li>E. initiations</li> <li>F. partial participation in all activities</li> <li>G. school completion</li> </ul>				
<p><b>3. Responsiveness to visual, auditory and/or tactile stimuli</b></p> <ul style="list-style-type: none"> <li>A. use of visual skills (fixation, gaze, shift), visual pursuit and object permanence</li> <li>B. use of auditory skills (localization, discrimination, auditory comprehension)</li> <li>C. use of sensory integration</li> <li>D. use of tactual interaction and tactile input</li> <li>E. utilization of other sensory skills (smell, taste, movement)</li> </ul>				
<p><b>4. Receptive and expressive communication skills</b></p> <p>Receptive communication and language:</p>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p>A. anticipation skills to informational cues</p> <p>B. responding to others (any modality)</p> <p>C. understanding pre-linguistic forms (touch, object, gesture cues)</p> <p>D. understanding of emergent symbolic forms (pictures, line drawings, etc.)</p> <p>E. multiple communication intents/functions</p> <p>F. understanding of symbolic forms (nouns – object identification)</p> <p>G. understanding of symbolic forms (verbs)</p> <p>H. understanding of symbolic forms (adj., adv.)</p> <p>I. understanding 1-concept commands</p> <p>J. understanding 2-concept commands</p> <p>Expressive communication:</p> <p>A. rate of communication</p> <p>B. % of initiations</p> <p>C. motor imitation</p> <p>D. multiple communication intents/functions including wants, needs, and meaning</p> <p>E. communication partners</p> <p>F. use of multiple forms</p> <p>G. communication with peers</p> <p>H. verbal imitation</p> <p>I. use of communication across environments</p> <p>Higher-functioning:</p> <p>A. linguistic forms</p> <p>B. expressive vocabulary development</p> <p>C. conversational turn taking</p> <p>D. use of technology (assistive/adaptive – uses and maintains assistive devices)</p> <p>E. using multiple phrases across a topic</p> <p>F. semantic relations</p> <p>G. ability to maintain conversation</p> <p>H. intelligibility, clarity</p> <p>I. grammatical rules</p> <p>J. mean length of utterances</p> <p>K. demonstrates recall of verbal and nonverbal events</p>				
<p><b>5. Motor skills, positioning, orientation and mobility, and mobility/movement</b></p> <p>Gross motor skills:</p> <p>A. appropriate movement in prone (lift head, rolls, extends, etc.)</p> <p>B. appropriate movement in supine</p> <p>C. appropriate upright skills</p>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
D. locomotion skills E. independent travel (level) F. orientation skills G. posture (positioning) H. balance I. range of motion J. ability to use assistive technology Fine motor skills: A. hand use B. manipulation C. tool use D. bilateral skills E. independent travel (level) F. orientation skills G. posture (positioning) H. balance I. fine motor/manipulation J. manual dexterity K. ability to access assistive technology				
6. Interactions across home, school, and community <b>Social:</b>				
A. turn-taking skills B. use of acceptable forms of behavior to communicate C. decreased use of challenging behaviors/increase awareness of appropriate behavior D. communicating relevant information E. communicating truthful information F. skills to maintain interaction G. asking for clarification/accommodations H. rate in asking for assistance if necessary I. appropriate behavior regarding sexuality J. ability to follow schedule/routine K. meaningful relationships with family, peers, and others L. access role models M. resolve conflicts in social relationships N. relate to people with/without disabilities O. communicate both positive and negative emotions/feelings P. appropriate interaction with peers Q. varies or continues behavior to achieve desired goals R. shows affect appropriate to the social context				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>7. Functional activities and/or academic curricula</b></p> <ul style="list-style-type: none"> <li>A. use of appropriate functions of objects</li> <li>B. partial participation in activities</li> <li>C. motor imitation skills</li> <li>D. cause-effect, tool use</li> <li>E. representational skills</li> <li>F. problem solving</li> <li>G. memorization</li> <li>H. generalization</li> <li>I. associations/relationships</li> <li>J. literacy in reading or braille and object symbols</li> <li>K. numeracy skills</li> <li>L. social and natural sciences</li> <li>M. technology skills for academics</li> <li>N. test-taking skills</li> <li>O. standardized test scores</li> <li>P. time management skills</li> <li>Q. collaborative learning skills (group work)</li> <li>R. participation in instruction in core curriculum</li> <li>S. utilization of supports to participate in general ed curriculum</li> <li>T. use of individualized materials</li> <li>U. access necessary instructional support</li> <li>V. access necessary instructional materials</li> </ul>				
<p><b>8. Participation in natural environments and/or the general education curriculum</b></p> <ul style="list-style-type: none"> <li>A. appropriate isolated play</li> <li>B. cooperative play</li> <li>C. representational play</li> <li>D. involvement in community activities</li> <li>E. ability to access age appropriate recreation and social clubs</li> <li>F. ID a range of enjoyable activities (individual and group)</li> <li>G. use of telecommunication</li> <li>H. health/fitness</li> <li>I. ability to participate in an array of activities</li> <li>J. engagement in age-appropriate activities</li> <li>K. opportunity with same age peers</li> <li>L. partial participation across any life skill (movement, self-help, etc.)</li> <li>M. ability to participate in general assessment</li> </ul>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
N. ability to graduate O. ability to access general education materials (with modifications if necessary) P. ability to take standardized tests Q. ability to follow a schedule R. the ability to learn in a group format with support				
<b>9. Self-determination and citizenship</b> A. understands the concept of self determination and how it applies to their own lives B. has self-awareness regarding their values, strengths, and challenges C. understand the meaning of personal control and how they utilize personal control in various areas of their lives D. how to access information and resources (informed choice) E. respect for self and others F. ability to analyze, problem solve, and make choices G. demonstrates initiatives H. knowledge of legal rights and responsibilities ('ADA, 504) I. knowledge of adult service system J. knowledge of community resources K. civic awareness and participation (volunteering) L. self advocacy for participating in IEP, TIP M. interaction/understanding of how to access, use and appropriateness of roles of various professionals (interpreter, intervener, SSP, etc.) N. knowledge and understanding of the implications of his/her vision, hearing and/or additional disabilities O. ability to demonstrate preferences for adaptations for communication, alternate print media, orientation and mobility, etc. P. ability to describe personal and professional goals to others and work towards those goals Q. knowledge and understanding of governmental functioning as it relates to citizenship				
<b>10. Self care, community living and independent living skills</b> Self-care and/or adaptive living skills: A. eating/drinking skills B. toileting C. dressing/undressing D. basic hygiene and grooming skills				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<ul style="list-style-type: none"> <li>E. motor transition skills</li> <li>F. accessing objects and actions in environment</li> <li>G. time management</li> <li>H. use of assistive devices for IL</li> <li>I. management of personal items</li> <li>J. preparation and cooking skills</li> <li>K. cleaning, organizing and maintaining a living space</li> <li>L. maintaining health and safety (medical maintenance)</li> <li>M. banking and budgeting</li> </ul> <p>Community and independent living skills</p> <ul style="list-style-type: none"> <li>A. community networks</li> <li>B. access to support in home and community</li> <li>C. knowledge of resources</li> <li>D. knowledge of community living options</li> <li>E. knowledge of levels of relationships and how to manage intimate and nonintimate relationships</li> </ul>				
<p><b>11. Transition across the life stages</b></p> <ul style="list-style-type: none"> <li>A. participates fully in PCP process (meetings, follow-through) providing input/decision making in PCP</li> <li>B. a variety of work experiences</li> <li>C. community activities</li> <li>D. self-determination</li> <li>E. maintains skill level</li> <li>F. adjusts to new environments</li> </ul>				
<p><b>12. Work development and competencies</b></p> <ul style="list-style-type: none"> <li>A. indicating job preferences</li> <li>B. ability to access services</li> <li>C. appropriate social skills and cultural norms</li> <li>D. interview and application skills</li> <li>E. rate and quality of work</li> <li>G. involvement in transition planning</li> <li>H. awareness of options</li> <li>I. use of assistive technology for work</li> <li>J. problem-solving skills</li> <li>K. independence on using natural supports</li> <li>L. effective and safe travel</li> <li>M. knowledge of safety, health hazards and emergency plans</li> <li>N. participation in career development</li> <li>O. opportunity for work experiences</li> </ul>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<b>13. Other</b> A. B. C. D.				

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Area	State	TAA #	Yr.

## FAMILY OUTCOMES

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Perceived	Data-Based	Family members demonstrate an increased knowledge of, or participation in:
_____	_____	1. empowerment, advocacy and leadership skills to obtain services in school and the community
_____	_____	2. equitable participation in their child's IFSP/IEP planning and development
_____	_____	3. the impact of deaf-blindness and additional disabilities on their child
_____	_____	4. person centered and personal futures planning
_____	_____	5. promoting self-determination in their child
_____	_____	6. effective communication with their child
_____	_____	7. research based and/or promising effective practices
_____	_____	8. networking with other parents and professionals
_____	_____	9. strengthening family organizations to meet the needs of families
_____	_____	10. I am not aware of any changes
_____	_____	11. Other

**Comments and/or Additional Information:**

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Area	State	TAA #	Yr.

## FAMILY PERFORMANCE INDICATORS

Check the specific performance indicators as appropriate and briefly describe the source of data for each in the gray area.

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>1. Empowerment, advocacy and leadership skills to obtain services in school and the community</b></p> <ul style="list-style-type: none"> <li>A. increased involvement of families with the school and community</li> <li>B. demonstrates ability to evaluate service options</li> <li>C. demonstrates ability to choose alternatives</li> <li>D. demonstrates ability to identify and implement action steps</li> <li>E. demonstrates effective personal communication and teaming techniques</li> <li>F. demonstrates ability to identify gap in service delivery</li> <li>G. demonstrates ability to evaluate results of action</li> <li>H. identifies and access local, state and national resources</li> <li>I. understands federal and state initiatives and how they relate to child's services</li> <li>J. demonstrates a knowledge and awareness of competencies for service providers</li> <li>K. demonstrates knowledge and awareness of roles and responsibilities of service delivery system and service providers in the provision of services for their child</li> </ul>				
<p><b>2. Equitable participation in their child's IFSP/IEP planning and development</b></p> <ul style="list-style-type: none"> <li>A. increased knowledge of IDEA and the IFSP/IEP process</li> <li>B. parent notified and attends all IFSP/IEP meetings</li> <li>C. parental input is solicited and incorporated into the planning of goals and objectives</li> <li>D. child specific information (e.g., assessment results, maps, plans) are shared with between all team members prior to IFSP/IEP meeting</li> <li>E. parent fully agrees with and supports the IFSP/IEP</li> <li>F. demonstrates ability to suggest/incorporate effective practices for deaf-blindness into the IFSP/IEP</li> </ul>				
<p><b>3. The impact of deaf-blindness and additional disabilities on their child</b></p>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p>A. demonstrates awareness of the need for specialized instruction (e.g. communication, orientation and mobility, accommodations, etc) to address the dual sensory loss</p> <p>B. demonstrates awareness of the need to foster communication partners</p> <p>C. demonstrates awareness of the impact of a dual sensory loss on building relationships</p> <p>D. demonstrates awareness of the impact of a dual sensory loss on one's identity and self-esteem</p> <p>E. demonstrates awareness of their child's actual level of vision and hearing loss</p> <p>F. demonstrates awareness of the impact of deaf-blindness on all developmental domains (cognitive, social/emotional, physical, communication, adaptive behavior)</p>				
<p><b>4. Person centered and personal futures planning</b></p> <p>A. increased knowledge of tools to use in PCP or PFP</p> <p>B. active participation in PCP/PFP process</p> <p>C. increased number of family-representatives involved in planning</p> <p>D. increased number of non-paid individuals involved in planning (peers, community members, etc.)</p> <p>E. demonstrate ability to facilitate PCP/PFP process</p> <p>F. demonstrates ability to facilitate PCP/PFP process</p> <p>G. effective strategies used to maintain the PCP/PEP team</p> <p>H. maps/plans are completed and used for decision making (developing educational objectives, transition planning, etc.)</p> <p>I. plans are reviewed and updated on a regular basis</p>				
<p><b>5. Promoting self-determination in their child</b></p> <p>A. increased knowledge of parenting styles, values, and decision making strategies that promote self-determination</p> <p>B. increased ability to recognize opportunities for self-determination</p> <p>C. increased ability to arrange opportunities for child to be self-determined</p> <p>D. increased understanding of child's communication and the implications for self-determination</p> <p>E. increased awareness/knowledge of the child's vision, hearing and/or additional disabilities and the implications for self-determination</p>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<p><b>6. Effective communication with their child</b></p> <ul style="list-style-type: none"> <li>A. demonstrates awareness and knowledge of expressive and receptive communication concepts</li> <li>B. demonstrates awareness of the need for an individualized approach to setting up a communication system</li> <li>C. demonstrates the ability to consistently use, or advocate for the use of, a child's communication system across all environments</li> <li>D. increase in the child's communication with family members and members of the child's community</li> <li>E. (see Service Provider Outcomes and Performance Indicators for communication)</li> </ul>				
<p><b>7. Research based and/or promising effective practices</b></p> <ul style="list-style-type: none"> <li>A. demonstrates an awareness and knowledge that there are research based and promising effective practices related to deaf-blindness and severe disabilities</li> <li>B. demonstrates the ability to use research based and/or promising effective practices related to: (see Service Provider Outcomes and Performance Indicators)</li> </ul>				
<p><b>8. Networking with other parents and professionals</b></p> <ul style="list-style-type: none"> <li>A. demonstrate knowledge and skill needed to access networking opportunities (listservs, e-mail distributions, website, etc.)</li> <li>B. increase in parent-to-parent contacts at local, state and/or national level</li> <li>C. increase in parent-to-professional contacts at local, state and/or national level</li> <li>D. increase in social and emotional support felt by parents</li> <li>E. increase in awareness and knowledge of local, state and national resources</li> <li>F. increase in satisfaction with professional partners</li> </ul>				
<p><b>9. Strengthening family organizations to meet the needs of families</b></p>				



Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Follow-up #1	Follow-up #2
<ul style="list-style-type: none"> <li>A. increase in the number of organization members</li> <li>B. organizational structure in place and communicated to others (mission, goals, objectives, needs assessment process, etc.)</li> <li>C. responsible, consistent leadership in place</li> <li>D. consistent funding source and efficient, responsible management of resources</li> <li>E. increased diversity of members (e.g., geographic locations, children's' disabilities, ethnic)</li> <li>F. process to develop leadership within the organization is in place</li> <li>G. organization collaborates with local, state, national family resources</li> <li>H. demonstrates ability to evaluate organization's performance and outcomes</li> </ul>				

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Area	State	TAA #	Yr.

## SYSTEMS INITIATIVE OUTCOMES

National	State wide	Within state region	District or local program	School or building

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Perceived	Data-Based	DRAFT
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<p style="text-align: center; font-weight: bold;">Systems initiative activities which resulted in:</p> <ol style="list-style-type: none"> <li>1. the demonstration of collaborative leadership and advocacy</li> <li>2. the development, implementation and maintenance of an intra/interagency, long-range planning process to identify strategic actions or strategic plan</li> <li>3. activities which are developed, implemented and maintained based on identified needs</li> <li>4. the development, implementation and maintenance of revised or new policies and procedures</li> <li>5. funding and non-fiscal resources allocated and/or reallocated to develop, implement and/or maintain an initiative or change</li> <li>6. personnel development strategies developed, implemented and maintained to enhance, support and maintain the initiative</li> <li>7. the dissemination of information, resources and materials needed to develop, implement and maintain the initiative</li> <li>8. the evaluation of the initiative</li> <li>9. other</li> <li>10. I am not aware of any changes</li> </ol>

**Comments and/or Additional Information:**

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Area	State	TAA #	Yr.

# NTAC

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CONFIRMED _____	
WEB PAGE _____	
ENTERED _____	
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## SYSTEMS INITIATIVE PERFORMANCE INDICATORS

Check the specific performance indicators as appropriate and briefly describe the source of data for each in the gray area.

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Developing	Implemented
<p><b>1. The demonstration of collaborative leadership and advocacy</b></p> <ul style="list-style-type: none"> <li>A. advocacy based on long-range planning</li> <li>B. individual decision-making based on long-range planning</li> <li>C. personnel demonstrate skills in effective communication, problem solving and negotiation</li> </ul>				
<p><b>2. Activities which are implemented based on identified needs</b></p> <ul style="list-style-type: none"> <li>A. personnel use formative and summative information</li> <li>B. personnel use process and instruments sensitive to the culture diversity and linguistic characteristics of the community</li> <li>C. personnel use process and instruments sensitive to the child and family participation in specific activities based on individual needs</li> <li>D. personnel identify all existing community services</li> <li>E. personnel conduct a comprehensive review of community demographics and growth trends</li> <li>F. personnel evaluate parent satisfaction with services</li> <li>G. personnel evaluate agency satisfaction with services</li> <li>H. personnel monitor timeliness of activities and evaluation process</li> <li>I. personnel evaluate the "economy" of the activities (i.e. paraprofessionals vs. professionals)</li> <li>J. personnel use formative and summative evaluation information to revise activities on an ongoing basis</li> <li>K. use of DB project census in state decision-making</li> <li>L. personnel collect and use data related to student learning</li> <li>M. personnel collect and use data related to student participation in GEC</li> </ul>				
<p><b>3. The implementation of an intra/interagency, long-range planning process to identify strategic actions or strategic plan</b></p>				

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Developing	Implemented
<ul style="list-style-type: none"> <li>A. interagency</li> <li>B. based on collective mission</li> <li>C. top-down/bottom-up participant involvement</li> <li>D. increased level of commitment</li> <li>E. increase in staff involvement in planning and review</li> <li>F. increase in use of technical assistance</li> <li>G. increase in consistency of mandates for change</li> </ul>				
<p style="font-size: 2em; opacity: 0.5;">DRAFT</p>				
<p><b>4. The implementation of revised or new policies and procedures</b></p> <ul style="list-style-type: none"> <li>A. definition of activities and of target population (differentiating established risk, at-risk, biological, environmental, etc.) consistent with state and federal regulations</li> <li>B. interagency memos of understanding, interagency agreements implemented</li> <li>C. increase in services/access to services</li> <li>D. increase in systems initiatives (i.e. universal screening) including children/students who are deafblind</li> <li>E. implementation of new statute and/or regulations</li> <li>F. increased student participation in federal and state initiatives (i.e.: Statewide assessments)</li> </ul>	<p style="font-size: 4em; opacity: 0.5;">NOT</p>			
<p style="font-size: 2em; opacity: 0.5;">DRAFT</p>				
<p><b>5. Funding allocated and/or reallocated</b></p> <ul style="list-style-type: none"> <li>A. special education funding increases</li> <li>B. categorical funding increases</li> <li>C. initiatives funded with state dollars</li> <li>D. shift from discretionary funds to "hard" funding</li> <li>E. resources allocated/reallocated to implement policy, procedure and legislation</li> <li>F. funding allocated/reallocated based on program evaluations</li> <li>G. systems level funding coordinated across agencies</li> <li>H. evidence of budget expenditures impacting D-B students</li> </ul>				
<p style="font-size: 2em; opacity: 0.5;">DRAFT</p>				
<p><b>6. Personnel development strategies which enhance, support and maintain the initiative</b></p> <ul style="list-style-type: none"> <li>A. increase in the number of appropriately and adequately trained personnel (professional and/or paraprofessional) s established by state highest quality personnel standards</li> </ul>	<p style="font-size: 1.5em; opacity: 0.5;">BEST COPY AVAILABLE</p>			

Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Developing	Implemented
<ul style="list-style-type: none"> <li>B. ongoing Comprehensive of Personnel Development to assist under-qualified personnel to meet state standards</li> <li>C. ongoing Comprehensive of Personnel Development to maintain personnel's knowledge of effective practice and revised legal requirements</li> <li>D. CSPD based on individually identified needs</li> <li>E. CSPD based on agency identified needs</li> <li>F. CSPD reflects effective professional development practices</li> <li>G. CSPD addresses preservice, as well as inservice</li> <li>H. increased numbers of adequately and appropriately trained personnel</li> <li>I. development of paraprofessional standards</li> </ul>				
<p><b>7. The dissemination of information, resources and materials needed to implement the initiative</b></p> <ul style="list-style-type: none"> <li>A. Professional development activities</li> <li>B. family support activities</li> <li>C. funding information</li> <li>D. validated and researched based materials and strategies</li> </ul>				
<p><b>8. The implementation of the initiative, intervention</b></p> <ul style="list-style-type: none"> <li>A. interagency commitment of time, personnel and resources</li> <li>B. support from leadership (i.e. agency heads, legislators)</li> <li>C. establishment of "trusting" interagency relationships</li> <li>D. establishment of "trusting" individual relationships</li> <li>E. interagency personnel plan and coordinate activities to prevent duplication of efforts and activities</li> <li>F. interagency personnel implement collaborative activities</li> <li>G. interagency personnel utilize cross agency confidentiality procedures</li> <li>H. interagency personnel establish single point of contact for referrals</li> <li>I. interagency personnel have authority to make decisions and commit resources of the agency which they represent</li> <li>J. interagency personnel develop and implement common policy and procedures across agencies</li> <li>K. interagency personnel develop and implement interagency agreements and memorandum of understanding to implement common activities</li> <li>L. interagency personnel develop and implement interagency agreements and memorandums of understanding defining fiscal responsibilities and fiscal commitments</li> </ul>				

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Outcomes and Performance Indicators	Existing/ Demonstrated	Targeted TA	Developing	Implemented
<p>M. interagency personnel provide technical assistance to service providers related to policy, procedures and practice</p> <p>N. interagency personnel develop and demonstrate leadership and advocacy skills</p> <p>O. interagency personnel perform functional and operationalized roles</p> <p>P. interagency personnel support and are committed to collaborative efforts</p> <p>Q. interagency personnel are allocated time and resources to plan, implement and evaluate collaborative activities</p> <p>R. coordinated confidentiality and information releases are developed and implemented across all agencies</p> <p>S. interagency personnel establish single point of contact for referrals</p>				
<p><b>9. The evaluation of the initiative</b></p> <p>A. systems outcomes measured and results used for decision making</p> <p>B. student outcomes measured and results used for decision making</p> <p>C. Outcome analysis used to guide systems efforts and initiatives</p> <p>D. evaluation summaries publicly reported</p> <p>E. Student outcome data used to direct reform and new initiative efforts</p>				
<p><b>10. Other</b></p> <p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p>				
<p><b>11. I am not aware of any changes.</b></p>				

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## **APPENDIX D**

### **Matrices of Systems Change**

EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING

1	2	3	4	5
PROCESS	TRAINING	Model and system's planning, development and set-up to get organized at the building, local and/or community level	Development and system's implementation in state(s)	System's generalization, maintenance and refinement in state(s)
6	<p>TRADING</p> <ul style="list-style-type: none"> <li>&gt; Content</li> <li>&gt; Family members meeting</li> <li>&gt; Awareness of group</li> <li>&gt; Planning to plan</li> <li>&gt; Planning to get buy in</li> <li>&gt; Planning for collaboration</li> <li>&gt; Generic training</li> <li>&gt; Review, investigated, identifying</li> <li>&gt; Public awareness</li> </ul>	<p>PLANNING</p> <ul style="list-style-type: none"> <li>&gt; DB plans with CSPD                             <ul style="list-style-type: none"> <li>&gt; Part B, C, Voc Rehab</li> <li>&gt; DD, etc.</li> </ul> </li> <li>&gt; Involved in:</li> <li>&gt; Influencing any statewide planning</li> <li>&gt; Planning for replication</li> <li>&gt; Planning to Plan</li> <li>&gt; Planning to get buy in</li> <li>&gt; Planning for collaboration</li> <li>&gt; Generic training</li> <li>&gt; Planning for training trainers</li> <li>&gt; Identify local needs</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Planning or identification of funding</li> <li>&gt; Legislation for model</li> <li>&gt; Consensus via state leaders on values and mission</li> <li>&gt; Building administrative support</li> <li>&gt; Developing interagency agreements</li> <li>&gt; Developing system for Medicaid</li> <li>&gt; Family opportunities for training</li> <li>&gt; Needs assessment</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Identification of refinement</li> <li>&gt; ID of additional resources</li> <li>&gt; Refinement of model</li> <li>&gt; Strong system with additional staff system to promote</li> </ul>
11	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>&gt; Formal</li> <li>&gt; Buy in of critical players</li> <li>&gt; Competencies observed</li> <li>&gt; Someone is attempting to implement</li> </ul>	<p>DEVELOPMENT</p> <ul style="list-style-type: none"> <li>&gt; Plan developed and approved</li> <li>&gt; Model development</li> <li>&gt; Product development</li> <li>&gt; Parent group recommendations</li> <li>&gt; Agreements, memoranda are developed</li> <li>&gt; Collaborative relationships developed</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Funding obtained</li> <li>&gt; Designation of legislation lead</li> <li>&gt; Family support group established</li> <li>&gt; Establish census policy and procedures</li> <li>&gt; Increase # DB identified</li> <li>&gt; Collaboration for learner change</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Revision of policies and procedures</li> <li>&gt; Legislative changes</li> <li>&gt; Increases in funding</li> </ul>
16	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>&gt; Increase in numbers of service providers implementing</li> <li>&gt; PFP's completed with families ( )</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Replication of model</li> <li>&gt; Formal planning process</li> <li>&gt; Policies and procedures</li> <li>&gt; Product dissemination</li> <li>&gt; Evaluation plan implemented</li> <li>&gt; Agreements carried out</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Adoption of model</li> <li>&gt; Legislation implementation</li> <li>&gt; Funding utilized</li> <li>&gt; Family support group with identified functions</li> <li>&gt; Implement census</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Improved quality of services</li> </ul>
16	<p>EVALUATION</p> <ul style="list-style-type: none"> <li>&gt; Improved results with a learner</li> <li>&gt; Monitoring improved results</li> <li>&gt; Parents participate in leadership role</li> <li>&gt; Learners benefit from model</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Collect data on consumers impact</li> <li>&gt; More children benefit from adoption</li> <li>&gt; Documented child change and evaluation system</li> <li>&gt; Product evaluation</li> <li>&gt; Increased # of youth have access to</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Scope and quality increases</li> </ul>	<ul style="list-style-type: none"> <li>&gt; All children and youth with DB have appropriate services available and are receiving them</li> </ul>



EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING



1	PROCESS	<p><b>Knowledge utilization, increased family and/or personnel capacity, innovations aimed at individuals</b></p>	2	<p><b>Model and system's planning, development and set-up to get organized at the building, local and/or community level</b></p>	3	<p><b>Development and system's implementation in state(s)</b></p>	4	5
<p>↑ PLANNING ↓</p>	<p>6</p>	<p>TRAINING</p> <ul style="list-style-type: none"> <li>▶ Content</li> <li>▶ Family members meeting</li> <li>▶ Awareness of group</li> <li>▶ Planning to plan</li> <li>▶ Planning to get buy in</li> <li>▶ Planning for collaboration</li> <li>▶ Generic training</li> <li>▶ Review, investigated, identifying</li> <li>▶ Public awareness</li> </ul>	7	<p>DB plans with CSPD</p> <ul style="list-style-type: none"> <li>▶ Part B, C, Voc Rehab</li> <li>▶ DD, etc.</li> </ul> <p>Involvement in:</p> <ul style="list-style-type: none"> <li>▶ Influencing any statewide planning</li> <li>▶ Planning for replication</li> <li>▶ Planning to get buy in</li> <li>▶ Planning for collaboration</li> <li>▶ Generic training</li> <li>▶ Planning for training trainers</li> <li>▶ Identifv local needs</li> </ul>	8	<p>PLANNING</p> <ul style="list-style-type: none"> <li>▶ Planning or identification of funding</li> <li>▶ Legislation for model</li> <li>▶ Consensus via state leaders on values and mission</li> <li>▶ Building administrative support</li> <li>▶ Developing interagency agreements</li> <li>▶ Developing system for Medicaid</li> <li>▶ Family opportunities for training</li> <li>▶ Needs assessment</li> </ul>	9	10
<p>↑ DEVELOP ↓</p>	<p>11</p>	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>▶ Formal</li> <li>▶ Buy in of critical players</li> <li>▶ Competencies observed</li> <li>▶ Someone is attempting to implement</li> </ul>	12	<p>Plan approved</p> <ul style="list-style-type: none"> <li>▶ Model development</li> <li>▶ Product development</li> <li>▶ Parent group recommendations</li> </ul>	13	<p>DEVELOPMENT</p> <ul style="list-style-type: none"> <li>▶ Funding obtained</li> <li>▶ Designation of legislation lead</li> <li>▶ Family support group established</li> <li>▶ Establish census policy and procedures</li> <li>▶ Increase # DB identified</li> <li>▶ Collaboration for learner change</li> </ul>	14	15
<p>↑ IMPLE. ↓</p>	<p>16</p>	<p>INTER-MEDIATE OUTCOMES</p> <ul style="list-style-type: none"> <li>▶ Increase in numbers of service providers implementing</li> </ul>	17	<p>Replication of model</p> <ul style="list-style-type: none"> <li>▶ Formal planning process</li> <li>▶ Policies and procedures</li> <li>▶ Product dissemination</li> <li>▶ Evaluation plan implemented</li> </ul>	18	<p>IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>▶ Adoption of model</li> <li>▶ Legislation implementation</li> <li>▶ Funding utilized</li> <li>▶ Family support group with identified functions</li> <li>▶ Implement census</li> </ul>	19	20
<p>↑ EVAL. ↓</p>	<p>21</p>	<p>ULTIMATE OUTCOMES</p> <ul style="list-style-type: none"> <li>▶ Improved results with a learner</li> <li>▶ Monitoring improved results</li> <li>▶ Parents participate in leadership role</li> <li>▶ Learners benefit from model</li> </ul>	22	<p>Collect data on consumers impact</p> <ul style="list-style-type: none"> <li>▶ More children benefit from adoption</li> <li>▶ Documented child change and evaluation system</li> <li>▶ Product evaluation</li> <li>▶ Increased # of youth have access to jobs</li> <li>▶ Utilizing data for decision making</li> </ul>	23	<p>EVALUATION</p> <ul style="list-style-type: none"> <li>▶ Scope and quality increases</li> </ul>	24	25

STATE: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_ USE FOR: \_\_\_\_\_  
 NAME: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_  TRACKING  PLANNING

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# EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING IDAHO



1	Knowledge utilization, increased family and/or personnel capacity, innovations aimed at individuals	2	Model and system's planning, development and set-up to get organized at the building, local and/or community level	3	Development and system's implementation in Idaho	System's generalization, maintenance and refinement in state(s)
PROCESS	<ul style="list-style-type: none"> <li>Face-to-face meetings and teleconferences to develop training structure, content of training, and identify target audience</li> <li>Awareness level training for 76 adult service providers across state</li> </ul>	7	8	<p style="text-align: center;">PLANNING</p> <ul style="list-style-type: none"> <li>Planning for statewide training system for adult service providers that will be ongoing and become sustainable by the state agencies providing services.</li> <li>Gained administrative support from VR and the Commission f/t Blind for the development of the training model</li> <li>Began developing collaborative relationships between deaf-blind project, VR, Commission</li> <li>Identification of needs and target audience for training</li> <li>Planning to use case study for service/system improvements</li> <li>Planning for replication of awareness level training in year two</li> </ul>	9	10
6	<p style="text-align: center;">IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>Buy in of 40% of participants to continue with more advance training</li> <li>Collaborative relationship between VR and Commission f/t Blind used to improve services for one individual in case study</li> </ul>	12	13	<p style="text-align: center;">IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>Replication of awareness level training model (April '00)</li> <li>Dissemination of resource guide (April '00)</li> </ul>	14	15
11	<p style="text-align: center;">IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>Futures planning and action planning done for one individual</li> </ul>	17	18	<p style="text-align: center;">IMPLEMENTATION</p> <ul style="list-style-type: none"> <li>Training model for awareness level training adopted</li> <li>Collaboration used for change in young adult's services (case study)</li> </ul>	19	20
16	<p style="text-align: center;">EVALUATION</p> <ul style="list-style-type: none"> <li>Improved quality and quantity of services for one individual</li> </ul>	22	<p style="text-align: center;">EVALUATION</p> <ul style="list-style-type: none"> <li>Greatly heightened awareness of deaf-blindness and resources for 76 service providers across state</li> <li>Increase in the number of calls to agencies involved in training from participants of training</li> </ul>	24	25	25

EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING

Knowledge utilization, increased family and/or personnel capacity, innovations aimed at individuals	Model and system=s planning, development and set-up to get organized at the building, local and/or community level	Development and system=s implementation in state(s)	System=s generalization, maintenance and refinement in state(s)
<p>4 community teams are trained in: \$ PFP; \$ supported employment; \$ job development.</p> <p>The parents of 2 individuals are active team members.</p>	<p>4 community teams are identified to participate in initiative.</p>	<p>Consensus via leaders of state agencies to support community employment initiative. Core group of state leaders plan/design model. Interagency Memorandum of Collaboration signed by agencies. Agree to write executive summary.</p>	
<p>1 community team identifies strategies to improve current work environment for 1 young adult. 4 community teams complete ELPs. 3 community teams develop employment profiles and search plans with time lines.</p>	<p>Bi-monthly local team meetings scheduled to plan and problem solve. Related service delivery on the job site has increased.</p>	<p>VR has adopted the use of Essential Life Planning Tools. DMR, in collaboration with the UAP, is revising their planning system to include vocational and work outcomes. Core team collects findings for an executive summary.</p>	
<p>3 individuals have increased their work load and job skills.</p>			
<p>3 individuals have maintained their jobs for over 1 year. 3 individuals have expressed satisfaction with their job.</p>			

PLANNING

DEVELOP

139

IMPLE.

8

EVAL.

STATE: Delaware  
 NAME: Kristen Layton  
 ACTIVITY: Community Employment Initiative  
 DATE STARTED: 12/98  
 USE FOR: 9E TRACKING 9 PLANNING

**EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING**

	Knowledge utilization, increased family and/or personnel capacity, innovations aimed at individuals	Model and system=s planning, development and set-up to get organized at the building, local and/or community level	Development and system=s implementation in state(s)	System=s generalization, maintenance and refinement in state(s)
PLANNING	1 community team receives training to increase skill and knowledge in how to support individuals who are already working.		Multit-agency agreement to share fiscal responsibility for training.	
DEVELOP	3 individuals are placed in a preferred job.		VR and UAP collaboration on job coach curriculum and implementation of training.  Planning tool for VR Counselors and job coaches includes Essential Life Planning	
140 IMPLE.				
8 EVAL.				

EVALUATION OF SYSTEMS AND ORGANIZATIONAL CHANGE AND CAPACITY BUILDING

INDIVIDUAL CHANGE & CAPACITY BUILDING	LOCAL MODEL & SYSTEMS DEVELOPMENT & IMPLEMENTATION	STATE MODEL AND SYSTEMS DEVELOPMENT & IMPLEMENTATION	SYSTEMS GENERALIZATION & REFINEMENT
TRAINING	PLANNING	PLANNING	PLANNING
<ul style="list-style-type: none"> <li>&gt; Training in communication.</li> <li>&gt; State/local teams.</li> <li>&gt; Printing &amp; dissemination of Parent Directory.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 1/98 Training - Local &amp; State Teams.</li> </ul>		
DEVELOPMENT	DEVELOPMENT	DEVELOPMENT	DEVELOPMENT
<ul style="list-style-type: none"> <li>&gt; Training for VISA trainees.</li> <li>&gt; 9/00 - 2-day training.</li> <li>&gt; 2/00 - Training teams.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Individual team training.</li> </ul>	Local Transition Councils/Transition Connection Team Partnership.	
IMPLEMENTATION	IMPLEMENTATION	IMPLEMENTATION	IMPLEMENTATION
<ul style="list-style-type: none"> <li>&gt; Team meetings held _____ 2/00, 7/00</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Local model implemented for Linden Team.</li> </ul>		
EVALUATION	EVALUATION	EVALUATION	EVALUATION
<ul style="list-style-type: none"> <li>&gt; Field notes kept - Action Plans.</li> </ul>			

## **APPENDIX E**

### **Case Examples**

## NTAC Case Example

**Preface:** NTAC became involved with the young woman described in the case example below, who will be referred to as "C", when she was 21 years of age in the year 1999.

### Individual Demographics:

C is a friendly young woman of 23 years with an infectious smile. She is a recent High School graduate receiving a certificate of completion from a school for the Deaf in 1999. C was involved in a functional school program and her high school years included many vocational experiences. She was 21 years old when she completed her formal education. Since that time, C has been busy working 2 part time jobs in her local community. She also participates in a daily support program through the employment vendor where she socializes with staff and friends and receives speech and language and mobility training.

C lives at home with her parents. She has two siblings who are married and live outside of the home. C had a difficult time adjusting when her twin sister got married in 1999 and left home for the first time, but now enjoys the time when she and her husband come to visit.

C receives information from people and the environment through her hearing. She can understand some speech if spoken loudly without background noise. Although her vocabulary is limited, C is able to respond to social greetings, simple directions and simple social conversations. C does not always appear to be listening to conversations going on around her, but always responds with a smile when she hears her name or when addressed by someone. She also enjoys listening to music on her Walkman and will sometimes choose to be entertained through her music instead of being involved in a conversation. C expresses herself through simple sign language and gestures. Speech is still a goal for C, but she does not depend on this mode of communication at the present time. In the community she uses a variety of voice output systems programmed with a few simple messages. Speech and language services are a part of her vocational program.

C has only light perception and usually has her eyes closed or looks towards the floor.

C's uneven gait is due to a weakness on her left side. She often holds onto the arm of her sighted guide for stability. She is able to walk independently with a cane at a slow pace. Stairs and other obstructions are difficult for C to navigate.

She enjoys being around people, however, does not usually seek to interact with them. Often, you will find C with her Walkman on while rocking back and forth to the music. She has a pleasant smile and a warm personality that causes people to gravitate towards her.

A quick learner who is eager to master new tasks, C is challenged by her work and seeks to improve her skills. Her vocabulary is growing at a slow but steady pace and she is most successful at learning new vocabulary when the words are functional and apply to an immediate situation.

C does not have any serious medical issues, but does have some minor allergies.

### **Individual Characteristics:**

Through the Essential Lifestyle Planning Process (ELP) many of C's family, friends and service providers had the opportunity to express the things that they admired the most about C. Many sited her persistence in trying to overcome challenges and her willingness to try new things. She was described as being patient, flexible, funny, smart and enthusiastic.

C's circle of friends agreed that there were a few things that C would need in her life to be content. She must have a job that is active, meaningful and has variety. Her community activities must vary and there must be friends involved in her life. There must be time for exercise, including jumping, dancing and stretching. Many of her friends stated the importance of C consistently knowing what is going on around her by receiving a narrative description of current and upcoming events.

Isolation and not having access to people who she can communicate with was something that all people agreed would be tragic for C. She would also be unhappy without a quality Walkman.

C's enjoyment of simple things like walks, high neck shirts, textures, Christmas and rain in her face surfaced as examples of her positive nature.

### **Family Involvement, Support and Relationships**

C is a part of a supportive and loving family consisting of her mother, father, sister and brother. Her Mother is the principle advocate for C. She has been a part of her educational team throughout her school years and continues to be involved in her vocational career.



Being the only child left at home, C spends most of her leisure time with her parents. C's Mom is attempting to keep up with the vocabulary that C learns each week at work and with her Speech and Language teacher. C is able to independently navigate around the house.

### **Background Information**

C attended the DE School for the Deaf during her entire educational career. During her high school years, she was involved in a functional program with a vocational component. The DE Program for Children with Deaf-Blindness was instrumental in supporting her in the different work experiences that she was involved in.

Upon graduation, the options for employment seemed bleak, at best. There was no record of any individuals who are deaf-blind involved in a supported employment situation in the state of DE. The only option seemed to be participation in a day program that included some sheltered workshop employment. C's parents, friends and support network felt that this was not an acceptable option for C. They wanted to see C involved in a challenging and motivating work situation.

### **Technical Assistance Strategies Used to Impact the Individual**

In 1998, NTAC was asked to provide technical assistance to the Delaware Collaborative Interagency Team. This team included administrative representation from the following agencies: The DE Program for Children and Young Adults with Deaf-Blindness, Division of Mental Retardation, Division of the Visually Impaired, Division of Vocational Rehabilitation, The Center for Disability Studies at the University of Delaware and the Delaware Department of Education. During initial meetings, the group reached consensus that the various agencies collaborate to improve employment opportunities for individuals with significant disabilities, including deaf-blindness.

NTAC recommended that the Delaware group address the systemic issue of creating employment opportunities for individuals with significant disabilities by launching a field test over a two-year period of time. The field test focused on assisting four individuals with severe disabilities, two of whom are deaf-blind, who were about the exit school or who had recently exited school to become employed in community settings. C was one of the individuals selected to be a part of the field test.

## **Technical Assistance Strategies Used in the Field Test:**

The following are some of the technical assistance strategies used in the field test model. NTAC, the state interagency team and C's local team were involved in implementing the following strategies:

*Shifting to a collaborative model of team operation.*

*Changing the definition of employment from "supported employment" to "community employment".*

This strategy assisted C in gaining employment because she did not meet the eligibility requirements for supported employment but could still receive services directed towards employment in community settings through other funding.

*Sharing resources across agencies and link funding sources to address consumer needs.*

C required communication support, mobility training, intensive job coaching and additional training for service providers. The use of multiple funding sources enabled the team to meet C's individual needs.

*Providing training to targeted vendors and other key individuals.*

Staff from C's vendor agency, her mom and her local team received training in areas of job development, job coach training, collaborative teaming strategies, Person Centered Planning and communication.

*Tying the field test model to other initiatives in the state.*

By linking a variety of related projects and initiatives, partnerships developed among the agencies, which enhanced efficiency and maximized resources.

*Utilizing a team approach to develop a job.*

All parties who are close to C provided valuable information and skills, which contributed to the identification of a satisfying job.

*Inviting and encouraging parent participation in the job placement and development process.*

C's Mom was instrumental in providing information that was vital in the job search and in sustaining employment.

*Utilizing a person-centered approach to job development (Essential Lifestyle Planning)*

The input from C's family, friends and support network contributed to the success of the job search by focusing on C's strengths and interests.

## **Specific Strategies and Individual Outcomes for C**

Upon completion of training in the Effective Lifestyles Planning process and completion of a plan for C, her local team received additional training in job development strategies based on C's interests and needs. Several meetings were held for the team to develop employment ideas for C. The meetings resulted in a job development plan aimed at gaining employment in a local hotel, a job experience that C had in the past and reportedly loved.

A part-time job at a local hotel chain was carved for C. She would be responsible for cleaning guest rooms, including stripping and making beds and collecting towels. As a supplement to the part-time work, a job at the local convenience store was also secured. This job entailed stocking shelves and light cleaning. C's job coaches were provided training in specific coaching strategies to maximize independence on the job and to increase communication for C.

The team continued to meet at regular intervals to respond to any issues that arose and to monitor progress. The team meeting time also allowed for the related service personnel to meet with the job coach to share strategies and consultative information.

C found immediate satisfaction at both job sites. She reportedly increased the number and level of job skills at both locations over time and received positive feedback from employers and co-workers.

C's communication on the job increased as her job coach learned sign language vocabulary specific to the situation and assisted C in learning the new words. She utilized a Touch Talker to communicate simple messages to co-workers.

C has been employed at both locations for over 2 years. She continues to improve her skills and display job satisfaction. She is also involved in additional services provided by the employment vendor including speech and language instruction and mobility lessons. As a result of the initiative, these services are increasingly provided as a consultation model or at the work site. Her family has reportedly continued to be satisfied with C's progress.

The team expressed great satisfaction in finding C a job that she enjoyed. The state team continues to recognize issues associated with the funding level at which C is receiving services under the supporting agencies. Because of the intensive level of support that C needs to be successful at her job, long term funding at the current level is a concern.

## **Outcomes of the Initiative Evaluation Measures:**

The positive changes occurring as a result of the field test efforts are reported in two ways (1) those, which improved outcomes for individual consumers and family members, and (2) those outcomes, which improved systems of service delivery.

### ***Individual Focus***

C was one of the three young adults who have been continuously employed for over 2 years (the fourth targeted individual moved to another state).

C was one of the three consumers who increased the number and level of job skills, displayed job satisfaction and received positive feedback from employers and co-workers.

The team working with C, including several adult service workers, educators, and family members, has increased their knowledge and skills in supporting C in her community employment setting.

### ***Systemic Outcomes***

The following are the systems outcomes that were a result of the field test initiative that C was involved in:

A Memorandum of Understanding and Cooperative Agreement were signed by 7 agencies to launch the field test.

The University Affiliated Program (UAP), the Division of Vocational Rehabilitation (VR) and the Department of Education have an agreement, which supports developing curriculum and providing training to job coaches throughout the state.

Elements of Essential Life Planning (ELP) have been incorporated into the job coach training curriculum, the vocational planning tool used by VR, and the planning tools used by the Division of Mental Retardation and the UAP.

Initial collaborative funding efforts were undertaken to ensure that individuals participating in the field test received necessary services to result in successful community employment.

Identification of strategies to use monies from multiple agencies to fund job coaches.

## Summary

Back in the summer of 1999, C had something in common with many other individuals who are deaf-blind. She had successfully completed high school and was sitting home because she did not have a job. Now, in the summer of 2001, she has something more impressive to report; she is employed in her local community in 2 jobs that are challenging and that she enjoys. As a result of the Community Employment Initiative, a collaborative effort between NTAC and multiple DE State Agencies, C is now enjoying the benefits of being part of the workforce and has paved the way for other individuals with similar challenges to follow in her footsteps.

## Case Study - Paddi Davies

June 1, 2001

### I. Individual Demographics and Characteristics & Family Involvement, Support and Relationships

Bill Jones is a 29-year-old male living in Boise, Idaho. He is married and is the father of 4-year old boy. Bill is gregarious and makes easy conversation with most anyone he meets. He quickly turns to teasing with those he knows well. In his personal and professional life, he prides himself on being motivated and learning oriented. Variety and challenge are necessary in his life.

In his spare time, Bill loves to do most anything outdoors, including hunting and fishing. Because he loves fly-fishing, he has recently taken up fly-tying as a hobby. He already has a collection of about fifty flies and is now teaching his son to tie. The newest recreational addition to the household is a 4-wheel All Terrain Vehicle, complete with helmets for all. The family looks forward to exploring trails in the desert and forests of eastern Idaho.

Bill readily boasts about how bright his son is. Recently his son has started playing tricks on him, such as moving things outside his field of vision, which shows his understanding of Bill's vision impairment. Bill doesn't mind, though. He's just impressed that his son has caught on so quickly. Bill's wife and son are integral parts of a strong support system that Bill has around him. In addition to his wife and child, Bill's parents have always been very involved in Bill's life. Until recently they also lived in Boise. This allowed them to fully advocate and participate in decision making with regard to Bill's impairments. They now live in Blackfoot, Idaho, which is a four-hour drive from Boise. Although still involved, they have let go of a great deal of the day-to-day discussions and decisions in Bill's life.

Bill and his family live in an apartment in the suburbs of Boise. His wife, who also happens to have a moderate hearing loss, is a stay-at-home mom. She works outside the home occasionally, but she and Bill chose to have her stay home with their son until he started school. Besides work, Bill spends the majority of his time with his wife and son. They enjoy playing on the computer or watching TV at home, doing activities outdoors, eating out and occasionally going to the movies. This has become increasingly difficult for Bill, however, because his tunnel vision doesn't allow him to see the entire screen.

## **II. History of Hearing, Vision and other Health Impairments**

Bill was born six weeks premature, weighing a little over five pounds and suffering from hyaline membrane disease. Recurring ear infections marked his early life until he was diagnosed at two and a half with bi-lateral, sensorineural hearing loss ranging from severe to profound. Bill was immediately fitted with hearing aids and began intensive speech/language development classes. At three and a half years old, Bill was finally speaking one to three word sentences.

Bill has two other siblings, both brothers, who have no vision or hearing impairments. Besides an aunt with a hearing impairment, there is no knowledge of other family members with vision or hearing impairments. Bill grew up in Ohio and attended local schools throughout elementary and secondary school. However, as his school career was just beginning at age three, his parents decided they wanted Bill to live at home and communicate with family and friends in the community. This prompted them to choose oral communication over sign language. Bill had to travel 25 miles each day to and from the closest preschool program that could accommodate his needs.

As Bill approached kindergarten, two things happened that impacted his return to his local school district. He received a thorough evaluation from professionals in another state that resulted in a recommendation for placement in a classroom

with hearing peers, and Public Law 94-142 was passed. This prompted the local school district to accept Bill as a student. He was successfully included in a regular kindergarten class at the same school his brothers went to, just a mile from home. In high school, Bill was enrolled in a college prep curriculum. He took two years of American Sign Language to fulfill his foreign language requirement, but has never used it consistently. Bill currently uses hearing aids and has approximately 60% speech discrimination with sentences. His discrimination with words is significantly lower. Bill continues to rely upon oral communication in his home, workplace and in the community. Although he has very little difficulty carrying on a conversation with one or more people, noisy environments make it difficult for him to participate. He is aided in these environments by a wireless FM system.

Bill considered his vision to be very good until his mid-twenties. He started wearing glasses in junior high school for astigmatism, however, this did not impede his activities at all. In early 1997, Bill began complaining about running into things. At that point he also began to experience difficulty with driving at night. He was formally diagnosed with Usher Syndrome Type II in the fall of 1997. Since that time his field of vision has diminished rapidly. He estimates that his field was 35 degrees in 1997; it is currently around seven degrees. In addition to night vision and field loss problems, Bill also experiences problems with glare and eye fatigue. His central vision remains excellent, allowing him to read regular print and work on the computer with minor accommodations. His field loss has greatly impacted his life: he gave up driving over three years ago; he now uses a cane for most of his travel in the community; and his ability to perform the tasks of his current job is threatened.

Other than Bill's vision and hearing impairments, his medical and cognitive functioning is very normal and typical for a young man in his late twenties. He is in good physical shape and tries to maintain sufficient physical activity in his weekly schedule.



### III. History of Post-secondary Education and Employment

Bill graduated from high school in 1991 in Columbus, Ohio. Other than a summer Leadership program for the Deaf/Hearing Impaired at the Ohio School for the Deaf, Bill's entire school experience was in the public school system. Following high school, Bill's parents moved from Ohio to Idaho. He was in college at the time, but found it difficult without the support of his family, and soon followed them. In 1994, Bill returned to Ohio to work and marry his fiancée, who was still in college in Ohio. Following her graduation, the two of them moved back to Idaho to be near Bill's parents.

In 1996, Bill graduated with an Associate of Arts degree in Computer Aided Drafting from ITT Technical Institute. His initial professional employment was for one year with a large grocery company. In March of 1998, Bill changed employers and secured a CAD (computer aided draftsman) position with a large Boise-based engineering firm. Bill uses a computer with specialized software to draw and edit blueprints for the electric wiring of supermarkets. He is satisfied with his current employment and feels a great deal of support from his immediate supervisor and the company in general. The company has made several accommodations, including changes in lighting and obtaining specialized equipment, that have improved Bill's ability to perform his job. However, like most people his age, Bill aspires to advance in his career. His short-term future goals with the company are to explore opportunities within the company and try out different job experiences, with the possibility of shifting to another position. Although accommodations have been made, the CAD position is very visually oriented. Bill anticipates that this job will get increasingly difficult to do as his vision diminishes. Thinking more long-term, Bill is considering going back to school and getting an advanced degree in the engineering field. He would like to talk with other engineers with vision impairments to gain a better understanding of the possibilities and barriers he might face. Before Bill makes a commitment to returning to school, he would also like to explore the possibility of changing

careers. He's not sure at this time what he would change to. Further career exploration is necessary.

#### **IV. History of Service Provision and the Collaborative Services of NTAC, HKNC and Idaho providers.**

Prior to Bill's Usher Syndrome diagnosis, he was receiving services related to his hearing impairment from Idaho Department of Vocational Rehabilitation (IDVR). Specifically, IDVR had assisted with the assessment of Bill's hearing and the purchase of hearing aids. With his Usher diagnosis, his VR case was closed and he became a client of the Idaho Commission for the Blind and Visually Impaired (ICBVI). IDVR remained in the picture as a "standby" consultant for hearing issues. No additional services were provided by any other agencies or organizations.

NTAC's involvement with Bill came about in early 1999 at a time that he, his family and IDVR and ICBVI were approaching a crisis state. Bill and his family were very frustrated with the level and quality of services and communication he was receiving from these adult service agencies. The agencies felt they were delivering appropriate services based on their respective policies and rules. Bill had attempted to get CO-AD, the Idaho Protection and Advocacy agency involved, but he was having difficulty getting commitment and consistency from them, as well.

The need for a case study related to deaf-blind services had already come up through a stakeholders' meeting held in February 1998. This meeting was attended by the Idaho Deaf-Blind Project, IDVR, ICBVI, the Idaho Schools for the Deaf and Blind, the HKNC regional representative and NTAC. There was consensus among the participants that some Idaho consumers who are deaf-blind might be better served through services that are collaboratively delivered by

IDVR and ICBVI. Bill was identified as a good candidate to be the subject of the case study. Three of the systemic goals of the case study are:

- 1) to identify the strengths and weaknesses of the adult service agencies individually and collectively in order to determine the level and quality of services that adults who are deaf-blind will receive;
- 2) to identify aspects of service delivery that can be collaboratively delivered by IDVR and ICBVI;
- 3) to ensure more effective and timely services that make use of the expertise in hearing and vision available in each of the agencies.

The primary goal for Bill for the case study were:

- 1) to design, develop and maintain effective, proactive services to address Bill's challenges with his vision and hearing impairments with relation to employment, recreation and independent living.

The case study is using a team approach. The first team meeting was held August 28, 1999 with the following team members involved: Bill and his wife; Bill's parents; Dana Ard (ICBVI); Brian Darcy (IDVR); Cathy Kirscher (HKNC) and Paddi Davies and Betsy Bixler (NTAC). At Bill's request, the team meetings have been held about every six months. In subsequent meetings, Bill's supervisor at work has also participated and contributed regarding work related issues.

The first team meeting was held at Bill's house. Bill and his family started off by sharing his story – his background, his short-term and long-term goals and his strengths. After this foundation was laid, we continued this, and every subsequent, meeting with identifying the challenges Bill was facing in his

personal and professional life. With each meeting we documented the aspects of the system that seemed to not be working and developed strategies to address these problems. Communication (between agencies and between Bill and the agencies) is the problem that has occurred most frequently. We also have always tried, as much as possible, to develop strategies that would be delivered collaboratively between the adult service agencies. Again, the successes and barriers to this have been documented over time. Some of the specific challenges that Bill has faced over the course of the past two years are:

- the need for vocational/career exploration
- mobility in the dark and in unfamiliar environments
- ongoing and consistent communication with service providers
- communication with other people in his work environment
- recreational and physical fitness strategies
- transportation around town and to recreational opportunities
- his future communication mode and future employment options.

Each of these has been addressed with some tremendous impact on Bill as an individual. NTAC acted as the facilitator and catalyst throughout this case study. The original team remained intact throughout the two years with the exception of the representative from vocational rehabilitation. Brian Darcy left the agency and the agency opted not to replace him on the team. This was a disappointment to the team as it meant that the collaboration that was built was related to an individual, not the entire agency. This remains a problem and we will continue to try to remedy it.

## **V. Individual Successes and Barriers**

Bill, his family and the team have seen some wonderful changes take place over the past two years. Often it has seemed like things are not happening fast enough, however, looking back, many changes have occurred. When the team

first became involved with Bill, he often turned to his mom and dad to advocate for him. Both of his parents are bright and articulate and know his needs so well. He often felt they could express his ideas more easily. Their support was very evident. Bill still relies upon his parents for their input and support, but he is much more willing and able to speak for himself. He readily asks questions, seeks advice and offers his opinions regarding his own services or those offered to all individuals in the state. Robin Greenfield from the Idaho Deaf-Blind Project invited him to join her project's advisory committee because he has become such a good spokesperson for adult deaf-blind consumers.

There have been several dramatic improvements in Bill's services, as well. Both Bill and Dana Ard, his counselor from ICBVI, have made concerted efforts to maintain frequent and consistent contact. This improved communication has resulted in a very close working relationship between the two of them. In the beginning, Bill had strong doubts about the effectiveness of ICBVI system. Dana's consistency and professionalism have turned that mistrust around. She has been very timely in responding to Bill's questions and requests. For instance, in the spring of 2000, Bill attended HKNC for a two-week evaluation. This came about because several of his technology needs were not being addressed within the state. The team was unable to find someone with the knowledge necessary to make the accommodations/suggestions needed. Dana was able to work with Bill and HKNC to arrange his visit within one month.

Bill's evaluation at HKNC was supported by ICBVI. Although a visit had been discussed in the past, it was the support and recommendation of the team, as well as Bill's self-advocacy, that made it possible. The evaluation resulted in several technology accommodations that have been implemented and have greatly impacted Bill's personal and professional life. One of the most difficult aspects of Bill's job is reading the blueprints that the company engineers send to him for edits. The blueprints are 36" x 36" documents. Bill's tunnel vision does not allow him to see the entire document at one time. Therefore, he has to scan

the document back and forth until he finds the engineers' changes. At HKNC Bill was able to test a Clarify AF, which is a system that minifies the blueprint and shows it on a 13" TV monitor. When Bill arrived home, ICBVI located the same system for Bill to test in his work environment. In June 2000, after the system proved successful, CSHQA purchased a new system for Bill's use at work.

Additional impacts for Bill as an individual have been:

- A greater understanding of the resources available to him and knowledge about how to access these.
- A better idea of his personal goals, although he is still exploring options.
- Recognition of the strengths of ICBVI on Bill's part. This has resulted in a better attitude and greater respect toward the agency.
- A greater awareness of Bill's disabilities by his colleagues, resulting in more open discussion about accommodations.

Along with the successes, there are personal and professional barriers that Bill and the team face. The rate and degree of the progression of Bill's visual impairment is an unknown. The team has discussed a broad range of possible services and accommodations Bill may need in the future. This makes it difficult to plan next steps. Bill is unsure about his future communication needs and whether or not he should learn Braille. He may never need it, however, if he does, he would be better off to begin learning it as soon as possible.

Bill's age has also been a barrier at times. He is young and active and doesn't always want to be bothered with the numerous phone calls and meetings he needs to be involved in to secure the level of services he would like to have available. As a child, his parents did this for him. As an adult, he realizes he should be doing it for himself to the degree possible, but he doesn't always want to. Progress from one team meeting to the next is sometimes inhibited by the amount of follow-up Bill is willing to do.

## **VI. System Successes and Barriers**

The greatest success of the team has been in relationship building. Each of the members has a heightened understanding and respect for the professional role of each member. In addition to this case study, the team has successfully worked together for the past three years to plan and implement awareness and knowledge level training for over one hundred adult service providers around the state. This has resulted in a great deal more awareness and knowledge of the disability than has ever been in place in the state. Additionally, the impact of these relationships has been improved services for one individual, improved knowledge and skills in the area of deaf-blindness for Dana Ard, the ICBVI counselor, and improved support for deaf-blind services from the director of ICBVI.

As mentioned earlier, in March 2000, the representative from IDVR left his position and the agency chose not to replace him on the team. They felt it was more appropriate to have the single representation of the Commission for the Blind. This was a setback for the systemic efforts of the team. IDVR's interest in the process and results was apparently tied to one individual's interest. The team is currently working with a consultant to develop ideas for bringing together the directors of all adult service agencies to discuss the findings of the team and gain their input for changes to services for deaf-blind. Our goal is to develop, with the assistance of many school-age and adult agencies, a system that will facilitate the transition of school-age children into an adult service system that has the knowledge, skills and resources to provide appropriate and effective services for all adults who are deaf-blind.

**NTAC**

**Case Example**

TAS: Jon Harding

Date: 4/02/01

I. Individual Demographics



Cole is currently 18 years of age. He graduated in the Spring of 2000 from Lyndon High School with his same-age peers. Following graduation, he began working at an agency that provides work and community living services for developmentally disabled adults (COF training service, INC.) approximately 30 miles from where he resides.

Cole wears eye glasses to correct his vision, and he does not wear hearing aids. His mother indicated that they were tried many times, but that Cole would not tolerate them. He began walking at approximately age 7, and he still exhibits some spastic movements, although he is quite mobile and capable of navigating familiar surroundings.

Cole was born breach after a 26 hour labor. He suffered meningitis, and then suffered a stroke at age 7 mos. He was on medication which subsequently caused (according to his mother) his vision and hearing losses.

Cole has been described by his family and peers as funny, affectionate, independent, and curious. He has an affinity for jewelry (particularly car keys) and formed some very strong bonds with his family members and classmates. Mom indicates that he loves “blondes” and has always been accepted by his peer groups.

The primary method of communication for Cole is via a few simple functional signs and gestures. Family indicates that he can be persistent in making his desires known. He appreciates being touched by friends and finds it reassuring from those whom he knows and trusts.

## II. Individual Characteristics

Cole is described as expressive, funny, curious, affectionate and independent by those who know him best. Others find him interesting, and he is one to be engaged with his surroundings. Cole is quite animated and develops strong bonds with those in his immediate social circle. He enjoys using his hands and body to express himself and he likes “active” participation. He has always enjoyed putting things together (and taking them apart). Aside from the seizures that he experienced earlier, Cole has been relatively healthy and strong growing up.

## III. Family Involvement, Support, and Relationships.

Mom has served as Cole’s strongest advocate since his birth. Prior to the involvement of the “Transition Connection Team”, mom was often the sole advocate for her son’s needs. She has described having to “battle” the state agencies and schools for things that she considered essential for Cole’s well-being and development.

Cole was placed at the Kansas Neurological Institute at the age of seven. Mom indicated that she did not feel capable of caring for two other children by herself. Her husband at the time was not living with her and she felt overwhelmed. Cole returned to his home school 5 years later and was mainstreamed for most of the day.

I History of Educational Services, Support and Environment:

### A. Specific Systemic Change in Services:

Prior to the formation of the “Transition Connection Team”, Cole’s educational decisions were driven exclusively by the IEP team. Although these decisions were often deemed appropriate for Cole, they were often limited by the scope and nature of IEP teams ie: they didn’t often include long-term considerations, sequential progressions to a goal and the participation of post-secondary organizations.

Often the educational plan reflected immediate concerns and did not take into account the long-range implications of Cole’s current activities. Although the IEP consisted of many members, there was a lack of cohesiveness among those members and a lack of clarity about the individual team roles.

Because the IEP team met only once per year, the responsibility for carrying out activities and programs usually fell to the Special Education staff. Although these people were determined and proactive in their approach, they were limited by what they knew about other existing “systems” outside the school district.

### B. Specific Strategies Used:

Mother indicates that having the Special Education Director in the school district on the “Transition Connection” team helped in many ways. First, it brought credibility to the team, and it also helped facilitate changes within the school district that otherwise might not have been possible. The director could serve as an advocate within the school system, as opposed to an external influence.

(Cont.)

Via her knowledge of the educational structure of the district and her working relationships, the director was able to deliver opportunities and services that otherwise not been available.

Another key member of the team was an individual from the Community Developmental Disability Organization in a nearby community. This organization serves many functions, including providing services to persons with disabilities in a post-secondary environment. This case worker was invited to the meetings and was able to share information and prepare team members for what services might be available after graduation or in the transition.

Team meetings were held consistently, and action plans were developed and followed regularly. The team had a mission statement and utilized meeting effectiveness strategies.

#### C. Community Involvement/Support:

Mother indicates that the community has always been supportive or at least accepting of Cole. Because the size of the town where Cole resides is very small, most everyone know Cole and are familiar with him. At times, Cole might become frustrated and aggressive, but these incidents were not frequent, and he always had someone to assist him in the situation.

#### D. Support and Accommodations:

Cole had the benefit of two paraprofessionals who served in advocate roles for him. Mom was effusive in her praise for these individuals and the support that they gave her. He does not use assistive technology, as no device was found that he would tolerate or use voluntarily. He does wear glasses, but a hearing aid is not tolerated.

### E. Service Gaps:

One frustration for mom was that she wanted Cole to acquire the ability to express how he FELT. Others wanted him to attain functional signs. She wanted more than anything to understand what he was feeling at any particular moment.

### II. NTAC and State TA:

NTAC provided TA to the State Project in the form of training support. Consultants were brought in to deliver concepts of effective team meetings, developing mission statements, using Maps, looking at outcomes, utilizing community resources, action planning, selection of team members, and self-assessments. A Technical Assistance Specialist (TAS) has also served as a contact person and data collector over the past few years.

### I. Evaluation Measures:

Action Plans were kept regular, and MAPS (McGill Action Planning System) were developed. A portfolio has been developed to capture the process of Cole's development and the team's influence in that process.

### II. Individual Outcomes:

Cole's graduation was an achievement that brought great pride and satisfaction to both Cole and his family. Some questioned the wisdom of removing Cole from the protection of public school, as he could have received services up to the age

of 21. His mother, however, wanted Cole to graduate with his peers and to move on with his life, just as his peers did.

(Cont.)

The transition from school to post-secondary was anticipated to be difficult, but proved easier and less stressful than imagined.

Although there were a few ‘bumps’ in the road (Cole didn’t like an aide who was hired to assist him at his work site), Cole indicates that he enjoys his new environment.

Cole currently resides with his mother, step-father and sister in a small town in eastern Kansas. As stated above, Cole attends a workshop in a community near his home. He is employed making air mask devices for Boeing and Airbus airplanes and is paid on a per-item basis. He has many choices in his job, and enjoys socializing with other employees and staff. The workshop does provide opportunities for community outings, and Cole takes part in community activities in his hometown (shopping, attending ball games, exercising, swimming, etc.)

Cole’s mother would like to continue the work that the Transition Connections Team has accomplished. She indicates that she wants to attend future meetings and has said that she would be willing to serve as a “mentor” or guide to some of the newer teams established. She considers herself fortunate to have had the support of a team to include Cole in his school and community over years, especially having heard the stories of other families’ struggles. Cole’s mother has heard stories of how other parents have obtained services to allow their disabled children to live independently, and she is intrigued by that notion. She indicates her preference for Cole would be that he ultimately live close to his family, but independently from them. She would also like to incorporate more community involvement in the town where Cole works. At the

moment, she is pleased with Cole's situation, but is willing to prepare for his future.

Summary: When Cole's story is told, his experiences can only be judged by himself and those closest to him. His mother has been the primary guiding force in his life, and she is, at this point, pleased with his current situation. Cole himself says he enjoys where he works and is content living at home.

Although the degree of impact the team had in influencing Cole's experiences and current condition might be debated, there can be little doubt that there was, indeed, a positive influence exerted by the Transition Connection Team. Cole's mother has expressed gratitude for the efforts of this team on Cole's behalf.

## **APPENDIX F**

### **PDM Timelines and Work Scope**



PROJECT DIRECTORS' MEETING ACTIVITY TIMELINES

Year: 2001

Activity	J	F	M	A	M	J	J	A	S	O	N	D	Status	Cmplt. Date
Develop budget from allocation	X	X												
Set meeting dates	X													
Select hotel site; negotiate terms; approve contract	X													
Obtain official/updated list of projects from OSEP			X											
Develop survey to identify critical issues			X 15th											
Send survey				X 20 <sup>th</sup>										
Request survey returned to NTAC					X 15th									
Analyze survey data - Paddi					X 21st									
Prepare preliminary list of participants - Bernie					X									
Prepare/send initial notice to participants					X									
Mail abstracts out to contacts – Bernie					X		X							
Select planning committee and facilitators					X									
Send written notice to planning committee/facilitators					X									
Send survey analysis to committee					X 27th									
Conduct planning committee teleconferences						X <sub>1</sub>	X <sub>2</sub>							
Request federal presenters - fax letter to Judy Huemann, Lou Danielson, e-mail to Ray Miner							X 15th							
Select/make arrangements for keynote speaker(s)							X	X						
Select/make arrangements for other presenters							X	X						
Personal services contracts sent to presenters								X 27th						
Prepare/send information packet (best features; products)								X 8th						
Prepare/send information packet (e.g., letter/registrations forms, update on abstracts)								X 15th						
Request registration forms returned to NTAC									X 15th					
Work with hotel staff for meeting								X	X	X				

Activity	J	F	M	A	M	J	J	A	S	O	N	D	Status	Cmplt. Date
space, AV, rentals, catering, room block, etc. - finalized 10/8														
Determine specific tasks for facilitators									X 1st					
Send letter to facilitators - reminder concurrent sessions									X 15th					
Order supplies and materials									X					
Develop content materials (agenda, breakouts, abstracts, topics for crackerbarrels)			X	X	X	X	X	X	X	X				
Finalize agenda - topics, presenters, logistics									X 1st					
Send final agenda to planning committee									X 7th					
Request speakers to send title & short description										X 1st				
Request presenters send handouts (reg/large print) if we are copying									X 21st					
Confirm speakers/presenters									X 1st					
Letters to go out to presenters for confirmation - handouts 40-50									X 15th					
Send out agenda to all participants										X 1st				
Send letter of confirmation/instruction to mentors										X 1st				
Select/make arrangements for interpreters	X								X	X				
Monitor expenses/process invoice paperwork	X	X	X	X	X	X	X	X	X	X	X	X		
Make final arrangements with hotel										X 10/8				
Develop materials (e.g., handouts, name tags, etc.)					X	X	X	X	X	X				
Mail materials to hotel										X 10/8				

Invitations to:

- FRC
- Perkins

Post:

- Personal Service Contract agreements approved for payment
- Letters to PDM planning committee
- Letters to presenters
- Letters to facilitators
- Evaluation and notes to all

## **APPENDIX G**

### **Example of Webpage TAA**

# TAA Update - FY 2001

Page last updated: 4/12/2001

Switch to [FY '98](#), [FY '99](#), [FY2000](#), [FY2001](#), [FY2002](#), [FY2003](#)

## Page Explanation and Instructions

[AREA I](#)

[AREA II](#)

[AREA III](#)

[AREA IV](#)

AK,AZ,CA,CO,HI,ID,MT,  
NM,NV,OR,PB,UT,WA,WY

GLARC(OH,WI),IL,IN,IA,  
KS,MI,MN,MO,NE,ND,SD

AL,AR,FL,GA,KY,LA,MS,  
NC,OK,PR,SC,TN,TX,VI

NEC(CT,MA,ME,NH),DC,DE,  
MD,NJ,NY,PA,RI,VT,VA,WV

**Return to [Main page](#)**

### AREA I

Follow-Up  
1. Type  
2. Date(s)  
Follow-up  
Projected  
Evaluation 3.  
In Follow-up  
In  
(1.1,1.2)

Date(s)  
TA  
Activity  
Summary  
Evaluation  
In  
(1.1,1.2)

Projected  
Activity  
Completion  
Date(s)

TAA ID TAA Date Initiation  
Code TAS Approved Date

TAA Activity  
Closed  
Out  
Date

1AK07 PD 1/22/2001 1/27/2001 5/2001

Pre-conference workshops on Adaptive PE  
and Early Communication.  
Lauren Lieberman & Kat Stremel -  
Consultants

Two Day Sessions  
Role of the Intervener  
& Deaf-Blindness  
Info & Skills for  
Direct Staff in Contact  
w/ Deaf-Blind  
Linda Alsop - Consultant.

(3.1)3/2000  
(3.2)8/2000  
(3.3)8/2000  
1. Assignments  
and weekly logs

0AZ03 JAE 10/7/1999 10/1999 9/2000

<u>0AZ04</u>	SB	5/24/2000	4/20/2000	5/1/2000	(4.1)6/2000	N/A	Mentor Program planning & assessment. Shawn Barnard & Paddi Davies - Consultants Data collection planning and implementation. Shawn Barnard & John Killoran - Consultants
<u>0AZ05</u>	SB		7/2000	Winter '01		1. Interim Evals	
----- DRAFT							
<u>0CA01</u>	SB	7/25/2000	5/2000	9/2001		N/A	Strategic Planning Mtg - Identification on Census. Shawn Barnard - Consultant
<u>0CA02</u>	SB	7/25/2000	8/2000	Fall 2000		1. Action Plan	Planning, implementation - Family Support. Shawn Barnard - Consultant
<u>0ID02</u>	PD	5/30/2000	1/4/2000	8/2000		1. Systems change matrix	Systems change/Adult services - Case study w/ one adult who is deafblind. Paddi Davies, Betsy Bixler - Consultants.
<u>0NV02</u>	SB		3/8/2000		(3.1)7/2000 (3.2)7/2000		Usher Syndrome
<u>0NV03</u>	SB	6/21/2000	3/2000	9/2000		?	Planning, Implementation, Evaluation - Usher Syndrome. Shawn Barnard - Consultant
<u>0NV04</u>	SB	6/16/2000	2/23/2000	9/2000			Planning, Development, Implementation - Identification/Census Shawn Barnard, Robbin Hembree - Consultants.
<u>0NM05</u>	SB		5/12/2000	9/2000			Planning, Implementation, Evaluation - Distance Learning. Shawn Barnard - Consultant.
<u>0PB02</u>	BB	12/9/2000	12/1999	3/2000	(2.1) 5/2000	??	Pac Rim DeafBlind Institute & Follow-up - Assessment, communication, Inclusion & Translation. Lori Getz, Terry Rafalowski-Welch - Consultants.

00R02 SB 6/24/2000 8/2000 11/2000 1. Action Plan  
 Planning, Implementation, Evaluation - Distance Networking and TAD  
 Shawn Barnard, Paddi Davies - Consultants

00R03 SB 6/24/2000 8/2000 11/2000 1. Action Plan  
 Planning, Implementation - Family Support & Leadership.  
 Shawn Barnard, Paddi Davies - Consultants.

1UT03 PD 10/10/2000 9/2000 9/2000  
 One-day meeting on Systems development and technical assistance  
 Paddi Davies - Consultant

0WA03 PD 8/2000 9/2000 9/2000 1. Action Plan  
 Parent Support and Leadership, 2 day family retreat.

1WA04 PD 1/2001 1/2001 9/30/2001  
 Onsite Consultation of TA & training systems via videotape.  
 Katie Humes - Consultant

0WY05 PD 6/2/2000 8/2000 9/2000 1. Action Plan  
 Two day training on general deaf-blind communication, TBD  
 Consultants - TBD.

[\(Back To Top\)](#)

**AREA II**

TAA ID Code	TAS TAA Date Approved	Initiation Date	Projected Activity Completion Date (s)	Date (s) TA Activity	Follow-Up 1. Type	TAA Closed Out Date	TA Activity
					Summary 2. Evaluation Date In (s) (1.1, 1.2)		
					Follow-up		
					Projected		

## Effective Technical Assistance Fact Sheet

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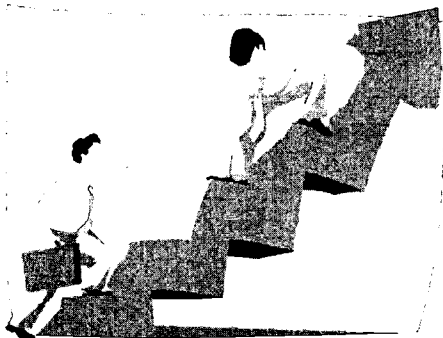
*Developed in collaboration with Dr. William Sharpton, University of New Orleans  
July 2000.*

### Systems Intervention

Systems intervention and capacity building are key components of today's technical assistance projects. However, in some cases it is a new, and often difficult, concept to embrace. Systems intervention is a complicated process that is non-linear. It does not occur based upon the completion of a predetermined set of tasks and activities, nor within short timelines. It is typically long term and time intensive. Systems intervention may be directed within a single agency or across agencies.

The typical targets of systems interventions are to:

- Develop new options of service
- Serve new populations of individuals
- Increase the efficiency of what we presently do



There are also three generic goals inherent to most systems intervention initiatives:

- to improve effectiveness
- to increase efficiency
- to improve collaboration

Outcomes focused on individuals, as well as systems, are an integral part of effective systems interventions.

Systems interventions require effort and support from multiple parties. It is critical to determine the committed collaborators needed to make the change.

Systemic structures are often invisible, even to the informed observer. The sustaining structures are often the result of unconscious, as well as conscious decisions.

Systems work must be small enough to be effective, but big enough to make an impact.



This Project is supported by the US Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the US Department of Education.

# Leadership for Systems Intervention

As with all innovation, the success of systems intervention is highly dependent upon leadership and the individuals who embark upon the task of change. When identifying the leadership needed for system change, consider:

- 1 Identifying the key players, both internally and externally, who must be involved to enhance success
- 2 Identifying the smallest common denominator that will attract the key players to be involved and support the initiative
- 3 Identifying other efforts that the key players actively support, and then linking the initiative and work with their existing efforts
- 4 Identifying those individuals who will follow through with the activities and tasks to enhance the success of the initiative

Leaders of change are often challenged and effective leadership often requires risk taking, unbridled passion and dedication. Being aware of the common risks and concerns inherent in systems intervention is critical.

## **Systems intervention often:**

- ! Challenges the status quo and the existing perception of power and frequently lacks support from the “top”
- ! Initially disenfranchises agencies from their existing daily routines
- ! Becomes trapped into process rather than outcome based work
- ! Takes energy, time and effort
- ! Requires reflection on our own, as well as, other’s values and purpose



# Systems Intervention Entry Points and Tips for Negotiating Change

There are a variety of strategies and methods one may choose for entering into systems intervention initiatives. The following examples are by no means the only ways, but they may help shape your initial thinking and strategies!



**Moving from a personal to a shared vision**

**Conducting and implementing findings and results from systems studies and research**



**Responding to chronic problems**



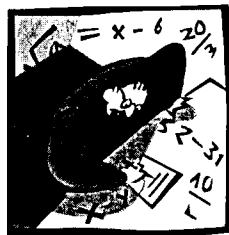
## Tips for Negotiating Change

- *Identify the key players and leaders*
- *Determine the problem*
- *Find ways to link to existing initiatives*
- *Reinforce multiple parties.*

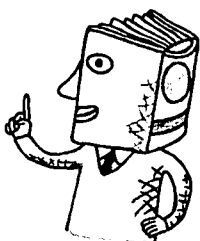
**Following the consensus of a team or implementing a team decision**



**Responding to the results of self-assessments**



**Initiating a "Total Quality Effort"**



**Implementing "top-down" mandates as a result of policy or law**

NTAC, Teaching Research Division, Western Oregon University, 345 N. Monmouth Avenue, Monmouth, Oregon, 973621, (503) 838-8391, ntac@wou.edu

## Effective Technical Assistance Fact Sheet

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*Developed in collaboration with Tom Udell, Teaching Research Division, Western Oregon University  
July 2000.*

### Thoughts on Effective Training

One commonality found in Deaf-Blind Projects throughout the county is the provision of training to both parents and service providers alike. Although this training varies in its content, format and delivery methods, it shares the common intent of developing skills that will transfer into the classroom, home and community.

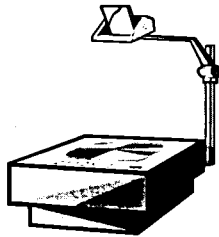
Current literature in the field of school reform has identified three concepts that influence professional development activities and effective training.

- Results driven education, meaning that the success of staff development should be measured not only in changed practioners behavior, but also in its impact on child outcomes.
- Systems thinking, the recognition that staff development must be approached from a systems perspective, recognizing that change to one part of a system impacts other parts of the system.
- Constructivism, the belief that learners build their own knowledge structures rather than just receive them from others. In response to constructivism, staff development activities must involve practioners in the learning process and include a variety of participatory activities.

One result of incorporating these attributes into project training activities will be an increase in the likelihood of achieving identified training outcomes and positively impacting training recipients.

It is also important to recognize the unique needs of adults in a learning endeavor. These include the need to have:

- Meaningful information
- Expectations known
- Experience respected
- Reinforcement provided
- Feedback given



- Diverse teaching styles used
- A sense of relevancy
- Self-direction
- Freedom from anxiety
- Immediate application



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# Elements of Quality Training

Inservice training and professional development activities are extremely resource intensive, both in personnel time and actual dollars. Yet, the major activity of many training projects is the provision of training to a variety of audiences on a multitude of content and topic areas. As such, projects must strive to provide training that is meaningful, relevant and effective. However it must acknowledge that on occasion trainings are not what the participants had hoped for and occasionally the training has missed the mark!

The current literature describes several key elements that are critical to the design and implementation of effective inservice training and professional development activities. These elements consistently appear in time-tested professional development models and contribute to both the models effectiveness and longevity.

One such nationally validated model, the Teaching Research Inservice Model (TRIM), has combined these elements into a sequential process, which has been successfully used for the design and implementation of both short and long-term training activities that have addressed a variety of content and topic areas. The six elements that comprise the Teaching Research Inservice Model are:

- Identifying needs
- Determining training outcomes
- Determining training objectives
- Developing training activities
- Designing and implementing evaluation measures
- Providing follow-up technical assistance and support

Incorporating these elements into training activities may not only increase the participant's skill acquisition, it will also increase the effectiveness of the project's training activities

## 1. Identifying Needs

Identifying needs is the first step in designing effective training activities. Needs assessments identify the specific topical/skill areas that recipients of the training perceive as their greatest, or one of their greatest, areas of need. Needs assessments should be focused on specific skills or competencies identified as relevant rather than being open-ended. Open-ended assessments, or assessments designed for other programs, do not provide the information needed to design effective trainings.

A thorough needs assessment builds consensus and ownership in the training activities. Training participants are most receptive and interested when the content is relevant and meaningful to them. A needs assessment approach relies heavily on the perceptions of practitioners and does not counter balance or weight these responses with the training needs perceived by others. As a balance to the perceived needs of staff, it may be useful to also complete an assessment using a tool designed to measure program performance.

## 2. Determining Training Outcomes

In effective training activities the desired outcome(s) of training is clearly conceptualized and articulated. A well-conceptualized and articulated outcome is needed to drive the remainder of the training plan. The outcomes impact the intensity and pedagogy of the training activities, as well as the design of the evaluation of the success of the training.

## 3. Determining Training Objectives

Effective training occurs when the expectations of training are clearly defined. Your objectives should identify the expected competencies or behaviors to be demonstrated by the participants at the conclusion of the training experience. Your objectives should also prescribe the “who, what and how” in observable and measurable terms. Your objectives should logically lead to attainment of the desired outcome(s). When the desired outcome is stated as knowledge, the objectives relate to varying ways in which the participant can demonstrate his/her increased knowledge, but since our ultimate outcome is only knowledge, it would not be necessary to engage participants in elaborate and time-consuming practice or role-play activities in which they demonstrated certain skills.

## 4. Developing Training Activities

Training activities are the vehicle by which participants achieve the desired competencies stated in your objectives. The activities comprise the content and pedagogy of your trainings. Training activities should be designed to accomplish one of three possible outcomes:

- Increased **awareness** of the topic being taught
- Increased **knowledge** of the topic being taught
- Mastery of the skills needed to **implement** the topic being taught

The outcomes you are attempting to achieve dictate the level of complexity of your activities. If the outcome is merely to increase awareness, a much simpler activity may be offered than if the outcome is skill implementation. If the outcome of the training is skill implementation, research confirms that the following four attributes should be included within the training activities:

- A knowledge of the theory supporting the content of the training
- Demonstration and shaping of the skills to be learned
- Guided and independent practice of the skills
- Feedback on the performance of the skill



Although it may be necessary to rely on the standard lecture/listen format for parts of the training, participants will be far more engaged in the content if varying methods of presenting information are utilized. Adult learners have preferred modalities for acquiring new information. Some find auditory input to be the easiest way to learn, and they become confused by visuals. Visual learners take in new information most efficiently through their eyes and absorb minimally from auditory input. Others prefer to see a concrete demonstration of the new concept. Remember, our audiences will benefit most from presentation of the new information in a variety of ways, one building upon or reinforcing another.

## **5. Designing and Implementing Evaluation Measures**

Evaluation occurs at several levels and must go beyond the traditional measure of satisfaction to demonstrate the trainings effectiveness and to provide the information to revise and refine your training activities. Evaluation systems should include:

- Measures obtained during training
- Measures obtained at the completion of training activities
- Measuring implementation of the knowledge or skills presented after the training has occurred

By carefully weaving your evaluation components before, during and after training, it is possible to evaluate on an ongoing basis the strengths and needs of your activities (both formative and summative). Trainers are able to revise and adapt the training on a timely basis and make necessary accommodations to assist participants to successfully complete the objectives.

## **6. Providing Follow-up Technical Assistance and Support**

To be effective, programs must provide follow-up support to participants as they implement newly learned skills. The traditional, one-shot workshop continues to be utilized even though we know that little implementation occurs without follow-up TA and support. When the intent of training is implementation of new knowledge and skills, specific plans for providing follow-up support to the participants must be woven into the training, not tacked on as an afterthought. Effective training assumes that the support provided to assure implementation is the second, but equally important, component of the training activity.

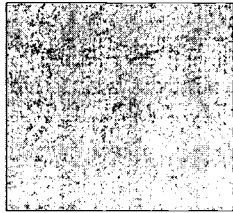
How support is provided takes many shapes and depends upon your outcome (awareness, knowledge or skill) and the resources. A variety of approaches have been demonstrated as effective and include:

- On-site visits
- Live video interactions
- Mentoring or coaching
- Product review and feedback
- Video review
- Observations

***NTAC, Teaching Research Division, Western Oregon University, 345 N. Monmouth Avenue, Monmouth, Oregon, 973621, (503) 838-8391, [ntac@wou.edu](mailto:ntac@wou.edu)***



## Presenter's Guide:



## Preparing a User-Friendly Presentation

Person-First Language

Working with Interpreters

Alternative Formats for Print Materials

Visual Presentations using Computer Presentation

Software, Overheads, Slides and Videos

# Introduction

The following pages may assist you in developing your presentation. This guide specifically addresses:

- Using person-first language
- Working with interpreters
- Preparing your presentation materials in alternative formats
- Developing your computer presentations, overheads and slides

We hope you will find the information useful. We invite you to share any additional “hints” you may have discovered.

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# Person-First Language

The way a society refers to its members who have disabilities shapes its beliefs and ideas about them. Using person-first terms can foster positive attitudes towards individuals with disabilities. Person-first language emphasizes the person, not the disability. It's easy to get trapped in old language habits. However, a few adjustments can ensure all of us, regardless of our abilities and disabilities, use language that is accurate and shows respect for individual differences. ("Person First," 1992)

To describe differences accurately and in ways that convey respect:

- Put the person first in word and thought
- Tell the truth without adding judgment
- Don't include a person's differences if they're not relevant to the information you're sharing

Examples of person-first language:

<b>Person-first Language</b>	<b>Language not to use</b>
People with disabilities .....	The handicapped or disabled
He has Usher syndrome .....	He's an Usher syndrome student
He has a learning disability .....	He's learning disabled
She uses a wheelchair .....	She's wheelchair bound or confined to a wheelchair
Typical kids or kids without disabilities .....	Normal and/or healthy kids
He receives special ed services .....	He's in special ed
A person who is deaf-blind. Although many adults who are deaf-blind prefer to be referred to as a deaf-blind person. ....	A deaf-blind person
She is an individual who is deaf-blind, she is deaf-blind or she has a vision and hearing impairment.....	She suffers from deaf-blindness
A person isn't handicapped - certain situations may be a handicap. Example: "Sam uses a walker, therefore the stairs are a handicap for him." .....	He is handicapped



# Working with interpreters

The responsibility of the interpreter is to interpret auditory and visual information into sign language and to interpret everything that the person who is deaf or deaf-blind signs into spoken English. This job demands all of the interpreter's time and attention. The interpreter does not share opinions or give advice. She/he is required to remain neutral. The interpreter conveys the emotions and message of the people involved in the event and does not add or delete information.

A common misunderstanding by presenters working with an interpreter is that slower is better. Although a rapid presentation *may* be a problem for the interpreter, speed is not always the problem. How many times have you heard, "Just slow me down if I get going too fast?" The problem is sometimes due to a lack of *understanding* the message that a presenter is trying to convey. Remember, the interpreter is representing you and your message to the individual who is deaf or deaf-blind. Therefore, the more information the interpreter has in advance, the more accurate this interpretation will be. For interpreters to convey the message clearly, it is helpful to know the content of the presentation and what you want the participants to take away from your presentation. ("Working with an Interpreter," n.d.)

## Tips for working with individual interpreters:

- Have your presentation prepared ahead of time. Provide the interpreters with a copy of your paper or outline of notes/remarks prior to the presentation.
- As part of your presentation, be sure to specifically point out the key points you want the audience to learn and conclude by summarizing these key points again.. This will help everyone in the audience follow along.
- Allow time, if possible, to meet with the interpreters to discuss the style of the presentation (e.g., lecture, videos, small group activities); background information, main points, goals or outcomes, and names and acronyms you will be using. Learn from the interpreters the needs of the person they will be interpreting for (e.g., tactile ASL, platform interpreting, lighting, contrast) and how you can help accommodate these needs.
- If your presentation contains highly technical language, review some of this terminology with the interpreters before the presentation or provide materials they can refer to during your presentation.
- Discuss ways for the interpreters to ask for clarification during the presentation (e.g., request clarification, raise hand when they need you to slow down).
- The interpreter should be positioned so that the person who is deaf or deaf-blind can see you and the interpreter at all times.
- Speak directly to the individual who is deaf or deaf-blind in 1:1 interactions, not the interpreter. Keep eye contact with the person who is deaf or deaf-blind and direct your remarks to her/him.
- Because interpreters are translating information from one language or mode to another, there is often lag time or a delayed response from the person who is deaf or deaf-blind. It is not unusual for a remark, laugh or question to come a bit after the general audience. When these comments arise take time to address them, as appropriate.
- Avoid direct light sources on those involved in the interpreting situation. Bright lighting will affect those relying on visual language. Reposition yourself, if necessary, during the presentation or question/answer time.

- If reading a speech or document, pause at the end of important points. This will assist the flow of interpretation.
- Provide the interpreter with any written information relevant to the presentation before it begins. Items such as agendas, handouts, overheads, and copies of written documents you refer to can be invaluable.
- When using technology in your presentation (i.e., overhead projectors, videotapes) be sure that the information is accessible to the entire audience.
  - Many forms of technology will require a change in lighting (i.e., dimming overhead lighting for PowerPoint presentations), which will affect the reception ability of visual language users.
  - Be sure that any videotape you are using is closed-captioned.
  - If your presentation incorporates the use of overheads, provide a hard copy to the interpreters and participants in the audience who may not be able to access them on the screen.

## Alternative Formats for Print Materials

When a participant requests presentation materials in an alternative format, NTAC will advise you of this and assist in making sure the materials are available for the participant. It is a good idea to always carry a floppy disk of your material for any presentation you give. This allows for unanticipated copying in alternative formats.

### Large Print

Many people with vision impairments have some sight and can read large print materials. Large print materials can be produced on a computer or by using a photocopier to enlarge regular text. If you are not sure about the preferences of font size or paper finish, ask the individual who has the vision impairment. You may also need to use more than one of the following formats since accommodations vary across individuals.

#### Tips for producing large print documents:

##### Paper:

- Produce the highest possible contrast in documents. The best contrast with the least glare is bold or double-strike type on light yellow paper. White paper produces too much glare. Do not use red paper. If it is necessary to use white paper, use an off-white shade that gives good contrast while producing less glare.
- For some people, the best contrast is light (white or yellow) letters on a dark (black) background.
- Avoid glossy paper because it causes glare.
- The paper should not be larger than standard 8.5" X 11", if possible. Larger than this is cumbersome to handle.
- Make sure the weight of the paper is sufficient to prevent "show-through" printing.



## Formatting:

- Use one inch margins
- The line of text should be no longer than six inches (approximately 50-60 characters per line). Anything longer than six inches is difficult to track for people who use magnifiers.
- Simplify formatting. For example, centered text is difficult for some people to track. Avoid the use of columns. For tables of contents, use a series of dots between the content description (on the left) and the page number (on the right).
- Text should begin at the left margin. Do not full justify, leave the right edge of the margin ragged.
- Use 1¼ to double spacing between lines.
- Avoid hyphenation at the end of lines.
- Underlining should not connect with the letters being underscored.

## Font Size and Type

- Use 18-point font size for the body text, unless another size is specified.
- Use 24-point font size for headings.
- Avoid fancy fonts. Use a simple serif font, such as Times New Roman. Sans-serif typefaces, such as Arial, are sometimes difficult for body text because many of the letters are too narrow to be easily read. Verdana is a typeface preferred by many people with visual impairments. (Serifs are the fine lines projecting from a letter. For example, this “T” is a serif typeface. It has small lines coming down off the ends of the top and bottom parts of the letter. This “T” is sans serif. It does not have the extra lines.)
- Do not use more than two fonts in a document.
- The font should have normal white spaces between characters. Compressed fonts and italics are difficult to read.

## Illustrations and Photographs

- The color contrast within drawings or other illustrations to background should be as high as the type contrast. Lighten your light colors and darken your dark colors.
- Photographs should have a wide range of gray-scale variation to increase the contrast.
- Line drawings or floor plans should be clear and bold, with limited detail and no less than 14-point font size.
- Type or illustrations, such as watermarks, should not be placed over other designs, photographs, graphics or text.

## Braille

If a participant requests Braille documents, NTAC will ask you for a copy of your presentation materials on a floppy disk. The document should be:

- Saved in (in order of preference): WordPerfect, Rich Text Format (RTF) or Word.
- Times New Roman typeface using 12-point font size.
- Left justified, no centering.
- All fonts the same - no bold, underline, italics or coloring.
- No tables or graphics – explain the contents instead.

If you are producing the Braille documents:

- Printed materials should be in Grade 2 Braille.
- 8½ " x 11" paper is often preferred over the standard 11½" x 13" for ease of handling. However, smaller paper means more Braille pages.
- Put page numbers on each page in the upper right-hand corner.
- Margins should be wider on the left-hand side of the page to allow for binding.
- Be sure to have someone who can read Braille check your document. Printers will sometimes misalign a page or print gibberish.

## Computer Disk

Providing computer disks may be the easiest and most cost effective alternative format, especially for large documents. Persons with visual impairments can use a computer monitor with print enlarging capabilities or use voice output or Braille devices to read the documents. A disk is also easier to refer back to, if necessary.

### File Format:

Files on a disk should be formatted in several different commonly used word-processing programs, such as MS Word or WordPerfect, and in ASCII text. Virtually all word processing programs can read ASCII text. Rich Text Format (RTF) should be avoided, as people using a screen reader program will not be able to access these files.

### File Organization:

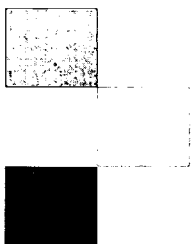
Depending on the file size and the nature of the document, it may be practical to break the document into several smaller files. If this is done, include a file called "contents" that lists and describes all of the files on the disk.

### Graphics:

Screen readers and text enlarging programs do not do well with graphics. It would probably be easier to remove the graphics from the document before saving to the disk. If the graphics are vital, give a verbal description of the graphic at the point that the original graphic was placed.

### Document Layout:

If the participant will be using a screen reader to access the documents, remove all complex formatting prior to saving to the disk. When saving in ASCII text, all formatting is automatically removed.



# Visual Presentations using Computer Presentation Software, Overheads, Slides and Videos

The key word for these presentation materials is **SIMPLICITY!** The following ideas are effective for all audience participants.

## **Tips for putting together an effective presentation:**

- Present only one idea per visual. It's better to use several visuals that are easier to understand than one complex visual.
- Simplify the information. Wording should be brief and concise. Expand the content by explaining it to the audience.
- Use a lot of white space so the readers can focus on the content.
- Use key words instead of complete sentences.
- Never use all capital letters. Initial caps followed by lower case are much easier to read.
- Use at least an 18-point font size. 20-24 is better.
- Simple, bold, block-type print is the most effective. Good sans serif typeface include: Verdana, Arial, Helvetica, and Univers.
- Saturated colors project onto a screen best. Pastel colors don't provide enough contrast for readable type.
- Avoid busy or dark backgrounds.
- Limit the use of colors on each slide.
- Use simple graphics. Avoid large and/or complicated tables.
- Don't include large amounts of very small text (as in photocopying a journal article).
- Test your slides or overheads by projecting them with the projector you will be using. Color contrasts that appear okay on a computer monitor are often too light or too dark when projected. Also, different projectors have different light intensity, so it's better to use high contrast colors for all presentation materials.
- For personal computer (e.g., PowerPoint) and slide presentations, allow plenty of time for people to read each slide before switching.
- Describe the graphics for those who may have difficulty reading the slides. This is also helpful for interpreters.
- Provide hard copies of visuals and offer alternative formats, if necessary.
- If using PowerPoint handouts, printing two slides per page is preferred. Three or more slides per page are often not legible because of the small font size.
- If you will be presenting in a very large room (e.g., hotel ballroom) with many participants, test the format of your visuals from various angles and distances to ensure all participants will be able to see them.

### When Using Videotapes during your Presentation:

- Give a brief summary of the videotape prior to showing it. Draw a connection between what you are presenting and what they will observe in the videotape.
- Hold a microphone near the TV/VCR so translators and interpreters can hear the audio portion of the videotape.
- Use *only* closed captioned videotapes if people who have hearing impairments are in the audience.
- Do not use videotapes in a very large room (e.g., ballroom) unless a rear projection screen and 8-10 foot screen is used.

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*Please feel free to copy and disseminate this document as often as you would like.*



# Effective Technical Assistance Fact Sheet

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*Developed in collaboration with Dr. William Sharpton, University of New Orleans  
July 2000.*

## Principles of Effective Technical Assistance

A variety of factors contribute to the effectiveness of technical assistance activities. Today, conducting needs assessments and identifying outcomes, pedagogy and evaluation activities are commonplace in the development of technical assistance plans. Yet often, technical assistance requested can be in conflict with the mission and values of the technical assistance provider.

One overlooked, yet critical aspect in the development and delivery of technical assistance activities is the identification of the principles that guide services and assist in decision-making. By contrasting technical assistance activities and requests to an established menu of consensus-based principles, technical assistance activities that are consistent with the identified purpose and goals of the provider can be negotiated.

The following principles are not intended to be all-inclusive. In contrast, they are intended to stimulate discussion within a project when reviewing or developing the principles that guide a project's services.

- Technical assistance intensity should vary according to its purpose.
- Multiple stakeholders should identify technical assistance targets.
- Technical assistance should accomplish tasks with others, not for others.
- Long-term technical assistance activities require multiple sources of funding and support.



This Project is supported by the US Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the US Department of Education.

- Technical assistance should clearly articulate targets and supports.
- Technical assistance strategies should shift according to feedback.
- Technical assistance targets should be negotiated to reinforce multiple parties.
- Technical assistance should be sequenced to continue improvement efforts.
- Technical assistance should have both individual and systemic targets.
- Technical assistance activities, when discontinued, should leave the door open for future efforts.
- Technical assistance should be negotiated; values should be demonstrated.
- Technical assistance should be designed to deliver reinforcement on a consistent schedule.



**When considering your response to technical assistance requests:**

- Do you have a set of principles, which presently guide your project's services?
- Do you consider these principles when you respond to a technical assistance request?
- Do you respond to requests differently based upon your principles?
- Are the recipients of your technical assistance services aware of your project's principles and how they impact the delivery of your services?



# Types of Technical Assistance

Simplistically, there are three types of technical assistance activities:

1. **Program evaluation** activities
2. **Time-limited** activities
3. **Long-term** activities, or initiatives

In **program evaluation** activities, technical assistance supports the **identification of needs** and assists in the validation of these identified needs. Program evaluation often ranges from internal self-assessment to the review of multiple sources of data obtained from multiple stakeholders. It may be used to identify both individual and systemic technical assistance needs.

**Time-limited** technical assistance activities are usually short-term (less than six months) activities and typically require a “roadmap” or outline of **sequenced activities** to be successful. Typically, they are more structured and process oriented than long term initiatives. The major outcomes of time-limited activities are pre-identified and are broken down into discrete activities. Time limited activities often reflect specialized training addressing a specific content area, and may include demonstration, shaping and modeling of the new skills. Product development is also often accomplished through a time-limited activity.

A **long-term** activity, more accurately described as an initiative, usually starts as a **concept or idea** that requires a broad base of support to be accomplished. The final outcome is often a product of the ongoing planning and implementation of the activities conducted during the initiative. Long-term initiatives often result in new policy and procedure development, the development of model demonstration sites, and the replication and adoption of the new policies or practices.

# Technical Assistance Activity or Systems Initiative: Is There a Difference?

Effective technical assistance activities and systems initiatives, whether they are individual or systemic, focus on sustainability, maintenance of resources and linking resources to one another. Although the terms “activity” and “initiative” are often used interchangeably, with little or no differentiation between the two, they are very different with distinctly different characteristics and results.

A **technical assistance activity** typically addresses a specific, single purpose and usually employs a single technical assistance strategy, such as training. The activity is not necessarily linked to another activity, nor is the activity typically linked to other efforts. Although the focus of an activity may be on either an individual or on a system, the activity often results in only short-term effects or impacts, with little sustainability.

In contrast, a **systems initiative** employs multiple technical assistance strategies and typically targets a key goal with multiple objectives. The focus of an initiative can again be on an individual or a system, but the result is a long-term and lasting impact or outcome. To be successful, initiatives must be based on valued outcomes and require sufficient resources, the use of multiple change and technical assistance strategies and internal leadership. Whether it is teacher education or systems intervention, initiatives are typically more successful in achieving and sustaining lasting change.

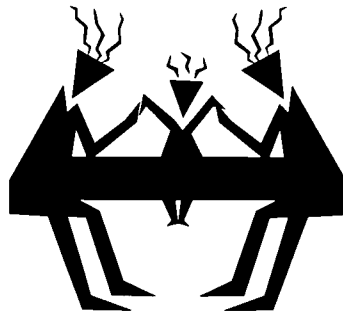
The **role of a technical assistance provider** in an initiative is also critical to its success, whether it is providing the leadership for the initiative, or participating as a supporting member. A TA provider can take the lead in efforts associated with one activity of an initiative, assist in identifying and linking the initiative to other resources and maintain a focus on the targeted populations and issues.

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**NTAC**

**PARENT  
PERSPECTIVES  
ON...**

**COMMUNICATION, BEHAVIORAL, AND  
INSTRUCTIONAL STRATEGIES FOR CHILDREN AND  
YOUTH WHO ARE DEAF-BLIND**



*From the 1998 National Parent Workshop sponsored by:*

The National Technical Assistance Consortium for Children and  
Young Adults Who Are Deaf-Blind (NTAC)

The National Family Association for Deaf-Blind (NFADB)

## INTRODUCTION

From July 30 - August 1, 1998 eighty parents and family members from across the country attended the national workshop "Going for the Best: Building Excellence and Strength Together" in St. Louis, Missouri. The National Technical Assistance Consortium for Children and Young Adults who are Deaf-Blind (NTAC) and the National Family Association for Deaf-Blind (NFADB) sponsored this workshop.

The children of these eighty parents represented the full diversity found within the deaf-blind population, as well as an age-range from infant to young adulthood.

The goal of the workshop was to generate a list of the most important practices to parents in the areas of communication, behavioral issues, and instructional strategies in the education of their child who is deaf-blind.

What follows is a list of those practices.

**Parent Perspectives on...**  
**Important Practices in Communication**

1. Families and professionals need to gain an understanding of various communication techniques, strategies and modes in order to give the child an individualized and appropriate communication system that reflects the child's assessed needs and respects the family's choice. Children should be provided with multiple communication approaches including total communication, sign language, pictures and augmentative communication methods in both home and school environments.
2. Teachers and service providers must understand that all behavior has a communicative function and should not be a "problem." Individuals who are deaf-blind should have the opportunity to express their needs and frustrations without being judged.
3. Each individual who is deaf-blind should be provided a communication facilitator (certified interpreter, trained intervenor, teacher assistant, etc).
4. Training should be provided to ensure that a variety of people are able to communicate with the child.
5. Children and adults who are deaf-blind should be given the right to communicate and be "listened to" with adequate time to respond.

## Parent Perspectives on...

### Important Practices in Communication, continued

6. Children and adults who are deaf-blind should be provided with the necessary tools to encourage acceptance into his or her preferred community (i.e. deaf community or other appropriate communities).
7. Individuals who are deaf-blind should be provided the opportunities to succeed, take risks and even fail.
8. American Sign Language should be offered as a foreign/second language in school and community settings.
9. Community and businesses should provide access to communication (in a variety of modalities).
10. Professionals and paraprofessionals should be appropriately trained and required to maintain high standards of practice.



Parent Perspectives on...  
**Important Practices In Positive  
Behavior Strategies**

1. Behavior is a communicative function which must be understood and acknowledged as communication.
2. Individuals with deaf-blindness have unique needs that must be met. Their individual likes, dislikes and personality must be respected.
3. All service providers, including those in the mental health field, need comprehensive training about the uniqueness of deaf-blindness and its impact on behavior. A range of services must also be available.
4. All persons who interact with the deaf-blind individual must understand the impact of deaf-blindness on life.
5. All deaf-blind youth and young adults need to be prepared and trained in self-advocacy and leadership.
6. All parents of deaf-blind children need networking opportunities to share information on behavioral issues in order to learn new ideas & strategies.
7. Service providers and others should know appropriate, current, and positive behavior strategies and supports.
8. It is important to provide the individual who is deaf-blind with a sense of security, affection, love and patience.
9. Encourage self-advocacy from an early age, focusing on the person first, not the disability.
10. Members of a team and other service providers working with the individual who is deaf-blind must understand that medical issues/medication can impact behavior.



## Parent Perspectives on...

### Important Practices in Instructional Strategies and Program Development

1. A range of housing, supported living, supported and independent work, community, recreation and social options should be available.
2. Expectations for the child should not be underestimated. Give the child opportunities to succeed, take risks and even fail in an environment of security, affection, and love. Focus instruction on the strengths of the individual with expectations for success.
3. Provide activities that are age appropriate and meet the child's needs.
4. Parents should be provided with training which enables them to be advocates for their child (i.e., teaching strategies, futures planning, legislation, how to understand the planning process, etc.)
5. Families and service providers need to be able to teach advocacy skills to the child. The process should continue over a lifetime.
6. It is important for the individual who is deaf-blind to have a place in his or her community with access to a full spectrum of life experiences.
7. There should be increased community awareness and choices for persons who are deaf-blind (i.e. social opportunities).
8. Provisions for a continuum of life long services. Provide continued and non-interrupted services needed throughout the life of the deaf-blind individual.
9. It is important for local and state community services to be mandated and funded for deaf-blind youth and adults.
10. The deaf-blind individual must be a valued member of a community that affords him or her a full spectrum of accessible life experiences.







**Other Considerations...**

### **Family/Social Support**

1. Providers should team with parents to identify, obtain, and provide services (i.e. educational, medical, social, community, and transportation).
2. Families should identify their needs and obtain assistance to identify resources to meet those needs.
3. Families should be provided with continuing training/technical assistance.
4. Networking opportunities should be provided for families.
5. Families and community providers should work together to ensure smooth transitions.

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# COMMUNICATION AT HOME AND IN THE COMMUNITY

HELPFUL STRATEGIES & SUGGESTIONS  
FROM PARENTS & FAMILIES  
WITH A CHILD WHO IS DEAF-BLIND



*From the 1999 National Parent Workshop sponsored by:*

The National Technical Assistance Consortium for Children and Young Adults  
Who Are Deaf-Blind (NTAC)

The National Family Association for Deaf-Blind (NFADB)

## ACKNOWLEDGMENTS

The contents of this document were drawn from over one hundred parents and family members of children who are deaf-blind who attended the 1999 NTAC/NFADB national parent workshop entitled "Important Practices in Communication: Making It Happen at Home and in the Community." It is their knowledge and experience that is reflected in these pages. A sincere thank you to all of the parent experts who attended the workshop and contributed to this "little book."

## INTRODUCTION

In January 1998, the **National Technical Assistance Consortium for Children and Young Adults who are Deaf-Blind (NTAC)** surveyed over 500 families of children who are deaf-blind to determine the most appropriate and meaningful topic for a national parent workshop. Results from this survey clearly indicated that communication was a critical issue.

During the summers of 1998 and 1999, NTAC and the **National Family Association of the Deaf-Blind (NFADB)** co-sponsored two national parent workshops with communication as the primary theme. For the first workshop, entitled "Going for the Best: Building Excellence and Strength Together," nearly one hundred parents from across the country were brought together in St. Louis, Missouri. These parents identified what they perceived to be the most important practices needed to effectively promote communication with their children who are deaf-blind. Their ideas were compiled in a booklet and distributed to families and professionals across the country.

The second workshop, "Important Practices in Effective Communication: Making it Happen at Home and in the Community," was attended by an even greater number of parents and family members. Participants worked together to identify strategies to put the practices identified in 1998 into action. The environments of home and community were targeted with regard to the following four questions:

- How can we facilitate and promote a child's individualized mode of communication?
- How can we increase the number of people who can effectively communicate with our children?
- How can we encourage others to respect our children and feel more comfortable interacting with them?
- How can parents support and promote communication when personal time and energy are limited?

Answers to these questions are contained within this little book. It is a wonderful collection of strategies, advice and suggestions from "parent experts."

# How can we facilitate a child's individualized communication?

## In the home

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- Encourage every family member to take responsibility for including and communicating with your child
- Allow your child to have other, new communication partners - it will increase his or her skills and motivation
- Attend workshops and conferences to learn about communication and deaf-blindness
- Use a communication system that is sensitive to your family's needs
- Try to be aware of natural opportunities to learn and to provide information and training
- Allow wait time for your child to respond to you or to make a request
- Being in close proximity to the child is usually required for effective communication

Establish regular routines for different activities to create common experiences to discuss with your child, e.g. weekly shopping trip

- Create a sign or communication dictionary of the words and concepts your child uses
- Use an experience book to promote conversation
- Remember, conversations need a beginning, a middle and an end
- Follow through with school instruction at home
- Provide family sign language classes - use an Internet website to learn ASL ([www.handspeak.com](http://www.handspeak.com))
- When talking to hearing persons in the presence of a child with deaf-blindness, remember to sign if the child uses sign
- Sign stories to siblings, if your child uses sign language
- If appropriate, use closed captioned TV
- Network with the deaf community
- Share resources such as web sites, CDs, and books with family members and friends

# How can we facilitate a child's individualized communication?



## ———— In the community ————

- Model interactions with your child while in the community
- Identify key people to inform and educate so they can help find opportunities for your child to communicate in other community settings (e.g. scout leader, your child's friends)
- Tell people what your child's gestures (body language) mean so they can look for and understand your child's responses
- Explain to people that they will need to give your child plenty of time to respond
- Have a small communication dictionary available so that others can understand your child's communication system
- Share sign language books with motivated and interested people
- Check local programs that provide sensory activities, e.g., science museum, arboretum, etc.
- Provide sign language classes for care givers
- Be brief and be kind when in uncomfortable communication situations in the community
- Request Braille/picture menus in restaurants and provide community agencies with a list of restaurants that use them
- Encourage and reinforce the use of closed captioned TV and theater movies
- Advocate for sign language classes to be offered in the community for adults and children
- Explore interpreted plays in the community
- Use written notes to communicate when appropriate

# How can we increase the number of people who can effectively communicate with our children?

## ———— In the home —————

---

- Expand the number of children you encourage to interact with your child - think of ways to teach them how to communicate with your child
- Give yourself permission to let other people do some of the communicating
- Begin small, with a circle of good communicators, then bring in more people
- Teach immediate and extended family members about your child - let them know what your child likes to do, e.g. games, snacks, etc.
- Encourage other family members to communicate by modeling how to do it
- At family meals, give others an opportunity to communicate with your child who is deaf-blind - leave the room - talk to your family about what happens when you do
- Recognize that our kids are kids and they will interact with different family members in different ways - they will do different things for Dad or Grandma than they will do for Mom
- Invite kids from the neighborhood who are near your child's age into your home! Make your home welcome and fun for others. Teach neighborhood children the best way to interact with your child
- Increase opportunities for partial participation
- Acknowledge the increased effort that is required of your child to participate in the family activities
- Label items in your home environment with your child's favored communication (e.g., sign, symbols, words) so everyone can use the same language
- Allow your child to engage in "typical" interactions in your house with siblings and their friends
- Parent to parent networking can lead to playmate/companion connection
- When siblings ask to help, allow them to help to the best of their abilities
- Have easy access to sign language books
- Use a communication book
- Use games of all kinds to teach - siblings can be the teachers
- Use homemade materials, such as a communication book or calendar box, to share information about your child's communication



# How can we increase the number of people who can effectively communicate with our children?



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## In the community

- Don't be an island -- others in the community may actually interact very well with our kids, which is not what we probably expect to happen
- Continue your community involvement, e.g. church, library, shopping, recreation, and bring your child - introduce them to everyone - soothe over any awkwardness
- When you notice other people's curiosity, offer information if they are interested - encourage interaction - other kids are often more open to these experiences than adults - they can become ambassadors for our kids, telling their parents about a new acquaintance
- Give others an opportunity to volunteer to do things with your child
- Use opportunities to demystify the differences between our children and others
- Check into age appropriate community organizations and activities and give your child an opportunity to participate
- Encourage school and other community resources to include your child in field trips and activities - help them understand how if they don't know
- Frequent local merchants such as the hairdresser, gas station, bakery, convenience store - go to the same place on a regular basis - start doing this early in your child's life - repeated exposure is important
- Provide information or in-service on your child's communication for church groups, bible schools
- Join a playgroup in your area - establish peer connections by using a peer "social tutor" who could help increase relationships with other peers - this person could initially be paid but hopefully could be faded out
- Check senior programs, big brother/sister program for possible communication partners
- Model...model... model... good communication, e.g. touch cues, turn taking, correct social behavior
- After modeling communication, suggest "you try" and step back and give others the opportunity - it's not about communicating perfectly but about making opportunities available
- Have an intervenor with your child in the community
- Think of different ways to explain your child's communication system to others - suggestions include: videotapes of your child, pictures of your child demonstrating signs he uses, homemade cards with key words and pictures, a communication dictionary
- Recognize that not all people will respond well to your child and know that you don't owe everyone an explanation

# How can we encourage others to respect our children and feel more comfortable interacting with them?

## In the home

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- Demonstrate pride in communicating with your child - be visible in doing this and your enthusiasm will rub off on others
- Whenever possible, redirect family and friends to communicate directly with your child
- Be open to visits from extended family - write a friendly note prior to the visit with suggestions for interacting and communicating with your child
- Motivate and empower family members to interact with your child - show them you are confident in their abilities
- Model and explain to all family members what your expectations are - involve family in developing teaching strategies
- Encourage family and friends to have physical contact with your child
- Find ways to demonstrate your child's abilities to help reduce other people's fear and awkwardness
- Make sure your child is an active, involved member of the family
- Encourage family members to participate in your child's daily routine by pairing siblings to do chores - encourage your child's partial participation in the activities
- Help your child be as self-sufficient as possible so others don't get upset or resentful that they have to help
- Give responsibilities to your child that match his or her abilities and continually raise expectations
- Be a normal family - demonstrate kindness - show respect
- Talk about positive events, such as birthday parties and swimming, rather than negative events or problems all the time
- Encourage spouse to spouse discussions of the issues
- Advocate for more training for fathers and siblings - involve fathers and community members by giving up control (moms)
- Accept negative attitudes from some family members if necessary, but continue to teach by example

# How can we encourage others to respect our children and feel more comfortable interacting with them?

## ———— In the community ————

- Take your child out! Be a part of the community - take risks - explore
- Don't expect special treatment but look for ways to be involved
- Aim high! Be proud of your child or family member
- Present your child as a "kid" first - get to know other kids in the community and find ways to involve your child with them
- Demonstrate patience so others see it and model it, as well - allow time for people to feel comfortable
- Whenever possible, encourage people to talk directly to your child instead of talking about her while she is right there
- Explain your child's abilities and needs to other parents so they can share information with their own children
- Heighten awareness in public places - talk to people - teach one person at a time
- Promote awareness programs in the community
- Whenever possible, pick the same person to deal with at the store, restaurant, etc. - model communication with your child - step back and let them communicate
- If someone is interested or curious, reach out to them, don't make them make the first move
- Facilitate physical contact by explaining to others why touch is important for a person who doesn't see and hear
- Start friendships at an early age - teach friends how to use your child's communication devices
- Invite friends of siblings over so that the child can meet and interact with new friends - ask them "what's cool" - replace activities, clothes, etc. that are not age-appropriate
- Publicly recognize the contributions of community members and supporters
- Write stories of positive examples of community participation to share with other parents and community members
- To the greatest extent possible, teach your child self-determination and self-advocacy so he can speak for himself

# How can we support communication when time and energy is limited at home and in the community?

- Don't worry about teaching all the time - let home be different from school
- Pick your battles - set your priorities
- Be aware of your child's energy level - determine his or her peak performance time of the day and focus attention and skill building activities for that time
- Pay attention to your child's mental and emotional health needs
- Be aware of sleeping patterns - make sure everyone is aware of medications and side effects
- Anticipate and pay attention to stressful or potentially stressful situations
- Infuse communication into everyday family life
- Make it simple - when a lot is going on stay with the basics
- Be consistent with cues and signs but allow for individual styles
- Don't reinvent the wheel - seek information from professionals and other parents
- Divide and delegate tasks among family members
- Do pre-planning:
  - ✓ have a printed list of your child's routine available for others
  - ✓ have hearing aids and devices accessible and in working order
  - ✓ pre-conference with doctors and medical staff to provide information and expectations for each appointment
- Be aware of your own energy level:
  - ✓ ask for help - seek respite - having a break is important
  - ✓ accept appropriate help from others
  - ✓ take care of your own physical & mental health
  - ✓ exercise and play
- Understand and protect your own and your family's boundaries
- Don't try to be the "perfect" parent:
  - ✓ be flexible
  - ✓ compromise
  - ✓ be able to say NO!
  - ✓ give yourself time and space
  - ✓ look at your daily schedule for ways to make it easier

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The National Technical Assistance Consortium for Children  
and Young Adults Who Are Deaf-Blind

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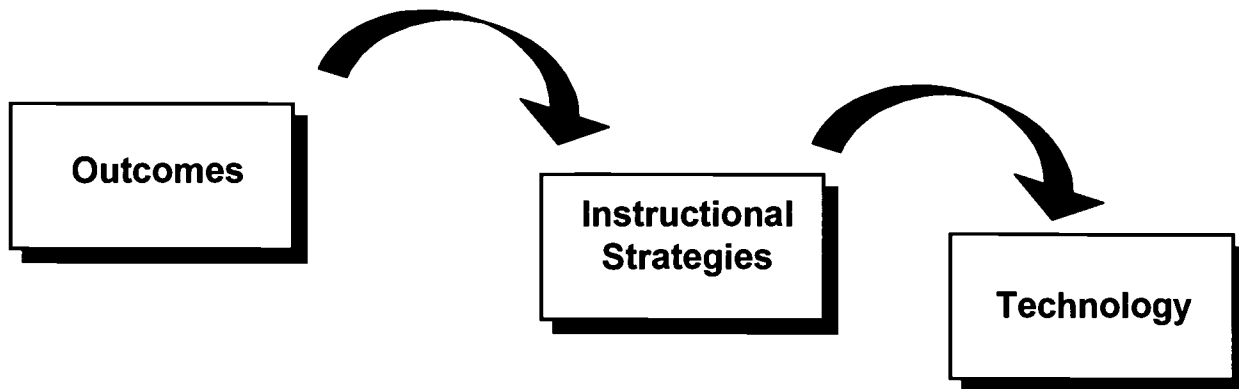
Website: <http://www.cpd.usu.edu/nfadb/>

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# Distance Learning Fact Sheet

Developed in collaboration with Dr. Cyndi Rowland, Utah State University Center for Persons with Disabilities  
June 2000

## Goodness of Fit Model



The technology of today is a powerful tool. However, technology does not teach a dad how to communicate with his child; nor does it help a teacher learn how to adapt her curriculum for a teenager who is deaf-blind. It certainly isn't capable on its own of drawing families together to support each other through the good times and the bad. Technology is a vehicle which a "trainer"\*, applying effective instructional strategies, can use to help learners reach specific outcomes.

\* "Trainer" may include teachers, facilitators, instructors, tutors, etc.

### 1. Identify your Technical Assistance and Training Outcomes

To be effective, a trainer must begin to plan by identifying outcomes. What will the participants do, know, or think about differently as a result of your technical assistance and training? These outcomes must be measurable in order to determine if they have been reached. Remember – technology doesn't enter the picture yet. The use of a certain type of technology is not your outcome; it is only a means to assist in successfully reaching the outcome.

**Step 1.** Identify specific outcomes for your technical assistance and training activity. Identify the level of the outcome – awareness, knowledge, skill building or mastery. These levels will impact decisions as you continue your planning. You may have specific learner outcomes, or broader community outcomes.

#### Examples of Learner outcomes:

- ✓ Build knowledge
- ✓ Increase skills
- ✓ Increase supports

#### Examples of Community outcomes:

- ✓ Increase awareness through dissemination
- ✓ Change of attitude
- ✓ Coordinate agency services

## 2. Identify the Pedagogy or Instructional Strategies that will help you to meet your identified outcomes

Think about the experiences you've had with teaching or learning in the past. What made these experiences successful for you? Do some of these descriptors come to mind?

- ✓ Hands on
- ✓ Timely feedback given
- ✓ Demonstrations used
- ✓ Group interaction
- ✓ Case studies
- ✓ Time to practice

These are examples of instructional strategies that support different teaching and learning pedagogy, or philosophies.

**Step 1.** Think about your philosophy of teaching and learning. Do you feel learners learn best when they're activity engaged and participating? Or do you feel people learn best by listening and following the direction of an expert? The instructional strategies you choose to use in your TA and training will be influenced by your own beliefs about teaching and learning.

**Step 2.** Based on your TA and training outcomes, list the instructional strategies that you believe will assist participants in reaching these outcomes. Don't think about technology yet! That comes later. What methods would you use to teach this same material in a face-to-face situation? Identify the strategies that have been effective for you in the past.

**Step 3.** There may be other factors that will impact your decisions with regard to technology. Some of these considerations are: how many participants will be included in the TA or training? Where are they located? What is their level of expertise with the content? Make note of these considerations.

## 3. Identify potential technology to assist you in implementing the instructional strategies you have identified.

***Now you can think about technology!*** Depending on your technological savvy, you may need some help at this point. There are several resources for you to turn to. Do you have the NTAC "Overview of Technologies" fact sheet? This is a start. Seek out a technology expert in your agency or institution. Visit the Instructional Technology department at a university. Search the Internet for discussion forums related to distance learning and pose a question to others interested in this field.

**Step 1.** For each instructional strategy you've listed, identify one or more types of technology that will allow you to implement that strategy. Keep your outcomes in mind. If the technology helps implement the instructional strategy, will it help participants reach the identified outcome? For example, if your goal is to increase the skill level of providers and you know you want to include demonstrations of teaching techniques, you couldn't do this by using an electronic chat or threaded discussion. You would be able to do so, however, with videotape, videoconferencing, CD-ROM, or videostreaming.

**Step 2.** Now your homework begins. Do you have the resources available to take advantage of the technology you've selected? If not, how will you go about securing those resources? Possible resources for information, technology and funding include your agency, your state department of education, universities or community colleges, and private foundations or grants.

# Goodness of Fit

## Planning Worksheet - Example

<p><b>Identify outcomes for your technical assistance or training</b></p> <p>(e.g., outcomes for service providers or families may be increased knowledge or skills; outcomes for the community may be awareness or actions. Be specific in this task.)</p>	<p><b>Identify the instructional strategies that best support the outcomes you've identified</b></p> <p>(e.g., if family to family support is an outcome, your strategies must include ways to help families connect or interact with one another; if your outcome is to improve the skills of paraprofessionals, your strategies must include a way for the learner to practice and receive feedback on those skills. Check for correspondence to your outcomes!)</p>	<p><b>Identify potential technology to implement your instructional strategies to meet your identified outcomes</b></p>
<p><b>Example:</b> Broad goal: "We want to increase the skills of teams to use Personal Futures Planning with children and youth who are deaf-blind"</p>		
<p><b>Outcome #1:</b></p> <p>Participants will be able to accurately describe the process of Personal Futures Planning</p>	<p><b>Strategies to meet outcome #1:</b></p> <ol style="list-style-type: none"> <li>1. Lecture to give basic information</li> <li>2. Probes from participants to check their understanding of content</li> <li>3. Panel to deliver information about current practices</li> <li>4. Case study using material from the team</li> </ol>	<p><b>Technology that supports the instructional strategies:</b></p> <p>Any of the following could be blended to support the strategies.</p> <ul style="list-style-type: none"> <li>Print materials with audio conferencing</li> <li>Cassette with workbooks</li> <li>Web-based materials</li> <li>Chat groups with feedback loops</li> <li>Any videoconferencing as long as it had 2</li> </ul>
<p><b>Outcome #2:</b></p> <p>Participants will demonstrate collaborative teaming skills and supportive interpersonal interaction skills with one another and in a team setting with families and agency representatives</p>	<p><b>Strategies to meet outcome #2:</b></p> <ol style="list-style-type: none"> <li>1. Lecture to give basic information</li> <li>2. Probes from participants to check their understanding of content</li> <li>3. Models for collaborative and interaction skills (for examples &amp; non-examples)</li> <li>4. Role plays with descriptions and feedback</li> </ol>	<p><b>Technology that supports the instructional strategies:</b></p> <p>Any of the following could be blended to support the strategies.</p> <ul style="list-style-type: none"> <li>Any videoconferencing (with at least point to multipoint and 2 way audio)</li> <li>Travel to the sites to conduct face-to-face training.</li> </ul>



# Goodness of Fit

## Planning Worksheet

<b>Identify outcomes for your technical assistance or training</b>  <b>Outcome:</b>	<b>Identify the instructional strategies that best support the outcomes you've identified</b>  <b>Instructional Strategies:</b>	<b>Identify potential technology to implement your instructional strategies to meet your identified outcomes</b>  <b>Potential Technology:</b>
<b>Outcome:</b>	<b>Instructional Strategies:</b>	<b>Potential Technology:</b>

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# Strategies for Effective Family Technical Assistance

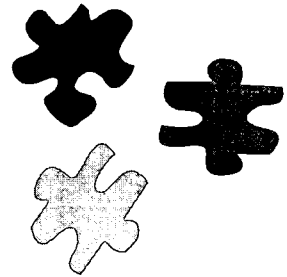
Developed in collaboration with Kate Moss, Texas Deaf-Blind Project;  
Sally Prouty, Minnesota Deaf-Blind Project; Kathy McNulty, NTAC  
August 2000

## Providing Technical Assistance to Families

The provision of technical assistance to parents and families is an integral piece of every individual and multi-state project for children and youth with deaf-blindness. Although each project may take a different approach to the delivery of service to parents and families, the desired outcome is the same; to improve services to children and their families

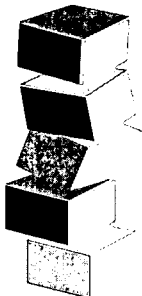
### Characteristics of Technical Assistance (TA)

- TA applies state-of-the art knowledge and practices
- TA has both an individual and a system-wide focus
- TA is based on identified needs
- TA activities are organized within a TA Plan
- TA has clearly defined and measurable outcomes
- TA requires time to be effective
- TA should recognize that each goal may require different levels of intensity and timelines
- TA needs to be flexible to best match the current situation of the recipients
- TA does not duplicate, rather it complements existing resources



### Levels of Technical Assistance

- Heightened Awareness
- Change of Attitude
- Acquisition of Skills
- Child Change
- System Change



## **Technical Assistance to Families may be Provided by:**

- Family Specialists
- Parent Liaisons & Consultants
- Educational Specialists
- All Members of the Project Staff



## **Technical Assistance for Families should:**

- Focus on the individual and the systems within a state
- Be based on both the needs and the capacities of families
- Be thoughtful and feasible
- Respect families' choices
- Recognize and appreciate the diversity of needs, capacities, etiologies of deaf-blindness, and the situations of families
- Be mindful of existing resources
- Empower family members as advocates
- Help connect families to families
- Promote the partnership of parents and professionals
- Identify and support parents and families beginning early in the lives of their children
- Provide a bridge to adult services and supports
- Develop and sustain lifelong resources

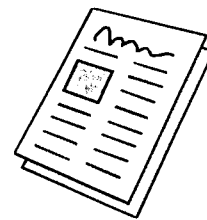
## Tools for Effective Family TA Include:

Many tools exist for identifying family TA and training needs. The following are just a few examples:

- **Deaf-blind census data** helps in TA efforts by:
  1. Providing information about cultural, language, age, etiology, and sensory differences among children with deaf-blindness that should be addressed in TA activities.
  2. Providing mailing addresses and phone numbers used to maintain contact with families via brochures, newsletters, fact sheets and workshop announcements.
  3. Providing regional and statewide demographics data in order to gain support from potential collaborating partners that may address current and future service needs.
- **Connections** to parent leaders and family support groups.
- **On-going assessment** of family TA needs related to educational programming, etiologies of deaf-blindness, parenting and family relationships, resources, and training preferences.
- **Collaboration** with regional, state, and national agencies, organizations, and services that support families.

## Examples of TA Activities Provided to Families

- Information and Referral service
- Resource guides for available services and materials
- Project newsletters in collaboration with family members and professionals
- Video and audio-tapes
- Websites and other distance learning opportunities
- Statewide conferences
- Summer institute
- Training through topical workshops
- Family retreats
- Parent mentor programs
- Consultation in home, community and school programs



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# Distance Learning Fact Sheet

Developed in collaboration with Dr. Cyndi Rowland, Utah State University Center for Persons with Disabilities  
June 2000

## Overview of Technologies

		TIME	
		Same	Different
PLACE	Same	<ul style="list-style-type: none"> <li>• Face to Face contact using technologies available at the place of teaching or interacting</li> </ul>	<ul style="list-style-type: none"> <li>• Local labs or study centers with tutors</li> <li>• Technology or materials that can be used in the same place but at different times:               <ul style="list-style-type: none"> <li>- Print materials</li> <li>- Audio or video cassettes</li> <li>- Computer-based materials</li> <li>- Static CD-ROMs</li> </ul> </li> <li>• Peer discussions "posted" to others in the same room</li> </ul>
	Different	<ul style="list-style-type: none"> <li>• Chats</li> <li>• Audio teleconferencing</li> <li>• Audiographics conferencing (phone + graphics sent via web; requires two phone lines)</li> <li>• Video teleconferencing systems               <ul style="list-style-type: none"> <li>- Point to point</li> <li>- Point to multipoint</li> <li>- Multipoint to multipoint</li> </ul> </li> <li>• Interactive CD-ROMs (CD-ROM + same time interaction using teleconference, chat, web board)</li> <li>• Computer conferencing on desktop or laptop (e.g., video, audio, video + audio)</li> <li>• Interactive Instructional Television (ITV)               <ul style="list-style-type: none"> <li>- 2-way video and 2-way audio</li> <li>- 1-way video and 2-way audio</li> </ul> </li> <li>• Broadcast TV (e.g., PBS)</li> <li>• Radio</li> <li>• Local cable TV</li> </ul>	<ul style="list-style-type: none"> <li>• Print</li> <li>• Audio cassettes</li> <li>• Video cassettes</li> <li>• ListServs®</li> <li>• E-mail</li> <li>• Computer mediated communication (e.g., Groupware)</li> <li>• Computer mediated instruction placed on the web</li> <li>• Computer mediated instruction placed on a static CD-ROM (no same time interaction with others)</li> <li>• Web-based materials</li> </ul>

Listserv is a registered trademark of L-Soft International

This Project is supported by the US Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the US Department of Education.

# Considerations of Different Technologies

## Origination

- Where will the instruction or materials originate?
  - All in one place
  - Multiple places
- What technology resources are available at the originating site(s)?
- What type of platform (PC or Mac) is used at the originating site(s)?

## Destination

- Where will the learners receive the instruction or materials?
  - All in one place
  - Multiple places
- How many learners will be accessing the information?
- What technology resources are available at the learner's location(s)?
- What type of platform (PC or Mac) is used at the destination site(s)?

## Interaction capabilities

- Is interaction important to convey the material and facilitate learning?
- Who will be interacting?
  - Instructor-to-learner, learner-to-instructor, learner-to-learner
- How many will need to be interacting at one time?
- Will learners also be interacting at different times from one another?

## Security and Confidentiality

- Will the materials contain information that must remain confidential?
- Does the delivery/storage mechanism (i.e., originating server) have the capability of being as secure as necessary?

## Sophistication needed to develop and deliver

- Is specialized equipment necessary?
- Do you have the financial resources to purchase and maintain the technology resources?
- How much time will it take to develop, deliver, modify, monitor, etc.?
- Will specialized personnel be necessary to develop, deliver, modify, monitor, etc.?

## Issues of control regarding access to technology

For instructor:

- How far in advance will materials need to be prepared?
- Will the instructor be able to respond to learners in a timely fashion?
- Will the instructor be able to be flexible and change materials as needed?

For Learner:

- Will access be easy?
- Will materials and instructor be accessible in a timely manner?

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# Distance Learning Fact Sheet

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June 2000*

## Glossary of Selected Distance Learning Terms and Phrases

*Adapted with permission from the Public Health Training Network (<http://www.cdc.gov/phtn/>)*

**Analog Communication.** A communication format in which information is transmitted by modulating a continuous signal, such as a sound wave. Current TV and radio signals are analog, as are many telephone lines. See also Digital Communication.

**ASCII.** American Standard Code for Information Interchange. Standard 8-bit code used in data communications. Many files interchanged from one software program to another and from IBM to Mac formats go through translation into ASCII.

**Asynchronous.** A type of two-way communication that occurs with a time delay, allowing participants to respond at their own convenience. Literally not synchronous, in other words, not at the same time. Example of an application of asynchronous communication is electronic bulletin board.

**Asynchronous Transfer Mode (ATM).** Communication technology that uses high-bandwidth, low-delay transport technology, and multiplexing techniques. Through dedicated media connections it provides simultaneous transport of voice, video, and data signals more than 50 times faster than current technology. May be used in phone and computer networks of the future.

**Audio Bridge.** Specialized equipment that interconnects three or more telephone lines (usually operator assisted) to enable conference calls. Companies specializing in bridge services can provide the audio conferencing equipment needed to connect multiple sites.

**Audio conference.** An electronic meeting in which participants in different locations use telephones or audio conferencing equipment to interactively communicate with each other in real time. The number of participants may be as small as three or as large as one hundred or more.

**Authoring Software/Tools.** High-level computer programs designed for use by non-programmers in the creation of computer-based training, interactive presentations, and multimedia. The commands are presented as simple terms, concepts, and icons. The authoring software translates these commands into the programming code needed by the computer and related hardware devices.

**Bandwidth.** Maximum frequency that can be used to transmit a communication signal without excessive distortion. Measured in Hertz or cycles per second. The more information contained in a signal, the more bandwidth it requires for distortion-free transmission.

**Baud Rate.** The transmission rate at which data flows between computers. The baud rate is roughly equivalent to the number of bits per second (bps).

the authors and do not necessarily represent the position of the US Department of Education.

**Bit (binary digit)** The smallest unit of information a computer can use. A bit is represented as a "0" or a "1" (also "on" or "off"). A group of eight bits is called a byte. Bits are often used to measure the speed of digital transmission systems.

**Browser.** Software that allows you to "surf " the Internet. Netscape, Mosaic, and Internet Explorer are examples of Web browsers. A browser provides an easy to use interface for accessing the information on the World Wide Web.

**Cache.** Memory that holds copies of recently accessed data. Several Web browsers keep recently viewed pages in a cache so users can return to them quickly without suffering network delays.

**Computer-assisted Instruction (CAI).** See Computer-based Training (CBT).

**Chat.** Two or more individuals connected to Internet have real-time text-based conversations by typing messages into their computer. Groups gather to chat about various subjects. As you type, everything you type is displayed to the other members of the chat group.

**Codec.** Coder/decoder equipment used to convert and compress analog video and audio signals into a digital format for transmission, then convert them back to analog signals upon reaching their destination.

**Compact Disc (CD).** High-density storage media based on a 4.75" reflective optical disc. Can hold up to 650,000,000 bytes of data that is equivalent to 12,000 images or 200,000 pages of text. CDs may all look the same, but there are numerous standards for different applications. The most common are defined below.

**Compact Disc-Interactive (CD-I).** An interactive multimedia version of the CD-ROM that delivers data, text, audio, stills, and video. This type of CD-ROM can be used in conjunction with another distance means of communication (i.e., e-mail, phone, discussion board) to provide interactivity with an instructor or other learners.

**Compact Disc Read-Only Memory (CD-ROM).** Version of the CD that allows the information to be stored and retrieved. Once a CD-ROM is pressed, new data cannot be stored and the disc cannot be erased for reuse. Although CD-ROMs look like music discs, they can only be used with a computer equipped with a CD-ROM drive.



**Compact Disc-Recordable (CD-R).** CD-ROM recording systems can be used to record data onto a compact disc-recordable like any other recordable media. However, they cannot be erased and re-recorded. For large-scale duplication of CD-ROMs, a pressing facility is preferred.

**Compressed Video.** A digital transmission process used to transmit a video signal. When the vast amount of information in a video transmission is compressed into a fraction of its former bandwidth by a codec, the resulting compressed video can be transmitted more economically and through existing phone lines. While compressed video requires less bandwidth, signal quality may be reduced. As a result, picture quality is generally not as good as full-motion video. Quick motions often appear somewhat blurred. This quality issue is becoming less of a concern as more and more playback systems for compressed video run at 30 frames per second.

**Computer-based Training (CBT).** An interactive instructional approach in which the computer, taking the place of an instructor, provides a series of stimuli to the student ranging from questions to be answered to choices or decisions to be made. The CBT then provides feedback based on the student's response.



**Computer Conferencing.** An ongoing computer conversation via text with others in different locations. Conferencing can be done in "real time," so that messages appear as they are being keyed, or it can be "asynchronous," which means the complete message is keyed and then stored for later use by the receiver or sender.

**Desktop Publishing.** Software programs that enable the user to use a microcomputer and a laser or color printer to produce relatively high-quality publications.

**Desktop Videoconferencing.** Videoconferencing on a personal computer equipped with a fast Internet connection (at least 28.8 Kbps modem), a microphone, and a video camera. There can be two-way or multi-way video and audio depending upon the hardware and software of participants. Most appropriate for small groups or individuals. Not yet presently available in many parts of the country due to bandwidth and equipment limitations for this application.

**Digital Communication.** A communications format used with both electronic and light-based space systems that transmits audio, video, and data as bits ("1s" and "0s") of information. Codecs are used to convert traditional analog signals to digital format and back again. Digital technology also allows communications signals to be compressed for more efficient transmission. See Analog Communication.

**Dish.** An earthbound dish-shaped antenna used for receiving satellite signals. Also referred to as downlink dish and ground receiving dish.

**Distance Communication.** Use of telecommunication technology for the implementation of administrative activities such as meetings, focus group, or job interviews when the parties are located at two or more locations.

**Distance Education.** See Distance Learning. The term distance education is often used synonymously with distance learning. However, distance education typically refers to distributed learning resources in academic settings.

**Distance Learning.** A system and a process that connects learners with distributed learning resources. While distance learning takes a wide variety of forms, all distance learning is characterized by the following: 1) separation of place and/or time between instructor and learner, among learners, and/or between learners and learning resources, and 2) interaction between the learner and the instructor, among learners, and/or between learners and learning resources conducted through one or more media; use of electronic media is not necessarily required.

**Downloading.** A procedure for transferring or retrieving a file from a distant computer. Opposite of uploading. Many Web sites have links to files such that you can simply click on the link and your browser will handle the downloading of the file(s) to your computer.

**Electronic Bulletin Boards.** Information services that can be reached via computers connected by modem and/or Internet. With these services users can gather information, place and read electronic messages from other users, and download available files.

**Electronic Mail.** More often called E-Mail. E-mail is a fast, easy, and inexpensive way to communicate with individuals or groups on networked computers and computers equipped for Internet access. Besides basic correspondence, with some systems you can attach and send documents and other files.

**FAQ.** List of frequently asked questions and their answers.

**Facsimile Machine (fax).** A telecopying device that electronically transmits written or graphic material over telephone lines to produce "hard copy" at a remote location.

**Fiber Optic Cable.** Bundled glass rods (fibers) that are extremely thin and flexible and are capable of transmitting voice, video, and data signals in either analog or digital formats. This is accomplished with very little loss in signal quality. A single glass fiber can carry the equivalent of 100 channels of television or 100,000 telephone calls, with even more capacity possible by encasing many fibers within a cable.

**Footprint.** The area of the earth's surface where a particular satellite's signal can be received. A footprint can cover one-third of the globe, but is usually less.

**Frame rate.** Frequency with which video frames are displayed on a monitor, typically described in frames-per-second (fps). Higher frame rates improve the appearance of video motion. Broadcast TV (full-motion video) is 30 frames-per-second.

**Full-Motion Video.** Equivalent to broadcast television video with a frame rate of 30 fps. Images are sent in real time and motion is continuous. Unlike compressed video signals (which tend to be blurry), full-motion video refers to high-quality signals, similar to what is received over a television set.

**Gopher.** A menu-based system for exploring the Internet. Users locate resources by selecting resources from menus.

**H.320 Standard.** A widely used video compression standard that allows a wide variety of videoconferencing systems to communicate. H.320 includes a number of individual recommendations for coding, framing, signaling, and establishing connections.



**Hard Drive (Hard Disk).** A rigid non-removable disk in a computer and the drive that houses it. Hard disks store more data and can be accessed quicker than floppy disks.

**High Definition TV (HDTV).** Regular NTSC signals have 525 lines of resolution. HDTV has 1125 lines of resolution having over five times the video information than that of a conventional NTSC-type TV set. In spite of its obvious advantages, transmission requires extraordinary bandwidth of five times the capacity of a conventional TV signal. TV receivers are estimated to be 30% more expensive than today's most costly sets.

**Hypertext.** Text with links to other text. Documents written as hypertext contain text that when "clicked on" by the user with a mouse, links to other documents.

**HyperText Markup Language (HTML).** Set of programming commands inserted around blocks of text that describe how to display it. HTML commands also display other media (graphics, sound, and video). Documents on the Web are often written in HTML.

**Instructional Multimedia.** A form of computer-based training that incorporates a mix of media as the stimulus to the student. Possible media elements include sound, animation, graphics, video, text; whatever it takes to get the instructional message across to the target audience. (See Multimedia)

**Instructional Systems Development.** Systematic approach to the planning and development of a product to meet instructional needs and goals. All components of the system are considered in relation to each other in an orderly but flexible sequence of processes. The resulting instructional product is tried out and improved before widespread use is encouraged.

**Instructional Television Fixed Services (ITFS).** A band of low-power microwave frequencies set aside by the Federal Communications Commission (FCC) exclusively for the transmission of educational programming, and licensed to public institutions. ITFS is typically used in urban areas and requires a specialized antenna. Receiving sites require a converter capable of changing signals to those used by a

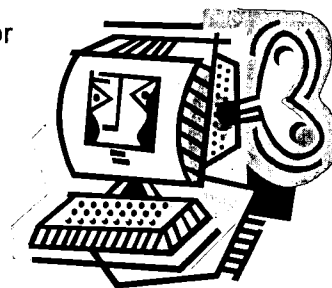
standard television set.

**Interactive Video.** Combination of a videodisc (usually laserdisc) or videotape and computer system that permits user response and participation, allowing for direct exchanges between user and software or among people. This instructional medium has limited use today.

**Integrated Services Digital Network (ISDN).** Digital network with higher speed than found on the traditional telephone network. Even though ISDN uses existing phone lines, it does require specialized equipment. Because the network is all digital it can easily send voice, data, and video over the same line simultaneously.

**Internet.** A worldwide network of computer networks. It is an interconnection of large and small networks around the globe. The Internet began in 1962 as a resilient computer network for the U.S. military and over time has grown into a global communication tool of more than 12,000 computer networks that share a common addressing scheme.

**Internet Courses.** Students participate in the class by using the Internet for all or part of the coursework. The instructor posts a Web page that contains all relevant course information and assignments. Communication between students and instructors occurs by e-mail or discussion boards.



**Intranet.** Inter-connected network within one organization that uses Web technologies for the sharing of information internally, not world wide. Such information might include organization policies and procedures, announcements, or information about new products.

**Java.** Programming language developed by Sun Microsystems that creates code for interactive applications that is executable on web pages by web browsers. These Java applications can execute on any platform-- Mac, PC, etc.

**JPEG (Joint Picture Expert Group).** Standard for the compression of still pictures, such as those that might be used on a Web site.

**LAN (Local Area Network).** Communications network connecting computers by wire, cable, or fiber optics link. Usually serves parts of an organization located close to one another, generally in the same building or within 2 miles of one another. Allows users to share software, hardware and data.

**Links.** A graphic, line of text, or both on a Web page that connects to another page on the same Web site or to one on a Web server located anywhere in the world. Links are "clicked on" to go to the Web page they specify.

**ListServ.** Mailing list program for communicating with other people who have subscribed to the same list. Using E-mail, you can participate in listservs pertaining to your topics of interest. When you submit a message to the server your message is relayed to all those on the listserv. You receive messages from other participants via E-mail. It is similar to computer conferencing, but a listserv is asynchronous.

**Logging On.** Connecting to a computer network, typically through the use of a personalized identification code.

**Mainframe Computer.** A large relatively complex computer. Its capacity far exceeds that of the microcomputer.

**Microcomputer.** A computer with a microprocessor chip-based processing unit. Microcomputers are the original personal computers that many people use at home and at work.

**Microwave.** High-frequency radio waves used for point-to-point and omni-directional communication of audio, data, and video signals. Microwave frequencies require direct line of sight to operate. Obstructions in the path usually distort or block the signal. Growth of fiber optic networks have tended to curtail the growth and use of microwave relays.

**Modem.** Equipment that converts digital signals into analog signals for purpose of transmission over a telephone line. Signal is then converted back to digital form so that a receiving computer can process it. Modems are typically used to link computers via telephone lines. Short for modulator-demodulator. Typical modems for home use are 14.4 kbps. 14 kilobytes per second translates into a transmission or receiving rate of approximately 1600 bytes per second.

**MPEG.** Moving Picture Experts Group. The standard for compression and storage of motion video, for example, videos available though the World Wide Web.

**Multimedia.** Systems that support the interactive use of text, audio, still images, video, and graphics. Each of these elements must be converted in some way from analog form to digital form before they can be used in a computer application. Thus, the distinction of multimedia is the convergence of previously diverse systems.

**Multiplex.** The act of combining input signals from many sources onto a single communications path, or the use of a single path for transmitting signals from several sources. Advantages of multiplexing is that it doubles the capacity of television transmission and allows for simultaneous feed of independent programs for two audiences.

**Multi-point videoconference.** A video conference with 3 or more sites. Sites must connect via a video bridge.

**Network.** A configuration of two or more computers linked to share information and resources.

**News Group.** Discussion group on the Internet. Similar to electronic bulletin boards. Users are presented with a summary of discussion topics and can select from an organized menu and sub-menu structure.

**Node.** An origination or reception site.

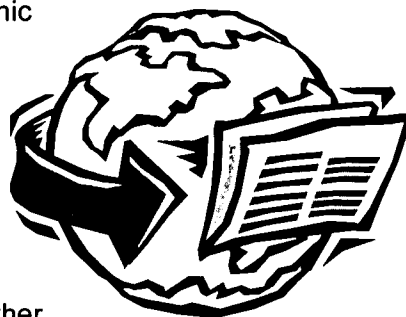
**One-Way Video/Two-Way Audio.** An interactive conference, class, or meeting in which participants see and hear the speaker(s) at the originating site as well as hear participants at other receiving sites. Two-way audio conferencing is used for the real-time verbal interaction.

**Originating Site.** The site initiating the conference or meeting that is to be distributed simultaneously with technology such as audio conferencing or videoconferencing.

**Real Time.** An application in which information is received and immediately responded to without any time delay. See Synchronous.

**Receiving Sites.** All sites, other than the originating site, participating in a course or meeting that is distributed with technology such as audio conferencing or videoconferencing.

**Resolution.** The clarity of the image on video display screen. Three factors influence resolution: lines of resolution (vertical and horizontal), raster scan rate (number of times per second the image on a video screen can be refreshed or "lit up" again), and bandwidth.



**Satellite.** An earth-orbiting device used for receiving and transmitting signals. Each satellite has a number of transponders which receive the signal and bounce it back to earth, where it is received by any of the dish-shaped earth stations, then transmitted via cable, phone lines, or microwave to its final receiver TV set.

**Search Engines.** Permits searching of documents and databases accessible on the Internet. Search engines can be set up to search only content within one Web site or to search the entire Internet. Many search engine developers have their own web sites such as Lycos and Alta Vista. In addition to search engines there are index sites such as Yahoo, where links to Web sites are organized into categories so that you can browse categories rather than guessing at search terms.

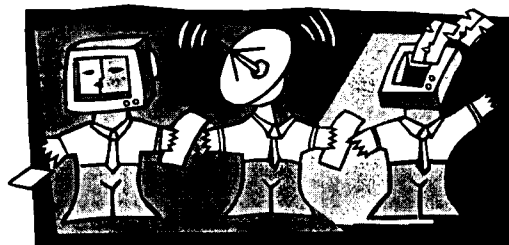
**Shareware.** Computer software developed for the public domain, which can be used or copied without infringing copyright. Programmers typically get paid a small one time fee from users who find the software useful.

**Switched Network.** A type of system in which each user has a unique address (such as a phone number) that allows the network to connect any two points directly.

**Synchronous.** A type of two-way communication that occurs with virtually no time delay, allowing participants to respond in real time. Also, a system in which regularly occurring events in timed intervals are kept in step using some form of electronic clocking mechanism. (See Asynchronous)

**Telecommunication.** The process of transmitting or receiving information over a distance by any electrical or electromagnetic medium. Information may take the form of voice, video, or data.

**Teleconference.** Simultaneous conference to multiple sites distributed via audio (phone or other audio). Satellite videoconferences and videoconferences using compressed video are sometimes referred to as "teleconferences." To distinguish more accurately between these frequently used terms, using the term that uniquely describes the communication is preferred.



**Touch Screen.** Input device over the television or a special computer screen that is used to simplify user input and response. The user touches the screen rather than a keyboard, keypad, or mouse to control the output. Touch screens work best with menus or multiple-choice decision points, and also allow some simulation of hands-on training, i.e. pointing to parts of a body.

**Two-Way Video/Two-Way Audio.** Interactive video in which all sites are in visual contact with one another. Some form of audio conferencing is used for real-time verbal interaction.

**Uplink/Downlink.** Programs are "uplinked" to the satellite transponder and "downlinked" to the ground receiving dish.

**Uploading.** The transfer of copies of a file from the users own computer to a remote database or other computer. The reverse of downloading.

**URLs (Uniform Resource Locators).** Pronounced "earls". The address system used by the Internet to locate resources such as web sites. An URL includes the type of resource being accessed such as gopher or hypertext), the address of the server, and the location of the file. For example, the complete URL for the PHTN Web site is <<http://www.cdc.gov/phtn/index.htm>>. "http://" indicates the access method as Hyper Text Transfer Protocol. www.cdc.gov is the address of the server. "/phtn/" specifies the directory the file

is located. "index.html" is the initial page of the PHTN Web site. Web browsers will assume "http://" and "index.html", so you can simply use <www.cdc.gov/phnt> as the URL.

**Videoconference.** A meeting, instructional session, or conversation between people at different locations relying on video technology as the primary communication link. Communication is 2-way audio with either 1-way or 2-way video. The term, videoconference, is sometimes used to refer to conferences via compressed video, conferences via land lines, and broadcasts via satellite. To avoid confusion, using the term or phrase which uniquely describes the communication technology is recommended.

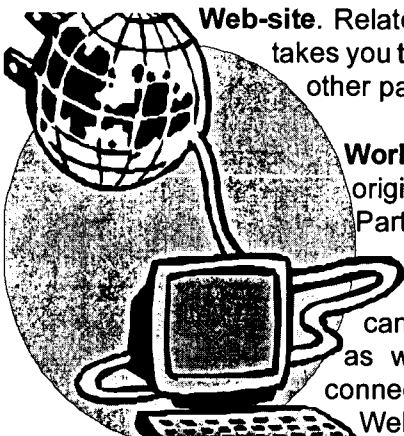
**Video Bridge.** Specialized equipment that permits three locations or more to be joined together in a videoconference.

**Web-based Training (WBT).** A form of computer-based training in which the training material resides on web pages accessible through the World Wide Web. Typical media elements used are text and graphics. Other media such as animation, audio, and video can be used, but require more bandwidth and in some cases additional software. The terms "on-line courses" and "web-based instruction" are sometimes used interchangeably with WBT.

**Web-casting.** Communicating to multiple computers at the same time over Internet by "streaming" live audio and/or live video. Through compression and decompression of the signal, audio and video are experienced in real time over Internet. Examples of commercial products emerging in this area include RealAudio, VDOLive, and VXtreme.

**Web-site.** Related collection of web documents. The address for a web site (see URL) takes you to the initial page, or home page. From the home page you can go to all the other pages on the web site.

**World Wide Web (WWW).** A hypertext-based, distributed information system originally created by researchers at CERN, the European Laboratory for Particle Physics, to facilitate sharing research information. The Web presents the user with documents, called web pages, full of links to other documents or information systems. Selecting one of these links, the user can access more information about a particular topic. Web pages include text as well as multimedia (images, video, animation, sound). Servers are connected to the Internet to allow users to traverse (or "surf") the Web using a Web browser. In addition, many other resource formats such as Gopher are accessible by Web browsers.



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# Distance Learning Fact Sheet

*Developed in collaboration with Dr. Cyndi Rowland, Utah State University Center for Persons with Disabilities  
June 2000*

## Why Design Accessible Web Pages?

The Internet has exploded onto the international scene because it's such a powerful and versatile tool for distributing and accessing information. Use of the World Wide Web can be a vital part of how a person's works, learns, lives or communicates with others. However, people with disabilities are often denied access to this valuable resource because of poorly designed web pages.

### **4** Excellent Reasons to Develop Accessible Web Pages

#### **1. Because it's the Right Thing to Do!**

"When blind people use the Internet and come across unfriendly sites, we aren't surfing, we are crawling...Imagine hearing pages that say, 'Welcome to ...[image].' 'This is the home of ... [image].' 'link, link, link.' It is like trying to use Netscape with your monitor off and the mouse unplugged. See how far you get."

New York Cybertimes, 12/1/96

As a disability related project, your web pages should model how to open the doors for all people to this incredible resource we call the World Wide Web. The consumers you focus on may not be the only ones with disabilities. Families members and service providers, both of whom play a vital role in the consumer's life, may have disabilities which would interfere with their ability to gather information from inaccessible web pages. Developing accessible web pages ensures that all users, regardless of their disability, can access the important information on your website.

#### **2. It increases the number of people who can access your site!**

Approximately 8% of people who access the Internet identify themselves as having a disability. Across the country this would be about four million users over the age of sixteen. It is likely that at least one of those four million people would benefit from the information shared through your website.



This Project is supported by the US Department of Education, Office of Special Education Programs (OSEP). Opinions expressed herein are those of the authors and do not necessarily represent the position of the US Department of Education.



### 3. The Law requires you to do it!

When President Clinton signed the 1997 Rehabilitation Act it contained a wording that stated that all programs receiving federal funding will have their website accessible by August 7, 2000.

“...no otherwise qualified individual with a disability in the United States...Shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” Section 504 of the Rehabilitation Act (29 U.S.C. Section 794)

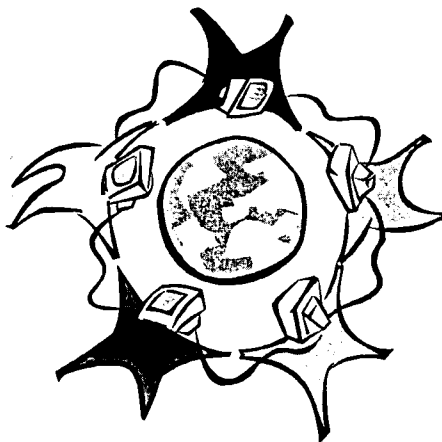
Other Legal Foundations:

- ADA of 1990
  - See 28 C.F.R. Part 35
  - Department of Justice opinion statement (9/9/96): ADA accessibility requirements apply to Internet web pages (10 NDLR 240)
- Telecommunications Act (see Sec. 255)
- Responses from U.S. Dept of Education, OCR (see docket numbers 09-95-2206; 09-97-2002)

### 4. It's not difficult - especially if you begin with the end in mind.

If you plan thoughtfully using the many resources available, your web pages will be accessible. In doing so, you'll reap some benefits, too. According to the WebAIM (Web Accessibility in Mind):

1. Your HTML code will be cleaner and more professional.
2. Search engines will be able to index your site more easily (search engines look only at the text elements).
3. You protect yourself. Although a minority, Web users with disabilities are interested consumers just like you, with a good deal of political clout. Don't underestimate the legal implications of ignoring this group.



# Quick Tips for Developers

## How to develop Web pages for people with disabilities

**Images & animations.** Provide ALT tags, describing the content of the visual elements. The more important and/or complex the image, the more descriptive your ALT tag should be.

**Check your work.** Nothing throws off a screen reader more than non-standard, incomplete or incorrect HTML tags. An online HTML validation program is found at <http://validator.w3.org/>

**Organize your pages well.** Use headings (<H1>, <H2>, <H3> etc), lists and consistent structure. Where possible, break up long lists into smaller sublists, with appropriate labels or headings. Use Cascading Style Sheets (CSS) for layout and style wherever possible. *However:* ↘

**Don't depend on CSS or other visual elements to convey meaning.** For example, if you color code certain words with CSS, the colors will be lost in text-only browsers or screen readers.

**Hypertext links.** Links should be descriptive of their destination. For example, avoid "click here." Many screen readers allow the user to listen to the links out of context.

**Frames.** Use frames cautiously, always providing NOFRAMES content and giving titles to each frame. (Remember to keep your NOFRAMES content up-to-date.)

**Preview in various browsers,** including old versions and a text only browser, such as Lynx to ensure that your pages are still intelligible.

**Tables.** Tables with tabular data should be well organized and summarized for clarity. Where possible, use CSS instead of tables for formatting purposes – just be sure that your formatting "decays gracefully" in non-CSS browsers, such as Netscape 3.0.

**Multimedia.** Provide captioning and transcripts of audio, and descriptions of video.

**Image maps.** Use client-side MAP, and provide ALT tags for links.

**Scripts, applets, & plug-ins.** Provide alternative content in case the features are inaccessible or unsupported.

**Graphs & charts.** Summarize or use the LONGDESC attribute.

# Need help? Check these out!

## **WebAIM – <http://www.webaim.org/>**

Much of the content for this fact sheet was adapted from the WebAIM (Web Accessibility in Mind) website. The site provides tips, articles and links to information about developing accessible websites. It also offers training via e-mail, a listserv, and online training is coming in the near future.

## **Web Accessibility Initiative (WAI) - <http://www.w3.org/WAI/>**

The W3C's commitment to lead the Web to its full potential includes promoting a high degree of usability for people with disabilities. The Web Accessibility Initiative (WAI), in coordination with organizations around the world, is pursuing accessibility of the Web through five primary areas of work: technology, guidelines, tools, education & outreach, and research & development.

## **Bobby—<http://www.cast.org/bobby/>**

A highly regarded web-based tool for analyzing pages for accessibility for those who have disabilities. You can actually have your site examined by the Bobby tools to determine areas needing modifications to increase accessibility.

## **CITA – Center for Information and Technology Accommodation - <http://www.itpolicy.gsa.gov/cita/wpa.htm>**

The Center for IT Accommodation (CITA) is a nationally recognized model demonstration facility influencing accessible information environments, services, and management practices. You can check your web page for accessibility at this site.

## **EASI – Equal Access to Software and Information - <http://www.rit.edu/~easi/>**

EASI's mission is to serve as a resource to the education community by providing information and guidance in the area of access-to-information technologies by individuals with disabilities.

## **Trace Research & Development Center—<http://trace.wisc.edu/world/>**

Trace is a well recognized resource for making computer and information technologies more accessible to everyone.



*U.S. Department of Education  
Office of Educational Research and Improvement (OERI)  
National Library of Education (NLE)  
Educational Resources Information Center (ERIC)*



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