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ABSTRACT

Two papers are presented, related to Australian activity therapy centers (places which teach the mentally handicapped personal, social, and prevocational skills complementary to their vocational needs). The first paper discusses the assessment of needs and implementation of client-based programs. Assessment and programming are said to be interrelated, and the following steps are outlined as the most efficient way to develop the skill level of the client: formulate a general organizational goal, initially assess each client, develop an instructional plan to meet the client's needs, implement the plan, assess its progress, and evaluate and modify the plan. The second paper presents a model for the ongoing assessment of work undertaken by trainees at an activity therapy center. Steps of the model include beginning initial assessment, identifying appropriate tasks, surveying antecedent and subsequent events, formulating hypotheses for intervention, selecting data collection techniques, beginning ongoing assessment and establishing a baseline, implementing intervention, deciding whether the results are acceptable, and assessing for generalization. A brief case description of a program to encourage walking behavior is presented. (DLS)

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A. ASSESSMENT OF NEEDS AND IMPLEMENTATION OF CLIENT -  
BASED PROGRAMMES<sup>1</sup>

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B. ON-GOING ASSESSMENT OF WORK UNDERTAKEN BY TRAINEES<sup>1</sup>

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ASSESSMENT OF NEEDS AND IMPLEMENTATION OF CLIENT  
BASED PROGRAMMES

INTRODUCTION:

For any discussion of assessment procedures to be meaningful, must be integrally linked into a discussion of programme development and implementation. It is not sufficient to plan for assessment without first asking the question of "assessment for what and why" and "what type of assessment do we need". In rehabilitation, the basic purpose of any assessment activity must be to provide information about the client, which will assist in making decisions that are most beneficial to the client.

Arising from the assessment process, decisions to be made about the client are bound up with issues relating to the goals of the organisation or programme in which the individual is placed. For the purposes of this discussion, let us assume we accept the goals of an Activity Centre as being "to assist the clients achieve maximum personal and social development and self-sufficiency". It is because of these needs that the client is placed in the Activity Centre. Consequently, to be useful, the information obtained from our assessment procedures must help in the formulation of plans or programmes to assist each individual client reach these objectives.

Before proceeding, I'd like to speak briefly about the meaning of the word "programme". Some organisations refer to activities which go on within the four walls as "the programme" i.e., the organisation is the programme; others refer to an established set of procedures for teaching a particular skills as "the programme" i.e., the social development programme, while others consider "a programme" to be a specific plan introduced to change the behaviour of one particular individual. It is the last application of the word that this paper will address itself when considering client based programmes.

Why use the term client based or individual programmes? Each individual develops at a different rate and in different directions and responds differently to various teaching methods and activities. Consequently, any programme designed to improve an individuals personal and social development must be geared to the specific needs and learning styles of that person and not a group of people. In the past, goals and programmes have been developed for groups of clients and not the individuals. It is no longer acceptable to attempt to fit the person

to the programme; the programme must be designed for the individual. How then do we set about designing a programme for each individual.

### ASSESSMENT:

Assuming that the organisation goals have already been established and that the general plan is to develop the individual's personal and social development, the first step in planning an individualised programme is to determine the current status of the client in terms of these objectives.

To arrive at such a position, we must choose an assessment tool which will allow us to obtain a picture of our clients present level of functioning in areas such as self-help and independence skills, social and personal skills, psychomotor skills, academic skills, prevocational and vocational skills.

The assessment must determine what the individual does on a day to day basis in the natural environmental setting. If possible, it should tell us what the individual does, how, where and when he does it. This is important when it comes to setting training objectives and determining the next steps in development towards which programming efforts should be directed.

To be useful for programming, the behaviours or skills covered by the scale, must be broken into smaller steps and these steps must be arranged in developmental sequence or order of difficulty.

Furthermore, to be useful, it is essential that it be efficient, simple and usable by direct supervisory staff who are with the individuals daily and are able to observe in the natural setting what the individuals can and can't do on a daily basis.

Traditional methods of assessment have involved tests administered by psychologists, educationalists and occupational therapists in a testing

situation and not the natural environment. These tests have yielded scores such as IQ or Mental Age or other global scores which do not indicate what skills the individual possesses or should next acquire. These traditional tests have compared individuals with other individuals within the general population and as predicted our clients always are rated poorly.

In summary then, the assessment must describe the individuals current developmental status in terms of specific behaviours and skills and indicate what skills should next be acquired and possibly suggest methods for attaining these objectives.

I would like to briefly mention several of the assessment tools currently available to us. I would like to mention the Progress Assessment Chart by Gunzburg which many of you may already be familiar with. The PAC manual states that the PAC is not a test but a system for observing the client and obtaining a picture of his or her social functioning which then allows for action to develop any area of weakness. It also allows for periodic reassessments to draw attention to progress in specific areas where programmes have been introduced.

Under four main headings the PAC assesses what a person can and cannot do in the areas of self-help skills, socialisation skills, communication skills and vocational skills. Each of these major skill areas is again broken into minor subheadings under which is a set of specific questions to be answered or observations to be made. Where possible, if the client is known to the assessor, ratings should be performed in the day to day setting where the behaviours can be observed. The person completing the rating requires no theoretical background or special training for the task. If the client is not known to the assessor, the information may need to be sought from someone who is familiar with the client i.e., parent, teacher or supervisor. Where at all possible, credits should only be given when it has been established by observation that the client is competent in a particular skill.

Results presented in a circular diagram form which permits a qualitative assessment of social behaviour at a glance and allows for a quick visual check of areas of strength and weakness. In the absence of

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- 4 -

any other available assessment instrument, I consider the PAC to be a useful tool. However, its one major drawback is that the actual questions asked are not always specific enough to allow the formulation of training goals. Before training goals can be formulated, it is necessary to task analyse the skill into its component parts.

Another tool currently available to us is the Adaptive Functioning Index by Marlett from the Vocational Rehabilitation Research Institute, Calgary, Canada. This again is an assessment tool completed by observations of the client in the natural setting. Skill areas are divided into residential, vocational and social education domains and in each domain there are subsets of skills which have been task analysed in specific behaviours. These behaviours have been organised into training hierarchies which range from simple through to difficult.

The AFI again presents results in a pictorial form of a wheel which allows for an instant picture of the client's strengths and weaknesses and helps easy selection of training goals. Using the AFI it is possible for the clients to be involved in their own assessment and selection of training priorities. Specific training goals can be set and progress monitored. In summary, the AFI allows for an assessment of each individual's training needs and allows the formulation of goal directed training programmes which can be implemented by direct supervisory staff.

Another assessment tool is the Camelot Behavioural Checklist by Foster. In this checklist, skills are listed under ten major headings and clients are assessed accordingly to whether they can do the skill or need training in the skill. Again this assessment tool allows for formulation of training programmes according to the individual's needs and it allows for a record of progress when periodic reassessments are performed.

As it will be clear, no one assessment tool currently available is totally suitable for the needs of each Activity Centre. A number of organisations within Australia are currently working on developing their own assessment tool to meet their own needs. You may choose to do the same for your own organisation or you may choose to use one of the tools currently available.

PLANNING AND IMPLEMENTING INDIVIDUAL PROGRAMMES:

Having completed an initial assessment of the client's needs, it is possible to develop a programme to meet the specific needs identified. Results of the assessment should be examined closely to pinpoint the specific developmental needs requiring instruction.

A decision must then be made about which needs have priority for a programme and a training sequence should be established. Not only must the training needs be prioritized and sequenced, but a timetable for meeting these needs should be decided upon, as this tends to reinforce the goal directedness of the programme.

Having established priorities, a set of behavioural objectives must be prepared. By this is meant, a set of specific statements describing the behaviour to be achieved in such a way that any observer can understand the objectives and agree on whether or not they have been achieved. Because many of the assessment tools currently in use do not specify the behaviour in observable terms, it is necessary for programme planners to specify the training objectives more explicitly than the general statement provided by the assessment tool.

It may also be necessary to provide two sets of objectives, a long term objective which will stand as the annual objective to be reviewed at the end of the period; and a set of short term objectives which break the long term objective into a number of smaller, meaningful, realistic and attainable steps. The long term goal may be expressed in gross terms where as the short term goals may be a set of sequenced, specific steps towards the long term goal. Having established a set of long term and short term objectives, the next task is to prepare a written plan outlining the steps to be taken in reaching these goals. The formulation of goals and the programme can allow for client involvement in the process and this should be done where at all possible.

The written plan should give a clear description of the methods to be used to achieve the goals and decisions should be made about what incentives will be used to reward the client for achievement of the goals.

The plan must specify who is responsible for conducting the training as well as the times and places at which training is to occur.

A decision must also be made about what measures are to be taken to record the client's progress during learning. Once the training commences, such measures should be taken daily to record performance to see if changes are taking place. There is a need to evaluate as training is in progress, because it is possible that learning is not taking place and that the training is not effective. Very often clients are placed in a programme are left to learn or fail.

Once the written plan has been prepared, the plan can be implemented and training commenced. For the reasons outlined above, it is necessary to collect, record and analyse progress data as training proceeds. On the basis of such progress data, it may be necessary to modify the training plan in some way and then to continue the training.

At least annually, it is necessary to review the major direction of the programme in all skill areas to determine what progress has taken place in all programme areas. This assessment will provide information about which goals have been achieved and what new goals may need to be set. Where objectives have not been met, it may be necessary to modify the goals or redesign the programme plan. Following this major assessment, the whole process commences again, with a further set of training objectives being established.

SUMMARY

I think it should be clear by now that assessment and programming are interrelated and have the common objective of developing the skill level of our clients. In essence, we must formulate a general organisation goal, initially assess each individual client, develop an instructional plan to meet the needs of that individual, implement the plan, assess its progress, evaluate and modify the plan. For training programmes to be effective and efficient and of High quality, they must contain the elements outlined.

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GENERAL COMMENTS

Before addressing myself to the topic under consideration I would like to comment upon some issues which have been raised by earlier speakers.

Defining the functions of an Activity Therapy Centre

Firstly, I can appreciate some of the dilemma experienced by Mr. David Hall of the Department of Social Security in his attempt to define the aims or guidelines the Department has for Activity Therapy Centres, for each A.T.C. should develop its own aims or objectives in the light of the NEEDS of the clients. I am in sympathy, too, with his concept that the development of A.T.C. guidelines should be a dynamic and not a static process, as it would be disastrous to lay down hard and fast formulae which would immediately become institutionalized and resistant to future adjustment as needs and conditions change.

The role of A.T.C.'s within the total range of services

A.T.C.'s should be viewed within the total framework of habilitation and rehabilitation services each of which offers particular programs designed to meet particular needs. It should be possible, therefore, for clients to move to and from facilities as their needs change. For clients in A.T.C.'s, programming will be at its most intensive, for they will have severe deficiencies in personal, social and/or pre-vocational skills. Uppermost in most of your minds at present is surely the question of the interface between A.T.C.'s and Sheltered Workshops. Traditionally, Sheltered Workshops have concentrated upon production, if for no other reason than to remain economically viable. Associated activities have been provided to cater for the development of personal and social skills.

which are of course complementary to the clients' vocational needs. Now, with the emergence of the A.T.C. concept we have a facility which can concentrate upon basic training in these areas as well as in pre-vocational skills.

Ideally A.T.C.'s and Sheltered Workshops should be located close together so that there can be a realistic opportunity for clients to move in either direction to meet program needs. The same sort of relationships should obtain among Sheltered Workshops, Work Preparation Centres and Work Adjustment Centres. If, for geographical and population reasons, this is not possible, consideration should be given within each isolated facility to the relative amount of time that is spent upon production versus training in associated skills. It seems to me that habilitation centres have two complementary tasks; the first being largely educative, and here community and government agencies such as Technical and Further Education have a role to play; and the second is vocational. We currently have many excellent examples of how careful and consistent training can improve the quality of life of people who were once destined for society's "scrap heap" and hence we should be continually striving to raise both our own expectations and those of the community at large of the level of operation our clients can achieve.

Thus, our critical focus should be upon the quality of the program being conducted, both in terms of the process or ongoing activities and the nature of the outputs or what the client can do better as a result of the program. Historically, we have concentrated upon solving our client's needs and problems by making organizational changes which so often become ends in themselves rather than means to an end. Without a critical look at the effects programs have, organizational changes alone are simply cosmetic or window dressing and in a very real sense may not be in accord with the true spirit of the United Nations Declaration on the Rights of the Handicapped.

## Use of meaningful work in an A.T.C.:

I am in accord, too, with Dr. Bob Andrews' point concerning the use of meaningful occupations within an A.T.C. Real work can become a vehicle for the training of skills which are not primarily vocational. Here is another example of using something as a means to an end and not as an end in itself. Later, I shall amplify this point with an example.

### The rights of the client to choose his own program

A great deal has been said so far today about respecting the rights of the individual client to indicate his/her needs and interests upon which can be based programs and activities. Whilst I am fully supportive of the concept of freedom of choice I must warn that by taking a myopic or shortsighted view of this issue we may be in fact restricting the true freedom of the individual. Freedom to choose is based on the premise that there are choices and for many of our clients, the degrees of freedom with which they come to us are severely limited indeed. I submit that we can enlarge their number of choices by setting up programs which will develop skills which will in turn stimulate interests. It is very hard to become interested in something we are not very good at.

### Fragmentation of programs

A final observation concerns Mr. Cooper's emphasis upon what I would call the ecological approach to training. Criticisms have been levelled at the competency based model of training along the lines that some programs become too "fragmented" with the implication being that the client is bombarded with isolated bits of skill training which may never become functional in the real world. Whilst some skills can be acquired quite incidentally by some clients, it is nevertheless necessary in many cases to set up structured programs to teach specific skills. What the instructor must then do is to ensure that these skills are generalized and incorporated into the client's wider repertoire of

behaviours and activities. Adopting a general "exposure" model of instruction in the first instance will, in many cases, lead to greater confusion and incompetence on the part of our clients.

#### ASSESSMENT

I now wish to turn my attention to the main topic of my paper which is the ongoing assessment of work undertaken by trainees. What I have to say is a continuation of the approach outlined earlier by Miss Beryl Scott who looked at the type of assessment one needs to undertake when a client is met for the first time. On the basis of this initial assessment Miss Scott suggested that programs can be initiated.

Firstly, I wish to define "work" as any activity undertaken by the clients in their pursuit of habilitation objectives. Secondly, I wish to pose the question "why assess?" There are many answers to this question, but among the more important are these three:

- a) to indicate the client's initial entry skills or behaviours.
- b) to evaluate the terminal or end objectives of a program.
- c) to evaluate specific en-route objectives to provide feedback for program adjustment.

Brody (1976:251) comments in respect of instructional evaluation, *Instructional evaluation is essential in both classroom and institution. It tells us what we have accomplished and where we have failed. It provides information so that both supportive and skeptical advocates have concrete information to consider and use. Most importantly, it can be used to show parents, clients, and taxpayers what we have accomplished with their time & money.*

He further asserts:

1. *Acquisition of developmental skills by (clients) is the primary objective for all expenditures of effort & money.*

2. *Measures of staff activity are secondary and inherently meaningless when considered in isolation. All such measures must be compared with resulting changes in client behavior.*

As a basic assumption this paper will take the view that the developmentally disabled can be effectively taught social and work skills far beyond that level which the general community believes is currently possible. To assist in realisation of this, techniques such as regular ongoing assessment and task analysis are presently readily available and these two strategies will be briefly described. In essence, therefore, I am proposing a training based model wherein success is measured in terms of what the trainees have been taught to do rather than in terms of inputs into the institution (e.g. money, personnel, buildings, etc.). Furthermore, as pointed out earlier, solutions to problems will usually be found in addressing ourselves to aspects of instruction rather than to global changes in organisational structures. These structures should change to support instructional needs and not vice-versa.

#### A Model for Informal Assessment

The model (Fig. 1) adapted from Jobs and Hawthorne (1977) will form the basis of my recommendations for ongoing assessment.

1. Begin Initial Assessment

This may be accomplished either by using tests such as the PAC or AFI, which were described by Miss Scott, or better still by tests devised by yourselves. The purpose of this testing is to determine what skills the client possesses so you are in a position to commence a program. Here the emphasis is upon what he can do rather than what he can't do.

## 2. Identify Appropriate Task

Having determined the client's current level of performance you should next select a task to be taught from your overall program or objectives that are appropriate to his/her level.

## 3. Survey Antecedent Events

At this stage we establish what materials/equipment we might need in order to teach the task. We would also look at how we ought to break the task down into "teachable" bits and later we shall examine a procedure for task or job analysis.

## 4. Survey Subsequent Events

Many of our clients may require to be motivated to perform a task. In many cases they will have experienced frustration and will be effectively "turned off" from learning. What we say or do after they have performed a task is of crucial importance. A smile, a look or word of encouragement, a pat on the back or a statement like "that's a great job" may all be rewards or reinforcers which will encourage the client to persevere with the job. In some cases more tangible rewards such as privileges or money incentives may be more effective, but an important principle is to have the client eventually motivated by his own sense of achievement and mastery over a skill.

## 5. Formulate Hypotheses for Intervention

Our skill and experience as teachers or trainers will enable us to come up with ideas as to the best way to teach a particular task. It is extremely important, however, that we are prepared to try another way if our first strategy fails. We must be prepared to respond to the learner who will tell us whether we are on the right track or not. For many of us this will be a chastening experience for we have been led to believe that the responsibility for learning rests with the client and not with the trainer.

#### 6. Select Data Collection Techniques

There are a variety of data collection techniques available which are relevant to work in A.T.C's. We might measure the length of time a client perseveres with a task; the number of trials he takes to learn to do something to an acceptable standard or the frequency or rate with which he presents a particular behaviour over a fixed period of time. If, for example, the client were assembling a particular number of items in an hour it would be useful to keep a record of those assembled correctly plus those assembled incorrectly as both bits of information are extremely useful.

#### 7. Begin On-Going Assessment and Establish Baseline

Once the appropriate measurement strategy has been selected the instructor should administer the test over a few days to see how the client performs before direct instruction commences. For some tasks, however, this may not be possible for the client may have no competence prior to instruction. (Care should have been taken to ensure that the task selected is not too far beyond the client's current level of performance). If this is the case instruction may have to be commenced at the same time as the on-going assessment.

The most contentious issues regarding this model of assessment are the questions of how frequently do we assess and who has the time to do it? If we are really concerned with having our clients learn rather than simply going through the motions of being exposed to a program we must build continuous assessment into the program - in many cases daily assessment is required. The instructor who is responsible for the teaching is also responsible for the data recording, although it is possible for the client to be involved in measuring his own performance using simple check lists or counting devices.

#### 8. Implement Intervention

The instructor should choose one of the strategies he/she

hypothesized (see point 5), as being appropriate for the task to be taught. It is essential that a criterion of acceptable performance be established and in many cases this can be indicated to the client as a goal to be reached. As ongoing results come to hand they should be shared as feedback to the client as this can be a most potent motivator. As well as setting a goal of performance it may be necessary to set a date by which the goal should be reached.

#### 9. Are the Results Acceptable?

After our teaching strategy has been under way for the time period we have allowed, records should be inspected to see if the client has reached the level of performance we initially set. If he has not reached the criterion we have a decision to make: we can extend the training time or we can recycle back to an earlier stage of the program. The true value of ongoing assessment records will now be apparent for we will have firm information upon which to base our decisions. For instance, if the client has been steadily learning the task it may be appropriate to extend the training time. On the other hand if there are large fluctuations in performance it would be more appropriate to check on the consequent or motivational events. If there has been little evidence of any learning we may have to "slice back" to an easier task.

#### 10. Assess for Generalization

Once the aims have been met the next question to ask is can the client perform this task in different situations and at different times. This process is known as generalization and for a large number of our clients it will not occur automatically. Research has shown that we must build strategies into our program so that generalization will be encouraged.

11. Are the Results Acceptable?

If the client is able to perform the task in other situations and across different times, we can proceed to the next step in the general program or objectives that were set during the initial screening period. When he cannot do this we will have to recycle back to the implementation of intervention stage and reteach the skill so that generalization is ensured. An example of this will be given shortly.

A CASE STUDY

Following will be a brief description of a program designed to encourage walking behaviour in a client who has been assessed as being reluctant to initiate walking in both work and home situations, but initial assessment has revealed that he is physically capable of walking. In addition, this program will illustrate how a work skill can be used to achieve a more primary aim.

Step 1: Set Behavioural Objective

Client will walk, without prompting, in work and non-work areas of the Centre and at home.

Step 2: Establish Behaviours

Client is physically capable of walking; can count to 10 and can discriminate colours.

Step 3: Assemble Materials

Coloured plastic chips; plastic bags.

Step 4: Enroute Goal 1

Client will walk without prompting to collect coloured chips from supply bin.

Step 5: Enroute Goal 2

Client will sort chips by colour; count into groups of 10; and package into plastic bags.

Step 6: Enroute Goal 3

Client will, without prompting, walk to despatch bin after each plastic bag has been packaged.

Step 7: Enroute Goal 4

Generalization commenced. Client will walk without prompting to collect lunch.

Step 8: Enroute Goal 5

Repeat for other luncheon items.

Step 9: Enroute Goal 6

Client will return cups, cutlery, etc., to service area without prompting.

Step 10: Enroute Goal 7  
Generalize to other situations, e.g. home.

Each of these enroute goals is to be seen as a specific objective which will require programming along the lines suggested by the model described earlier. Here it is apparent that production is not the primary aim, for if it were a very different set of objectives would be set out whereby walking behaviours would be discouraged.

TASK ANALYSIS

As a post-script to the techniques of on-going assessment it is important that I call your attention to the need to task analyse your programs adequately. Many of you will have seen the "Try Another Way", series of training films produced by Marc Gold of the University of Illinois who divides task analysis into three phases; method, content and process (see also Gold, 1976).

Phase 1: Method

This is the way the task is to be performed and it is often the subjective decision of the analyst. For instance it may be a particular method of shaving, of putting on a coat or of assembling a circuit board.

Phase 2: Content

These are the steps into which the method is divided and is a statement of what the learner is expected to do. Here the task is broken down into teachable components by a process of going through the steps in a logical manner yourself or by watching some one else perform them.

Phase 3: Process

This is the way in which the task is taught and strategies are devised for teaching the content. Gold suggests there are three subdivisions.

- (i) format - how is the content to be presented? For instance the instructor may demonstrate the behaviour he wishes the client to copy.
- (ii) feedback - how does the learner know what is wanted and what constitutes success?

(iii) procedure - this is a statement of the training plan written so the instructor or a fellow instructor can understand it.

I would strongly encourage you to use Gold's films for staff training purposes, but in so doing I would warn that you should be prepared to spend a considerable amount of time in acquiring and applying the strategies which he outlines so very well. Your time and patience will be amply rewarded by a lift in the effectiveness of your training procedures. Of course it would be easy to dismiss the message on the grounds that you have a different type of client, or that your procedures are effective anyhow, or that you haven't the time or staff resources or .....

#### CONCLUSION

Finally, I must acknowledge some of the difficulties many of you operate under; the most critical being the lack of training provisions for your instructors. Whilst much of what Miss Scott and I have put before you is elementary and is nothing more, in most cases, than good common sense, it is nevertheless necessary for staff to be given some basic training in the application of these procedures. The distribution of manuals, etc., by the Department of Social Security is a good first step, but unless there is a more direct and personal involvement than this, I am afraid they may be destined to gather dust. As a follow up I would suggest that your organizations consider calling for the establishment of:

1. Training courses for instructors at a Technical College or C.A.E. level.
2. A number of exemplary Activity Therapy Centres where training procedures can be tested and the results disseminated to other Centres. Audio-visual training packages, too, could be prepared in this way for sharing among A.T.C's.

Even with this training, we have ample evidence from the preparation of teachers for special schools that the implementation of the

acquired skills is not always assured for a variety of reasons. A possible solution to this disappointing state of affairs may be in the encouragement of a greater spirit of accountability for what we are doing; both on the part of the bureaucracy whose role it is to support the delivery of effective services and the individual instructors who are responsible for the work at the coalface. I shall conclude with a well-worn cliché - their future is in our hands.

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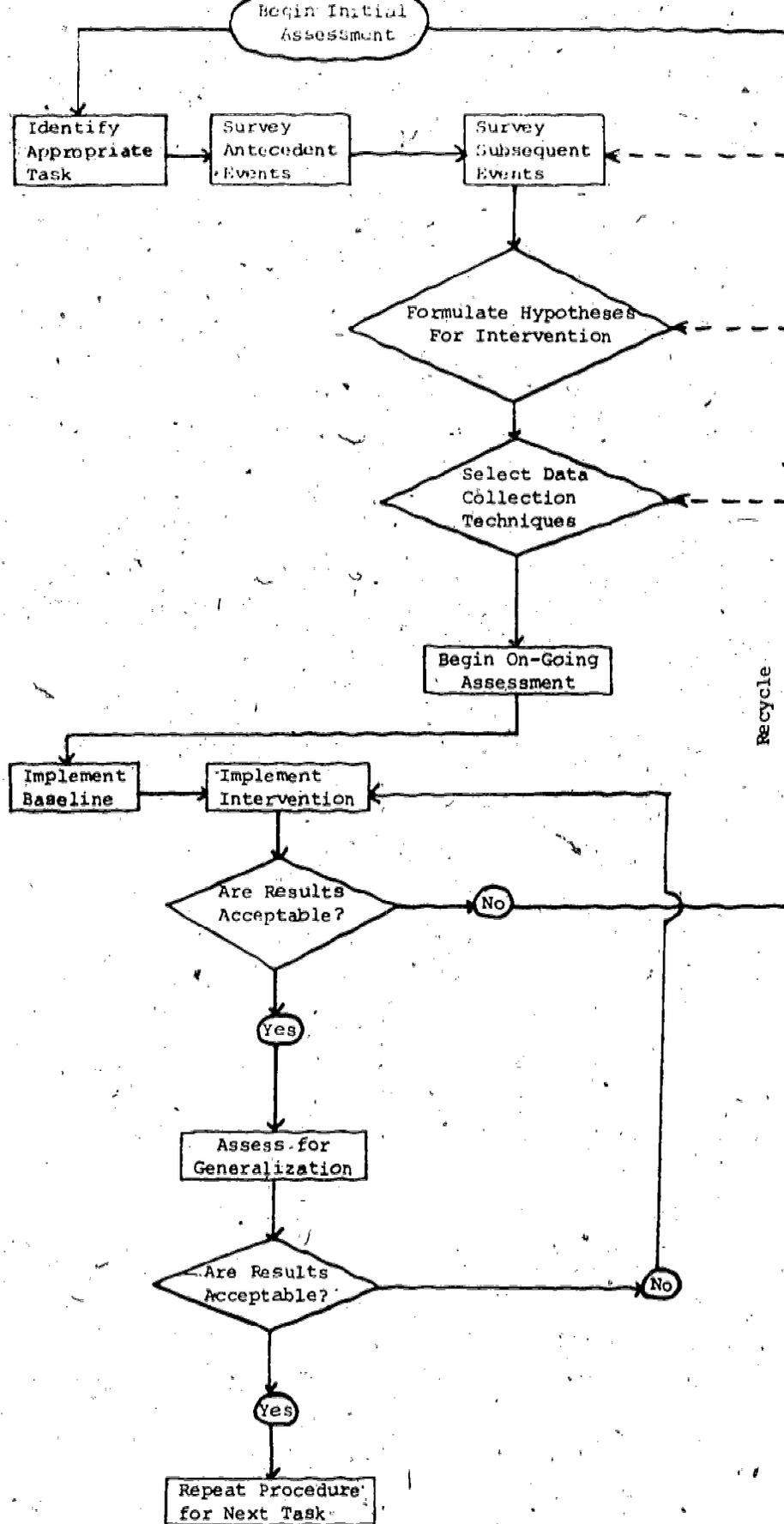


FIG. 1. PROCEDURE FOR INFORMAL ASSESSMENT (Adapted from Jobs, N.K. & Hawthorne, L.W. Informal Assessment for the Classroom *Focus on Exceptional Children*, 9, (2), 1977)