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ABSTRACT

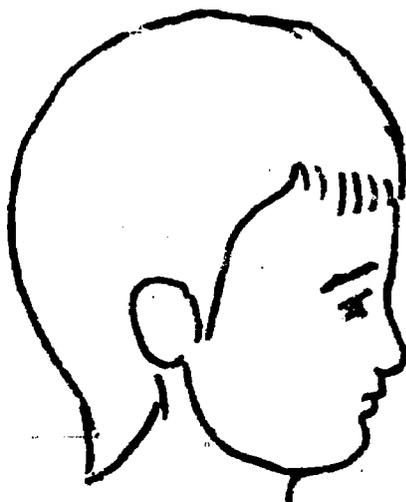
Described in the guidebook are ways to initiate or improve early recognition and intervention (ERI) programs in public schools. Suggested for starting a program to find at risk or handicapped children before they and their teachers experience failure are three phases, which involve finding an idea, enlisting support, and beginning with a pilot screening procedure. The components of an ERI program are presented graphically, and are then treated singly. What screening should accomplish is discussed; and listed are options relating to who should plan the program, when the program should occur, where the program should take place, what the program should involve (such as nutrition-health or vision-hearing screening), and why some screening programs might be more appropriate than others. Recommended for followup is a screening team's feedback of results to regular teachers for program planning or observation of children, to specialists for intermediate evaluation and decision, and to outside support systems, such as physicians or agencies. Support system mechanisms (such as inservice teacher workshops, specialist consultation, or resource rooms) are described, and considered are reasons for and approaches to program evaluation.
(MC)

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EARLY RECOGNITION AND INTERVENTION

PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

A GUIDEBOOK TO PROGRAM DEVELOPMENT IN PUBLIC SCHOOLS



Prepared by:

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Spring, 1973

In Consultation with:

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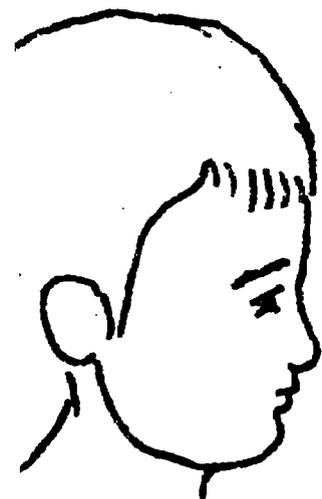
EARLY RECOGNITION AND INTERVENTION

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THE NESEIMC EARLY RECOGNITION AND INTERVENTION (ERI) GROUP

- . . . was organized in the Spring of 1971 through auspices of NESEIMC
- . . . has conducted local meetings in various public schools over the past two years
- . . . has encouraged the development of regional ERI groups*

THE OBJECTIVES OF THE GROUP ARE TO:

1. Provide opportunities for personnel from public schools, state and private agencies and various disciplines to exchange ideas and learn about a variety of existing program models in public school systems.
2. Disseminate descriptions of programs in various school systems.
3. Facilitate communication, stimulate the development of cooperative relationships between school systems, and share the expertise available in many systems.
4. Bridge the gaps between preschool and public school programs and between "regular" and special education.
5. Stimulate recognition and support for innovators within school systems.

GENERAL PHILOSOPHY is that a comprehensive program must contain certain basic components but there are a variety of ways to design each component which vary with the needs, resources and experience of each school system

and the program should be developmentally oriented:

- For the children - focus on developmental needs rather than deficits
- For the adults - provide opportunities for continuing growth and learning
- For the program - encourage a healthy process of continuing evolution

THIS GUIDEBOOK HAS BEEN DEVELOPED by the Steering Committee to assist professionals and laymen to initiate or improve programs which attempt to identify and provide extra assistance for young children with special needs in the public schools. Such programs will be mandatory under Chapter 766.

*The division of Special Education has provided support for the group through its regional office personnel

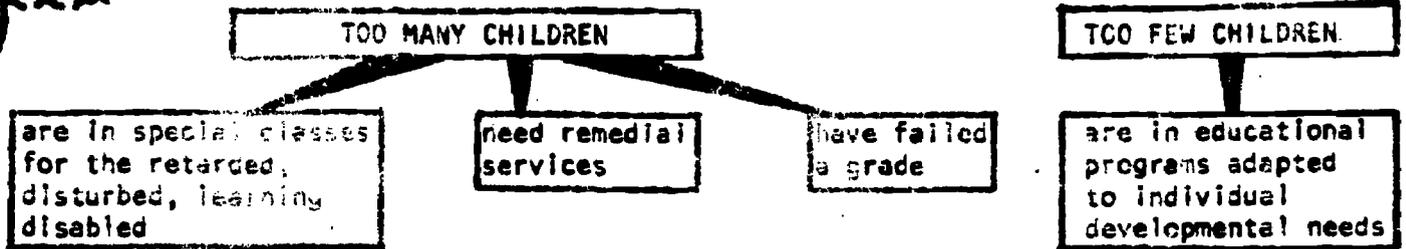
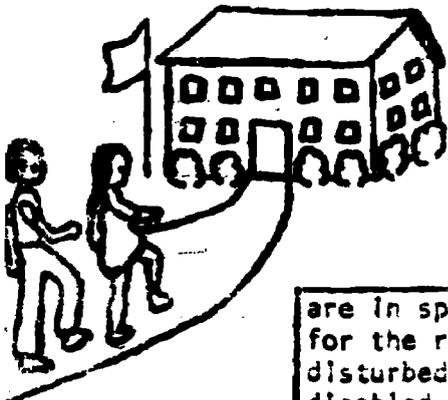
First

What is

EARLY RECOGNITION AND INTERVENTION ?

Children come to school with wide variations in their experience and skills.

During the elementary school years, there is this general result.....



EARLY RECOGNITION & INTERVENTION PROGRAMS aim to

- find children who are at-risk in a school system before they and their teachers experience failure
 - adapt programs for children and provide support and training for teachers
- so that
- fewer children will be labelled exceptional and withdrawn from their classrooms
 - severe emotional reactions and learning problems will be minimized
 - teachers and parents (fill in your own hopes)
 - school administrators.
 - specialists.

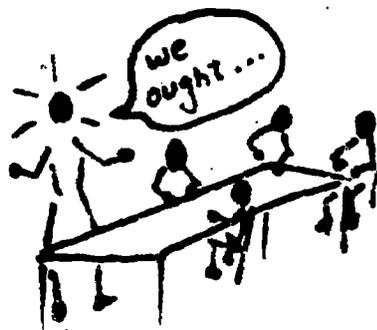
How does

Second

A School System start An EARLY RECOGNITION AND INTERVENTION PROGRAM

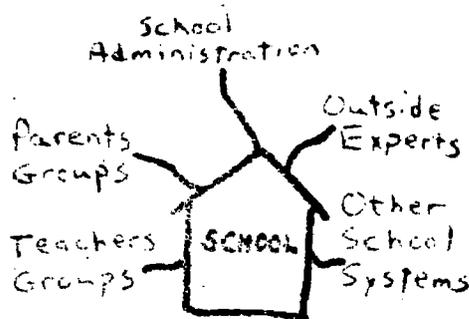
The experience of 200 school systems which have begun programs in the last five years indicates at least three initial phases.

The Idea



One or several middle management personnel (L.D. Specialist, principal, psychologist, elementary supervisor, etc.) catch or invent the idea out of their desire to provide better services for children.

Gathering Support



A lot of talk, politics, and meetings are necessary over a period of time to enlist enough interest, personnel and financial resources to prepare for a first step. Every town or district is different. All require energetic/informed leadership. Most are complicated, and a readiness period is necessary. Legislation in Massachusetts will provide impetus and support in the future.

Getting Started



--Everyone starts with screening procedure. Some short screening locally constructed administered to (many add a parent naive and an interview)



--Although the pattern is changing, most school started by screening the kindergarten or grade years....

In order to provide traditional services for children earlier.



IT WORKS!

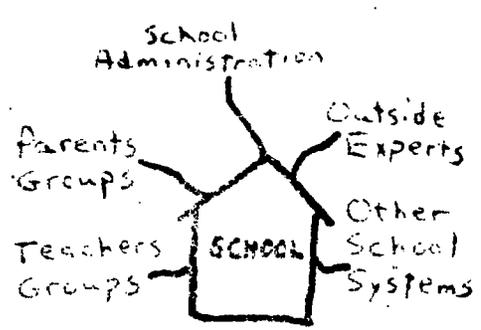
however.

085

School System start EARLY RECOGNITION AND INTERVENTION PROGRAM?

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Getting Started



--Everyone starts with a pilot screening procedure...usually some short screening test or locally constructed battery administered to children (many add a parent questionnaire and an interview).



--Although the pattern is changing, most school systems started by screening during the kindergarten or first grade years....

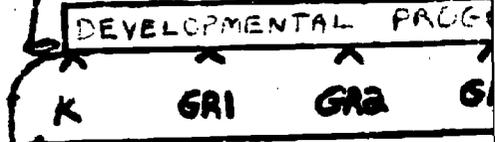
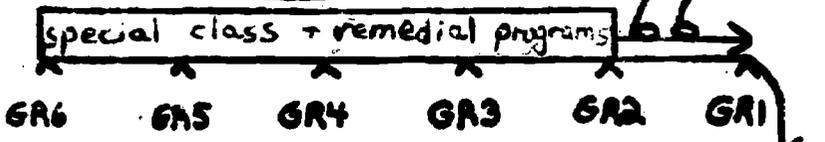
In order to provide traditional special services for children earlier-----and earlier.

↓
IT WORKS!

however.

In working back to serve younger — and — younger children, there are new problems ...

In star program testing, a of problem



GRA6 GRA5 GRA4 GRA3 GRA2 GRA1

.....because the younger the children, the more preventive (rather than remedial) things become, and

-----labelling handicaps is more difficult if not irrelevant and misleading

-----the role of the specialist involves work with teachers as well as with children

-----nursery and kindergarten teachers have very different concerns than grade 1-3 teachers.

BIRTH TO THREE

K GRA1 GRA2 GRA3

DEVELOPMENTAL PROG

.....because, while sc to at-risk child disposes to

-----labelling chil (screening and confused)

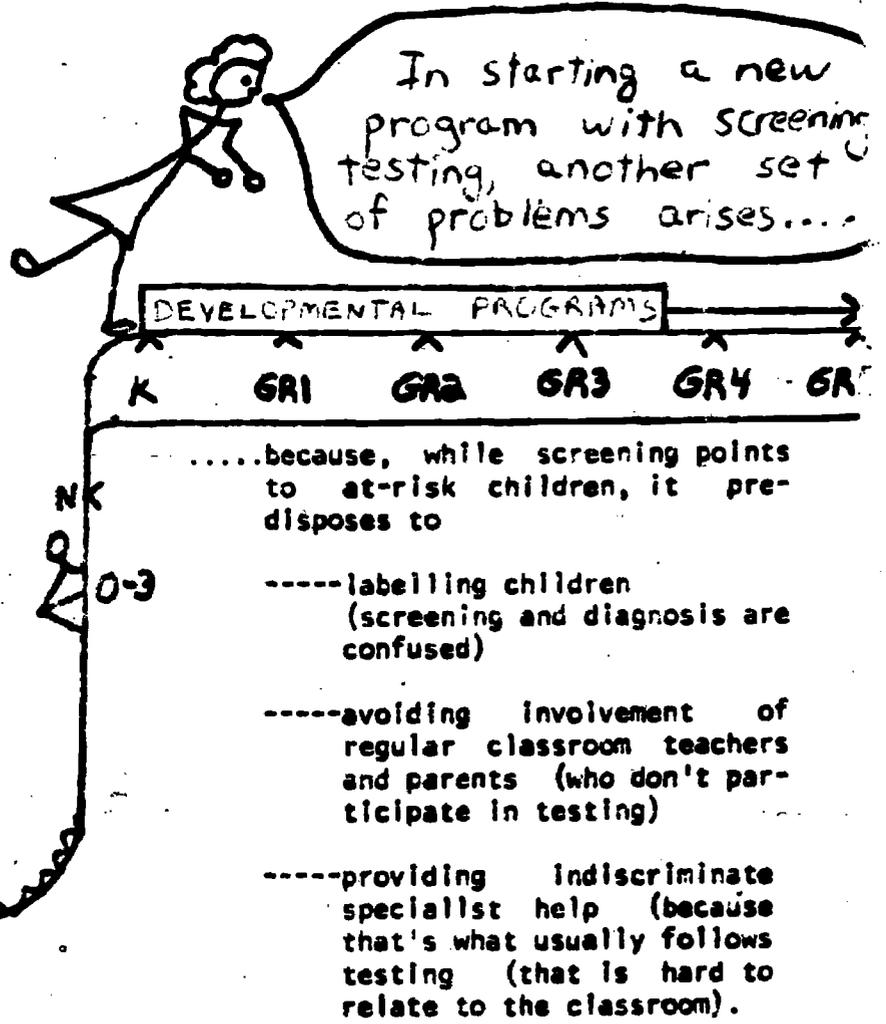
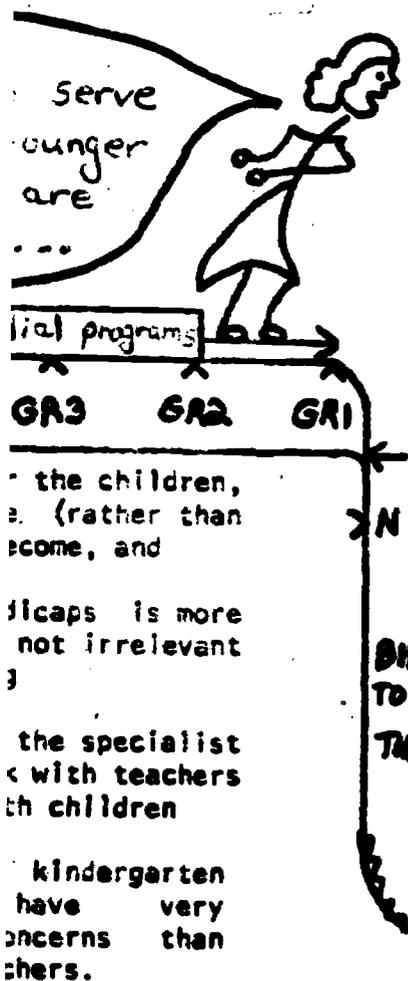
-----avoiding inv regular class and parents (ticipate in te

-----providing i specialist he that's what us testing (tha relate to the

SO.

LET'S BACK UP AND TAKE A CLOSE LOOK AT

- what resources (components) are possible in an ERI program
- what's involved in using them successfully in your program



AND TAKE A CLOSE LOOK AT

resources (components) are possible in an ERI program

is involved in using them successfully in your program

Third

So what are

The Components of an ERI PROGRAM

✓ RECOGNITION

✓ FOLLOW-UP + INTERVENTION

Screening or collection of historical data

Parent feedback of screening program involvement in observation and planning

Feedback to education personnel; solvent involvement in observation and planning

Referral for special diagnostic study

Parent involvement in home/school general program components

Modification within or in addition to regular class program

Special medical guidance or educational support services

Parent work program d

Volunteer

Teacher training

Administrative involvement program p

Community liaison

← PROGRAM EVALUATION AND EVOLUTION ✓ SUPPORT

So what are

The Components of an ERI PROGRAM ?

✓ FOLLOW-UP + INTERVENTION →

Parent feedback of screening program involvement in observation and planning

Parent involvement in home/school general program components

Parent workshops and program development

Feedback to education personnel; solvent involvement in observation and planning

Modification within or in addition to regular class program

Volunteer programs

Teacher in-service training programs

Referral for special diagnostic study

Special medical guidance or educational support services

Administration involvement in program planning

Community agency liaison

✓ EVALUATION AND EVOLUTION ✓ → SUPPORT SYSTEMS ✓

a

Recognition of child need

involves some type of observation process

which

surveys all children and indicates those who need follow-up; is not an extensive testing program or a diagnosis of the children

and

should lead quickly to specific and relevant follow-up action on behalf of the child; not a depositing of unusable data in hopes it may be useful.

Screening should

- be accomplished as efficiently and simply as possible. . . which usually means going from gross measures on all children to finer (and finer) measures on some children as it becomes relevant;
- be related to specific developmental competencies which children will need to function effectively;
- involve the persons who will be responsible for follow-up action with the child (i.e., principal, classroom teacher, specialists, parents) -- as much as possible.

In planning a RECOGNITION program, THESE ARE THE OPTIONS

WHO
DOES IT

- classroom teacher
- psychologist
- guidance specialist
- principal

- nurse or physician
- physical educator
- speech & language clinician
- specialists from community agencies

- L.D. specialist
- all or combination of the above
- trained volunteer/parent

Most school systems start cautiously with more highly-trained personnel than they later find they need, as

- the emphasis shifts to follow-up observation and intervention
- the pressure to label (diagnose) is overcome
- specialist and teacher/parent can communicate better; more teachers and parents learn skills in early recognition

WHEN

- special community surveys (age 0-4)
- 6-12 months prior to school entrance (linked with pre-school intervention)
- just prior to school entrance
- during first weeks of school

Screening should be done as early as possible.

WHERE

- within public school (test corner, series of test stations, classroom observation)
- within existing pre-school programs (nursery, day care, Head Start)
 - space in community (churches, community center, health clinic, pre-school program)
 - home visit

WHAT

- health-nutrition, vision-hearing screening
- parent developmental questionnaire, with or without interview
- individual screening or readiness test
 - group screening or readiness test:
 - classroom observation by teacher or specialist
 - specialist observation or brief evaluation
 - continued monitoring of child's progress academically/socially

The trend is to use combinations of the above to avoid single measure error, while at the same time placing more weight on evolving assessment through analysis of child's response to initial follow-up efforts. Parents must be involved.

A basic screening program should briefly survey the following areas:

- auditory and visual acuity
- physical health and nutrition
- general cognitive development including an overview of speech and language, visual-motor and gross motor skills
- general social development including an overview of social compet and behavioral control.

This screening program need not involve:

- extreme individual testing
- highly trained specialists exclusively
- hours of testing

a. Although it seems self-evident, there is a large difference between screening for alternative purposes:

- to find the severely handicapped and classify children in terms of deficits
- to find at-risk children who may or may not become academic or behavioral probl
- to obtain a range of developmental data on incoming children in order to plan education programs -- not to predict.

b. How about these ancillary purposes?

- to train and involve a wide range of specialists and teachers in considering th of young children entering school
- to provide a mechanism whereby specialist and teacher can work together in the
- to gather local norms on screening tests
- to demonstrate a need to develop early intervention programs
- to involve parents
- to involve teachers in an ongoing screening process.

Every screening program either facilitates or prevents these purposes by the way it i

WHY?

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- Find the severely handicapped and classify children in terms of deficits
- Find at-risk children who may or may not become academic or behavioral problems
- Obtain a range of developmental data on incoming children in order to plan remediation programs -- not to predict.

What are these ancillary purposes?

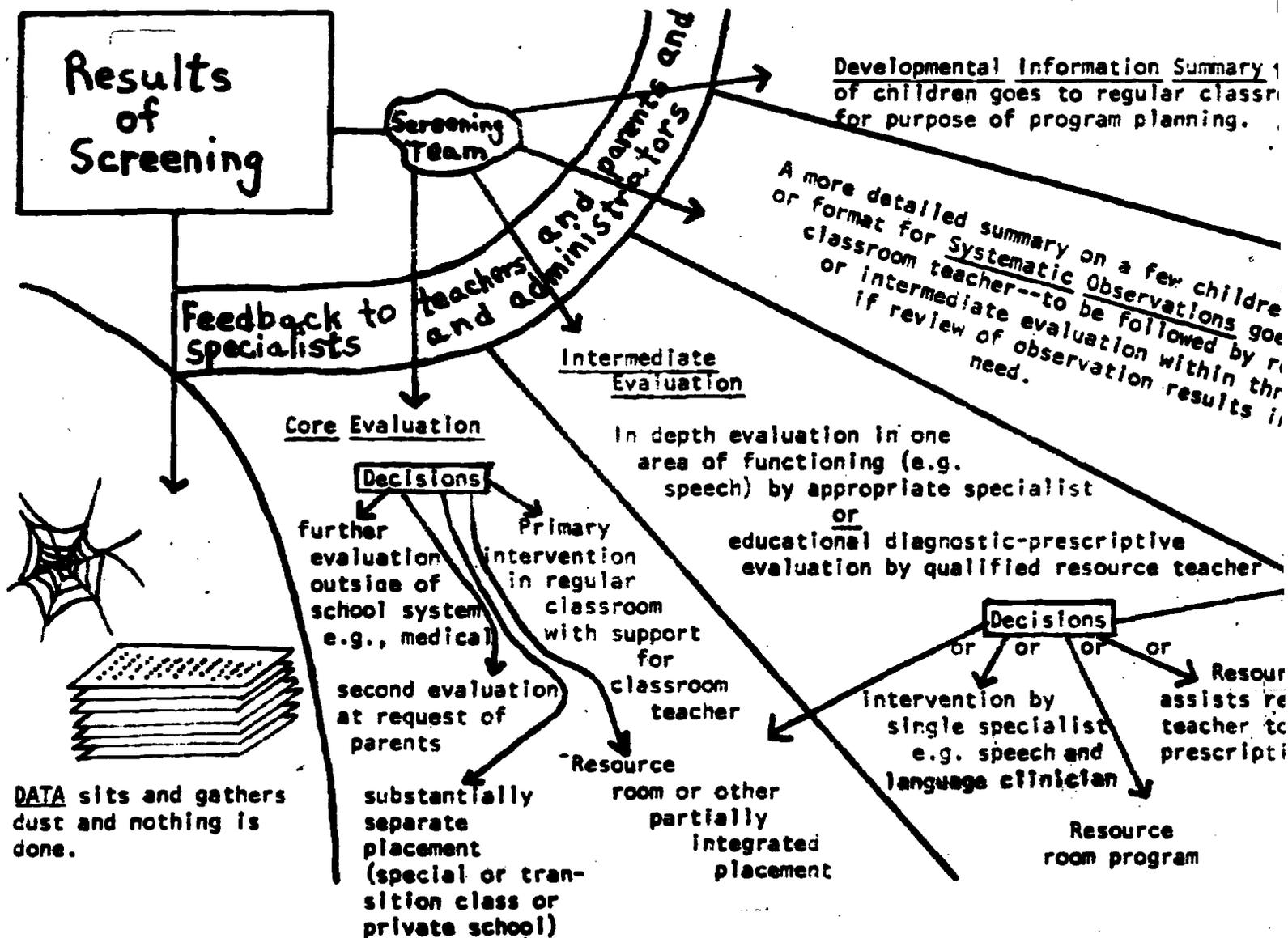
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- Provide a mechanism whereby specialist and teacher can work together in the classroom
- Gather local norms on screening tests
- Demonstrate a need to develop early intervention programs
- Involve parents
- Involve teachers in an ongoing screening process.

Screening program either facilitates or prevents these purposes by the way it is set up.

(b)

So, now you have screening data. How do you use it to

FOLLOW-UP children's needs?





What kind of

INTERVENTION

options are there?

services to at-risk children

needs

The Regular Classroom Teacher
(The major resource for most at-risk children)

Resource Room Teacher
Transition Class

Special Class Teacher

support to teachers

needs

Resource Consulting and Diagnostic-Prescriptive Teachers

Special Services Personnel

Parents + Paraprofessionals

School Administrators + Agencies

Parent Education + Involvement

Administrator Involvement

Regular Classroom Teacher

Ongoing Inservice Training + Support

Some Special Services personnel will require additional training for new roles

supports to supporters

What

SUPPORT SYSTEMS make the intervention for children work?

1. Special Class Teacher
and
- * 2. Resource Room Teacher--have specified roles which need support of those persons and programs above BUT
3. The Regular Classroom Teacher will need considerably more of this support initially to play the new role which will be required by law.

SOME SUPPORT MECHANISMS THE ERI NETWORK SCHOOL SYSTEMS ARE EXPLORING ARE.

1. IN-SERVICE WORKSHOPS FOR REGULAR CLASSROOM TEACHER

These vary from a few outside lecturers to an intensive two-hour per week training course over one to two years which involves the teacher (and principal) in a step-by-step classroom modification plan.

2. SPECIALIST CONSULTATION IN REGULAR CLASSROOM

Specialists from various disciplines are experimenting with spending part of their time working with children within the regular classroom and supporting regular classroom teachers by suggesting and/or demonstrating use of teaching materials and management techniques.

3. RESOURCE ROOMS

These settings provide children with specialized instruction on a regularly scheduled part-time basis. Support for regular classroom teachers should also be provided.

4. RESOURCE TEACHERS

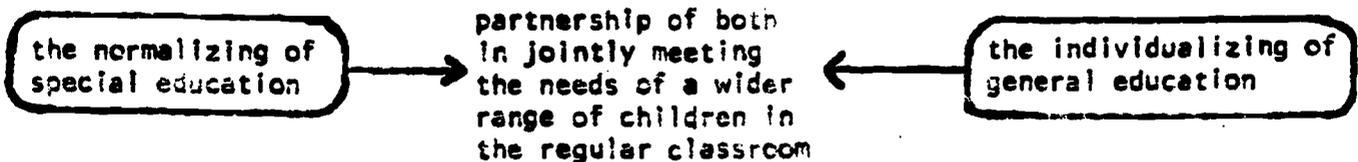
These specialists carry out informal and/or formal diagnostic-prescriptive evaluations of children and their learning environments. A major focus of the resource teacher's efforts is the provision of ongoing consultation, support, and in-service training for regular classroom teachers.

5. EXTRA HELP FOR THE CLASSROOM TEACHER

With training and supervision, parents and volunteers can:

- assist substantially with the initial screening process
- take small groups of children within class for special stimulation or training at teacher's discretion
- serve as individual tutors
- make materials, carry out classroom observations
- explain the program outside the school

6. INTENSIFIED COLLABORATION WITH GENERAL EDUCATORS



7. MUCH GREATER & EARLIER INVOLVEMENT OF PARENTS, such as

- group and/or individual education for parents of preschoolers on how to assist developmentally
- autonomous and semi-autonomous parent-to parent groups using behavior mod or developmental approaches to child management at home
- parents as helpers to classroom teacher (see above) and as community lobbying force.

②

PROGRAM EVALUATION

- In a developing program, the process of development itself should be "evaluated", i.e.,

- numbers of children screened and teachers and parents involved
- log of modifications and progress in individual childrens' programs, or in-service training programs, etc.
- log of increases in support of administrators, parents and teachers
- log of changes in objectives and method from one year to the next

in order to obtain information for decisions relative to improvement of program quality and continuing refinement of educational programs for individual children.

- When you have a specifiable program which can be replicated, it is then legitimate to test its effectiveness by pre-post or control group evaluation

- pre-post with your screening test (or some relevant measure)
- pre-post measures of teacher or parent skill or attitude
- comparing experimental vs. control groups with follow-up achievement/adjustment measures

in order to obtain summative data on program effectiveness.

- Remember: Evaluation should serve primarily to help you to develop the kind of program that best meets the needs of your local system and those of individual children.