Presented is the first of two volumes on evaluation findings for a preschool handicapped project with six objectives—to create public awareness on available services; to identify and locate all handicapped children, ages 0 to 4 years, 7 months; to provide diagnostic evaluation services; to provide preschool programs as a special target area; to develop and maintain a child tracking system; and to provide resource information to all agencies and individuals concerned with the child's welfare. Sections are given to information on target service groups (approximately 234 children), paid and nonpaid personnel, activities (which included language stimulation training for parents), evaluation procedures (including staff meetings for internal evaluation and interviews with parents for external evaluation), evaluation results (such as that the tracking system seemed to work effectively in keeping tabs on key dates in the processing of each child) relating to each program objective, elimination of gaps or weaknesses, and information dissemination. Appendixes make up the bulk of the document and include an excerpt from state reporting requirements; copies of advertisements placed in mass media outlets, and forms, letters, and brochures from the mass media awareness campaign. (SB)
EVALUATIVE FINDINGS ON "A PLAN FOR INITIATION OF SERVICES TO HANDICAPPED CHILDREN NOT PREVIOUSLY SERVED": A PRESCHOOL PROJECT OFFERING AWARENESS, EVALUATION, CHILD TRACKING, AND EDUCATIONAL SERVICES

by

Robert H. Leiss
Barton B. Proger

Funded Under Education for the Handicapped Act (Part B)

July 1, 1975, to June 30, 1976
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BEST COPY AVAILABLE

Montgomery County Intermediate Unit 23
Special Education Center
1605-B West Main Street
Norristown, Pa. 19401

August, 1976
FINAL REPORT

EVALUATIVE FINDINGS ON "A PLAN FOR INITIATION OF SERVICES TO HANDICAPPED CHILDREN NOT PREVIOUSLY SERVED": A PRESCHOOL PROJECT OFFERING AWARENESS, EVALUATION, CHILD TRACKING, AND EDUCATIONAL SERVICES

Vol. 1 of 2

MONTGOMERY COUNTY INTERMEDIATE UNIT 23
Dennis U. Harken, Ph.D., Executive Director
Lester Mann, Ph.D., Director of Special Education
Robert H. Leiss, Ed.D., Assistant Director of Special Education
Barton B. Proger, Ed.D., Coordinator of Federal Projects in Special Education
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Section 2: Abstract

The preschool handicapped project addressed six objectives: (1) to create public awareness on available services; (2) to identify and locate all handicapped children, ages 0 to 4 years, 7 months; (3) to provide diagnostic evaluation services; (4) to provide preschool programs as a special target area; (5) to develop and maintain a child tracking system; and (6) to provide resource information to all agencies and individuals concerned with the child's welfare. To implement these six major objectives, the following respective activities were carried out: (1) releases to all news media, brochures, and question-and-answer service; (2) use of district census results, in-depth intermediate Unit survey of all agencies with preschool contacts; (3) project psychologist and contracted services; (4) hearing impaired, self-contained class, and language stimulation training for parents of all exceptionalities; (5) use of case manager to monitor each child's progress; (6) use of information manager in gathering, maintaining, and disseminating information on available services to all parties who deal with a given child. A detailed discussion of the operational problems, weaknesses, and strengths encountered in this first year of preschool handicapped operations was given. The results of a state-mandated, third-party evaluation visit were presented, as well as the internal, project-arranged, self-evaluation. Detailed curricular and case-study material from the preschool hearing impaired class was presented, which can be compared with an earlier preschool hearing impaired report (Leiss & Proger, 1975, ED-116-375).
Section 3: Acknowledgements

This report represents in many cases the culmination of an entire year's worth of effort in the preschool handicapped area. Mrs. Lottie Porter has served as both the supervisor of the case manager and as continuing consultant to many aspects of the awareness, identification, location, verification, and tracking system components of the project. She brings many years of previous experience in this area at both the state and local levels. Mrs. Ann Kauffman has watched over the psychological services component quite ably and has raised many crucial issues that have refocused the project's efforts. Mr. David Shiery has filled multiple job roles as case manager, public relations representative, and social worker. He has put forth a desirable image of the project in the eyes of the many other service agencies which relate to the preschool area, as well as establishing the initial, detailed contact of the project with the parents. Mrs. Janet McBride has labored unceasingly on behalf of the hearing impaired class which she supervised, as well as the many activities she set up for the parents of those children. Mrs. Kathleen Bachus, teacher of the hearing impaired class, has gone to great lengths in devising new and stimulating activities for her preschool students; her many curricular contributions are contained in later sections of this report. Ms. Jean Kern carried out quite ably the task of conducting several parent training sessions in early childhood development. Mrs. Leslie Gerhard contributed to the project as Information Manager, as did Mr. Robert Sacks as a psychologist. Dr. Ronald Fischman, Director of Psychological Services for the Intermediate Unit, and Mr. Marshall H. Siegel, Assistant Director of Speech, Language, and Hearing Services, contributed in many ways toward making the project a more viable service agency.

Dr. Dennis Harken, Executive Director of the Intermediate Unit, and Dr. Lester Mann, Director of Special Education, have both given valuable advice and continuing support throughout the 1975-1976 project year. Mrs. Marjorie Simons and Mrs. Esther Markley of
Intermediate Unit's Federal Projects Accounting Office have provided constant support in assisting with the financial management of the project. Valuable background information was provided several times during the planning of this project by Research and Information Services for Education (Mr. Richard Brickley, Director; Mrs. Carolyn Trohoskie, Assistant Director) and by Pennsylvania Resource and Information Center for Special Education (Dr. Robert L. Kalapos, Project Director; Mrs. Kathleen S. Ewell, Assistant Director; Mrs. Shirley Pinto, Project Associate; Mrs. Donna Cohen, Project Associate).

At the state level (Bureau of Special and Compensatory Education), Dr. Gary J. Makuch, Director, and Dr. William F. Ohrtman, Special Education Chief, have offered consultation at various times. Ms. Elaine Gilvear, Adviser in Federal Projects; Mr. Carl Thornton, her assistant; and Mr. H. Eugene Hobaugh, Financial Analyst with Federal Projects; have all provided continuing support and guidance. Mr. Fred Davis, of Project CONNECT, has also given valuable advice at several times in the project's operations.

Gwynedd-Mercy College made a substantial contribution to the project in allowing its normal preschool Hobbit House setting to serve as a vehicle for guided integration activities for the hearing impaired children of this project's class. For this the project staff is indebted to Sister Marie Madelaine and others at Gwynedd-Mercy College, who have all helped to make this year's efforts for the hearing impaired a success.
Section 4: Overview of Report Organization

Appendix A provides an excerpt of the Pennsylvania reporting requirements for EHA Part B projects (memorandum of February 13, 1976, from Dr. Gary J. Makuch, Director, Bureau of Special and Compensatory Education). The authors of this report have provided not only the required information, but also quite a bit additional documentation in the hope that it will help others engaged in similar efforts.

When one compares the Table of Contents with Appendix A, he sees that the current report has been reorganized somewhat to allow for greater coverage of material. The changes are obvious and no more need be said here.
Section 5: Major Objectives

There are six major objectives to this project:

1. To achieve public awareness of programs and services available to unserved handicapped

2. To identify, locate, and classify by age and service provision all handicapped persons between birth and age 4 years, 7 months

3. To provide multi-disciplinary, comprehensive, and ongoing diagnostic and evaluation services to all handicapped children and youth, which will result in the development and/or revision of individualized educational program plans

4. To provide comprehensive preschool programs and services for a large number of handicapped children which are devised in such a manner as to assure the achievement of full potential and which incorporates the concept of normalization

5. To develop and maintain a child tracking system that assures the continuity of services and/or programs to the individual child and which will comply with the requirement on confidentiality of records

6. To develop, maintain, and make accessible to each provider of programs and services information on resources available for providing these programs and services (identification, diagnosis, and prescriptive program) to all handicapped children in the Intermediate Unit
Section 6: Target Service Groups

This project was designed to serve all preschool handicapped children, ages birth to 4 years, 7 months. All preschool handicapped children who were referred to, or located by, the project were eligible for service as far as resources permitted. At the minimum, this would have included the tracking services: awareness, location, and identification. From that baseline of services, a child might receive comprehensive evaluation services and, if hearing impaired, actual educational services.

On the basis of start-of-the-year estimates of preschool handicapped children yielded by the annual public district census forms, it was anticipated that 284 children were eligible:

<table>
<thead>
<tr>
<th>Exceptionality</th>
<th>0 - 2 years</th>
<th>3 - 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainable Mentally Retarded</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Educable Mentally Retarded</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Learning Disabled</td>
<td>21</td>
<td>44</td>
</tr>
<tr>
<td>Emotionally Disturbed</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Crippled</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Visually Handicapped</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Hearing Impaired</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Speech Impaired</td>
<td>15</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>234</td>
</tr>
</tbody>
</table>

The actual numbers of children who were served will be discussed later.
**Section 7: Personnel**

### A. Paid Personnel

<table>
<thead>
<tr>
<th>Employee</th>
<th>Position</th>
<th>Areas of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. David Shiery</td>
<td>Case Manager</td>
<td>Coordinating child tracking system; conducting confidential parent interviews</td>
</tr>
<tr>
<td>Mrs. Leslie Gerhard</td>
<td>Information Manager</td>
<td>Coordinating awareness campaign; assisting in location and identification</td>
</tr>
<tr>
<td>Mrs. Bernadette McMenamin</td>
<td>Information Specialist</td>
<td>Assisting information manager</td>
</tr>
<tr>
<td>Ms. Carol Shuback</td>
<td>Information Specialist</td>
<td>Assisting information manager</td>
</tr>
<tr>
<td>Mrs. Kathleen Bachus</td>
<td>Teacher of the Hearing Impaired</td>
<td>Instructs students in the hearing impaired pre-school class</td>
</tr>
<tr>
<td>Mr. Robert Sacks</td>
<td>Psychologist</td>
<td>Performs diagnostic evaluations on students</td>
</tr>
</tbody>
</table>

### B. Nonpaid Personnel

<table>
<thead>
<tr>
<th>Employee</th>
<th>Position</th>
<th>Areas of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lester Mann</td>
<td>Director of Special Education</td>
<td>Overall program guidance, as well as advice in psychological services</td>
</tr>
<tr>
<td>Dr. Robert H. Leiss</td>
<td>Assistant Director of Special Education and Director of this current project</td>
<td>Serving as Project Director, as well as guidance in implementing preschool program activities</td>
</tr>
<tr>
<td>Dr. Barton B. Proger</td>
<td>Coordinator of Federal Projects and Program Evaluation</td>
<td>Program evaluation, child tracking, confidentiality, and assistance to Project Director in federal project procedural matters</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Responsibilities</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mrs. Lottie Porter</td>
<td>Social Worker</td>
<td>Supervision of Case Manager and guidance in planning and implementing awareness and child tracking efforts</td>
</tr>
<tr>
<td>Mrs. Janet McBride</td>
<td>Supervisor of Speech and Hearing</td>
<td>Program implementation, especially the hearing impaired class</td>
</tr>
<tr>
<td>Ms. Jean Kern</td>
<td>Educational Advisor in Speech and Hearing</td>
<td>Program implementation, especially the parent training activities</td>
</tr>
<tr>
<td>Dr. Ronald Fischman</td>
<td>Coordinator of Psychological Services</td>
<td>Consultation on deployment of psychological services</td>
</tr>
<tr>
<td>Mrs. Ann Kauffman</td>
<td>Psychologist</td>
<td>Technical assistance in psychological services</td>
</tr>
</tbody>
</table>
Section 8: Activities

The pivot point around which all the findings of this report revolve is the set of activities devised to implement the six major objectives of this project. Before one can comprehend the detailed evaluation results, he must first be aware of how the project was conducted. In this section the chief activities that were used in conjunction with each of the six objectives will be briefly described, using extensive appendix material wherever appropriate.

Objective 1 (Awareness Campaign): One of the first activities undertaken under the project was to attempt to create awareness of the project in as many individuals as possible. One manner in which this was done was to run mass-media advertising campaigns at both the start and end of the project year. Appendix B shows the ad that was run in several papers, as well as being broadcast by radio and television. Appendix C provides a synopsis of the initial awareness campaign that began in December; a similar mass-media campaign was also carried out later in the project year, but is not given in the appendices. Appendix D contains specific newspaper instances of the ad given in Appendix B.

One of the major vehicles for creating awareness was a brochure created for the use of parents: "Early Warning Signs." (See Appendix E). This brochure was designed for multi-purpose dissemination: to all households during the annual district census wherever a preschool child is present, to the general public in major gathering places (supermarkets, banks, hairdressers, etc.), to public school and Archdiocesan school officials for distribution at certain crucial times (such as at start-of-school registration), to related service agencies with which the project comes into contact, and so on. The language of the brochure has been deliberately kept nonthreatening and indirect; the concept of "handicapped" has been kept to a minimum and laymen language has been used throughout.

Another aspect to the awareness campaign was the informational releases given to local papers by a joint effort between the local project and the state's special coordinating unit, Project CONNECT.
Appendix F contains this material, which gives the general readership a broad overview of preschool efforts across the Commonwealth of Pennsylvania.

Finally, some informational releases were given out directly by the project itself. Two instances of such releases are given in Appendix G, both of which dealt with the hearing impaired class. In the one case, the activities of the PHIL group are described (Parents of Hearing Impaired League), while in the other case the actual hearing impaired class is described with regard to its portion of time devoted to integrated activities at Gwynedd-Mercy College. A television news spot was also devoted to this class.

Objective 2 (Identification and Location): Children were "located" in many different ways: referrals by Intermediate Unit staff, referrals by parents, referrals by related service agencies, referrals by local school districts, and so on. Initial demographic background information ("identification") was then taken down by the Information Manager on forms designed for this purpose (see Appendix H). The information so gathered was then handed over to the Case Manager.

The next step in rendering service to the suspected preschool handicapped child is to have the Case Manager visit the parents to take down a confidential family history. Appendix I contains this form.

Objective 3 (Diagnostic and Evaluation Services): After a child of preschool age has been located and identified, he is sent for diagnostic evaluation to "verify" whether or not he does in fact have a handicapping condition. The project psychologist handles this phase, in conjunction with the Case Manager and his background information. Appendix J provides an activity log of the activities associated with the psychological services division of the project.

Objective 4 (Programs and Services): During the 1975-1976 year, all activities were in their infancy and a gradual approach to growth had to be taken. The one group of preschool handicapped children...
that could be readily identified at the time of startup of project operations was the hearing impaired. Further, it was decided by the Intermediate Unit staff that hearing impaired children should have the highest program priority because the lack of early stimulation and intervention would practically eliminate their ever being integrated with their age peers when they achieve school age. The hearing impaired children have the most potential for being re-integrated and at the same time their developmental lags could be among the largest sizes if early intervention does not occur. Also effecting this decision was the fact that one of the largest groups of preschool handicapped (the retarded) were already being programed by an existing agency (Montgomery Association for Retarded Citizens).

Appendix K contains a preliminary plan for the hearing impaired class devised by Mrs. McBride (Intermediate Unit Supervisor of the Hearing Impaired) and sent to Dr. Leiss, Project Director. The final plan adopted involved 8 children. An alternating-day scheme of "guided integration" was employed. In particular, four of the eight children (the four-year-olds) attended the integrated setting at Gwynedd-Mercy's Hobbit House three days a week in the morning and the other two alternating days they attended the Lansdale Hearing Impaired School's structured class activities. On the opposite days, the four younger children (the three-year-olds) attended Gwynedd-Mercy two days a week in the morning and Lansdale in the afternoon on the other three alternating days. Whenever a child was at Hobbit House in the integrated setting, the child attended both free-play and structured activities with his normally hearing peers; the teacher of the hearing impaired was present during the Hobbit House morning sessions. In the afternoon sessions at Lansdale, the teacher of the hearing impaired presented structured lessons dealing with developmental activities, but only in the segregated setting of the hearing impaired class; these lessons not only introduced new concepts but also reinforced material learned at Hobbit House. The main advantage of the integrated setting at Hobbit House was the social integration and language
stimulation gotten from the normal children.

Apart from the hearing impaired class, no other direct program services could be given to preschool handicapped children due to the size of the budget. Therefore, to have an impact upon as many preschool handicapped families as possible, a series of parent training workshops were set up throughout the county. A total of seven, three-day sessions was held. The first two days were spent on normal speech and language development, while the third day of each session was devoted to typical problems that could arise. In this manner, the parents received an adequate introduction to how abnormal speech and language problems arise and some hints as to what can be done to alleviate such problems. Appendix L contains a brief summary of the seven sessions.

So that the reader will better understand how the hearing impaired class was conducted the following details are provided. It has already been explained how each child had an alternating-day schedule both with regard to AM versus PM and with regard to Hobbit House enrichment activities versus Lansdale School structured learning. Thus, a given child had only about three hours of activity on any given day, and depending on age either had three days of Lansdale with two interspersed days of Hobbit House, or three days of Hobbit House with two interspersed days of Lansdale. Hobbit House had four rooms: a play room with small toys, a play room with large objects, an art room, and a house/kitchen type of room. At Hobbit House, from 9:00 AM to 9:50 AM was free play, from 10:00 AM to 10:15 AM was large-room activities and from 10:15 AM to 11:45 AM was the special subgroup activities sessions. The first two time slots were for all children (30 normal hearing and 8 hearing impaired) together; the third session saw 3 or 4 normal hearing children interspersed with the 8 hearing impaired children to experience some common set of activities, while the other 26 normal hearing children went off to a group unto themselves (the 3 or 4 normal hearing children put into the hearing impaired group during the third time slot were rotated so as to give everyone a chance). The third
time slot at Hobbit House was divided into a language/game activity for about 7 to 10 minutes, a snack phase, toileting, and a motor activity or story. On the other hand, the Lansdale afternoon sessions were attended only by the hearing impaired children. From 1:00 PM to 1:20 PM was a free-play period, from 1:25 PM to 1:35 PM was a period devoted to mathematics/language activities, and then finally switching to auditory training (listening to records, rhythm, nursery rhymes, music to tell a story, awareness of names and vocabulary, etc.). Some examples of the curriculum used in the hearing impaired class are given in Appendix W.

The parent training activities were spread over three weeks, with one 2-hour session per week. The first week covered normal speech and language development from birth to the second year of a child's life, the second week did likewise from the third year to the fifth year, and the third week discussed possible difficulties, as well as what might happen beyond age 5.

Objective 5 (Child Tracking System): Part of the philosophy behind the preschool project was to prevent children from falling by the wayside administratively as they are processed from point of initial location identification down to final placement in programs or assignment to services. A mechanism is necessary for recording crucial dates as to when the main events were achieved along the continuum of child processing. Then, by continuously reviewing the dates in the system, one can see if too much turnaround time is being taken between successive events leading to ultimate program placement and/or rendering of services.

For the 1976-1977 year of this project, plans have been made to attempt computerization of the tracking system. Appendix M contains a brief description of what a tentative system might include. Appendix N provides a partial listing of the children who have entered the tracking system.

Objective 6 (Providing Resource Information): The Information Manager is responsible for providing information of a general type
Leiss

to all who ask what programs and/or services are available in the
different exceptionality areas. In some cases this consists of
nothing more than a ready-reference type of response, whereby ver-
bal feedback is given to the requestor on the spot. At other times,
written information is given to the parents. Appendix 0 contains
a collection of brochures that were often used in this dissemina-
tion effort. Occasionally special informational releases were
prepared for various agencies; Appendix P gives such an example.

Other manners of interpreting the release of resource infor-
mation are the efforts of the Case Manager and the Psychologist.
The Case Manager provided resource information to parents on what
outside agencies and programs existed which might be appropriate
to their needs. The Psychologist likewise provided such resource
information to parents (along with educational programming resource
information) at the parent feedback conferences that concluded the
diagnostic evaluation process. During the earlier part of the
1975-1976 year, the Case Manager undertook a detailed survey of
all related service agencies not only to learn what services were
offered but to also apprise them of this project's efforts.
Appendix Q shows the data collection form used for this survey,
while Appendix R lists the agencies contacted.
Section 9: Evaluation Procedures

The project evaluation efforts can be grouped under two main headings: internal and external. The internal evaluation was that which was voluntarily arranged and conducted by Intermediate Unit staff, while the external evaluation was mandated by the state Division of Special Education and conducted by a private consulting firm, the Institute for Educational Research of Philadelphia. For purposes of discussion, the procedures can be outlined as follows:

A. Internal Evaluation
   1. Formative Evaluation
      a. Staff Meetings
      b. Ad Hoc Small Group Discussions
      c. Year-Round Individual Efforts to Debug, Self-Evaluate, and Change
   2. Summative Evaluation
      a. Descriptive Data (Objective)
      b. Parent/Consumer Opinions
         (Structured Interviews)
      c. Staff Opinions (Structured Interviews)

B. External Evaluation
   1. Interviews with Project Staff
   2. Interviews with Parents
   3. Data Collection

The external evaluation was conducted from outside the project, and thus not all details were known as to how the process was planned by the private firm. However, a few details can be mentioned at the project end. Intermediate Unit staff set up an itinerary of sites to visit and people to interview. In particular, the outside evaluators began by interviewing the project director and then proceeded to visit the Hobbit House and Lansdale split-day classroom locations of the hearing impaired class; the teacher of the hearing impaired was interviewed at this time.
Parents of children in the hearing impaired class were also interviewed, as were additional staff members of the project: Case Manager, Information Manager, Psychologist, and Supervisor of the Hearing Impaired class. A report was then compiled and given to the state.

The internal evaluation, of course, was the one that the project staff had complete control over and which had the most thoroughness due to the continual collection of data throughout the year. The formative evaluation phase was probably the most useful activity of all in that immediate use was made of the data and opinions to make changes in the project's operations. The three methods of formative feedback/evaluation are self-explanatory and no more will be said here.

The internal evaluation's summative phase is the one that will be given most attention here because it not only reflects the final status of the project but also forms a type of formative evaluation base for planning for the 1976-1977 activities. Thus, this type of data is summative in the short-range sense and formative in the long-range planning sense. Three different types of internal, summative evaluation were implemented. First, various types of objective data were collected on different phases of the project (performance data on the hearing impaired children, summaries of the number of children served, and so on). Second, structured interviews were held with parents of children who were in the hearing impaired class; many different aspects of the project apart from the class itself were covered in these interviews. Third, detailed, structured interviews with project staff covered all aspects of project operations.

Appendix S describes the general reporting procedures used in the hearing impaired class. The Schaumburg Early Education Center's procedures for recording developmental milestones were used. Appendix T contains a brief description of the external on-site evaluation conducted by the team from the Institute for Educational Research.
The overall, internal project evaluation was overseen by the Intermediate Unit's Coordinator of Program Evaluation Services (Dr. Proger). The objective data on the hearing impaired classroom was gathered by Mrs. Kathleen Bachus, while the objective data on the parent training sessions was gathered by Ms. Jean Kern. Dr. Proger interviewed all staff (Dr. Leiss, Mrs. Porter, Mrs. Kauffman, Mr. Shiery, Mrs. McBride, Mrs. Bachus and Ms. Kern). Dr. Proger also interviewed the hearing impaired class parents (a total of 5 of the 8 parents).
Section 10: Evaluation Results

Section 9 presented the general evaluation framework within which feedback on all aspects of the project was obtained. In this section the actual evaluation results will be presented for each of the six components of the project. With regard to the internal evaluation, the three types of summative evaluation techniques (descriptive data, parent/consumer opinions, and staff opinions) have been applied to each component wherever appropriate; the formative evaluation data will not be presented because of the sheer bulk of it. The external evaluation results are presented in Appendix U. The remainder of this section will now concentrate on the internal summative results.

Objective 1 (Awareness Campaign): Descriptive data has already been covered in connection with Appendix C. Parent/consumer feedback revealed some interesting aspects as to how parents react to awareness ads in the media. One of the most analytical parents interviewed said she employed two criteria: cost arrangements of the advertised services, and reputation of the agency itself. As a group, the parents felt that the concept of "Intermediate Unit" did not seem like any public school agency, which is what they would be searching for.

Staff opinions revealed several different aspects to awareness campaigns. Generally, the staff felt that a more aggressive campaign should have been waged. One suggested that at the outset, when a parent first has contact with the project, no false hopes should be built up; the limits of the service should be clearly spelled out. Related service agencies had been well covered, and important contacts with the Archdiocesan school operations were established. On the other hand, many target groups had not been hit enough: the medical world, regular nursery schools, and public gathering places (literature left in supermarkets, banks, barber shops, and so on). It was also clear that the majority of the project's referrals did not come from the mass media campaign
Objective 2 (Identification and Location): Descriptive data is given in Appendix V. That appendix contains two parts; the first part is a report on the number of children identified as of July 1, 1976 (187), and as of August 1, 1976 (204). The second part of the appendix contains a racial/ethnic breakdown as of May 1, 1976.

The parents/consumers were not queried on this topic, since they would have no perspective from which to view the results.

All staff members felt that the number of children located and identified should have been higher as a result of the awareness campaign. One staff member pointed out that the identification of 187 children was quite respectable when one compared the performances of other similar agencies in the Montgomery County area.

Objective 3 (Diagnostic Services): Descriptive data has already been discussed in connection with Appendix J. Of 186 children listed there, 43 were given psychological evaluations. Further, some specialized evaluations were also performed: visual, 3; speech, 15; hearing, 2. Considering the late start of this project (November, 1975, as far as actual referrals are concerned), the number of actual evaluations is on target. Appendix J also contains the original date of referral, the date the Case Manager visited the parents, and the source of the referral.

The parents of the hearing impaired were not asked about the evaluations, nor did they offer any feedback on this topic.

Staff reactions to the diagnostic services have been very favorable. The staff feels that the number of evaluations completed, in effect, in only half a school year was adequate. Because of the peculiar difficulties in getting an accurate "reading" of a child's behaviors and competencies at this young age, some staff felt a diagnostic center would be of help. Children could not only come to the center for routine psychological evaluations and other specialized evaluations, but could also be placed into
diagnostic trial teaching settings to determine the feasibility of the tentative programing ideas. The concept of a diagnostic center is one which appears to be possible, both from a facilities standpoint and a staff standpoint. A big advantage to the diagnostic services was the chance to observe the children in several different settings (e.g., nursery schools, private agency programs). Being able to discuss any type of specialized problem with any one of a number of existing Intermediate Unit staff members greatly enhanced the capabilities of the project staff. The project was also fortunate in being able to bring in outside consultants, to help speed up evaluations (Dr. Joseph Rosenfeld, Dr. Ralph Blanco, Dr. Allan Newcomer, and Dr. David Massari). On the other hand, the staff also saw some areas of possible change. Facilities for conducting the evaluations left much to be desired, both at the Special Education Center and at other locations. Arranging for specialized outside evaluations often posed problems. For instance, agreeing on fees and also finding a suitable geographical location was a dilemma for neurological evaluations, while parents often were slow in following through with optometric evaluations.

Objective 4 (Preschool Programs): There were two main program offerings during 1975-1976: the hearing impaired class and the parent training sessions. Objective data on the hearing impaired class is given in Appendix W, which contains the end-of-year summary reports for those children (this data is presented in the case-study fashion given in Appendix W, since statistically aggregating the data in any way is grossly distorting with such a small number of children and such wide variability). Objective data for the parent training sessions is given in Appendix X. The material in both appendices is self-explanatory and no more will be said here.

As one might expect, the vast bulk of the parent/consumer evaluative feedback dealt with programs. In particular, since only the parents of the hearing impaired were interviewed, this program data pertains only to that class. One fact that struck
the evaluator in sifting through the parent data was the general consistency of some of the views presented (usually, when one interviews a group of people on an area, he winds up with a disparate group of splinter opinions, rather than a coherent whole). One of the consensus opinions regarded the changing orientation of program delivery models for the hearing impaired coinciding with the changing ages of the children. In particular, for the youngest children (birth to perhaps age 2) a homebound program of instruction to both the child and his mother was most appropriate. The homebound instruction provides a secure structure for the child in a one-to-one setting and yet allows for the gradual introduction of formal instruction. At the same time, the mother has a chance to acclimate herself to the child's condition and to get guidance in what types of language stimulation activities can be carried on in the home setting. Then, as the child becomes older (approaching 3), he can be introduced to the formal school setting in a small-group structure. This in turn would gradually pave the way for integration into the regular school-age settings. Consequently, the mother who had the fortune to be involved in the homebound program during a previous special federal project (1974-1975; see Leiss & Proger, 1975, ED-116-375) felt that very young hearing impaired children now entering the preschool scene would be at a disadvantage in that the homebound services are not currently offered. Some parents felt that the older preschool children could stand more than just half-a-day of instruction. The fact that transportation was not provided posed a problem, but the parents said the program was worth the inconvenience and felt that most parents would react similarly. The parents felt that the criterion-referenced system of narrative reporting at mid-year and end-of-year points was sufficient communication about the child's progress. The parents also felt the total communication orientation of the class was well-balanced among its various components (signing, oralism, lip-reading). The parents also felt they benefited a lot from the Tuesday morning parent meetings, at which a wide range of topics of interest to the parents was discussed.
On the other hand, the parents also posed a number of areas they perceived as problems. One of the biggest problems apparently was the lack of continuity for the hearing impaired children within the Hobbit House setting. While all felt the integration experience was worthwhile, they pointed out that a child had to participate in the Hobbit House program five days a week instead of either the 2- or 3-day alternating cycles that the hearing impaired were on. For instance, if cookies were to be baked on one day, the hearing impaired children of that day would not be around the next day to eat the cookies. Also, the relatively larger number of children of normal hearing at Hobbit House posed somewhat of a threatening situation to the hearing impaired children. With regard to the structured classroom setting at the Lansdale School for Hearing Impaired, a few parents felt that the breaks for free time could be reduced somewhat, although there is the difficult problem of trying to balance the length of free-time periods among an assortment of children with widely varying ages. The parents also felt that the parent meetings on Tuesdays were primarily to beginners rather than parents who already had a year or more of previous contact with the Intermediate Unit; a group of parents at the more advanced levels should be held also. The parents also were somewhat concerned that notification of details of class offerings for the coming school year always seem to come too late for parents to make suitable preplanning arrangements and also merely to feel secure about their child's continued programing.

Staff reactions to programing options were consistent; they felt the priority placed upon the class for the hearing impaired was justified but at the same time felt that the total range of actual program services available to preschool handicapped children was far too limited (thus emphasizing all the moreso the necessity for telling parents at the outset the restraints on service). The staff also felt that, given the financial budget restraints that required placing program priority upon the hearing impaired, the parent training program that was also held in the various locations throughout the county was an appropriate multiplier-effect
strategy. The staff also felt that the hearing impaired class should be physically located in a normal classroom building. The partial location of the hearing impaired class at a regular nursery school allowed the creation of awareness in regular educators of what the world of the hearing impaired was like. While the integrated setting allowed a highly desirable give-and-take between the normal hearing and hearing impaired children, nevertheless, the Lansdale isolated setting provided the special teacher with the opportunity to give individualized attention to each child in the comfort and security of his peers. Other miscellaneous advantages were also seen by the staff. The Hobbit House setting provided a vocal atmosphere to stimulate audition. Also, the hearing impaired children when at Hobbit House learned that even if other children could not sign with them, they still had to communicate with these signwise unskilled people. The Hobbit House setting also gave the hearing impaired children an opportunity to understand children who were different from themselves, as well as to accept each other as people first and hopefully not as much as sensorily different. The Hobbit House situation formed a type of laboratory in which the teacher of the hearing impaired could study the dynamics of interaction between the various types of children.

Some of the negative features of the hearing impaired class operations that the staff hoped to correct included, among others, the primary one noted by parents: the lack of continuity of Hobbit House activities across the alternating days; more lead time in planning could help alleviate this problem. Another problem was the sophistication of the Hobbit House enrichment activities, with regard to the hearing impaired. With regard to the Lansdale class location, the room could have been somewhat larger and the furniture more appropriate.

The parent training program was well received. This offering provided the parents with concrete activities that could be carried out in the home setting, as well as an understanding of
some early warning signals of possible difficulties. One way in which to improve these sessions would be to provide videotapes of the way normal language progresses in the preschool years, as well as samples of abnormal speech and language development. Also, a fourth day of the training (actually a two-hour session was the length of each of the existing three days of a presentation at a given location) would be helpful to elaborate upon problems encountered by parents with their children's speech and language development. Finally, the principals of the district buildings in which the sessions were held apparently had not been given adequate advance notice of the details; some remedial action should be taken in this area for next year.

Objective 5 (Tracking System): In terms of staff reactions, the tracking system seemed to work effectively in keeping tabs on key dates in the processing of each child from initial location and identification until final program placement or (more typically) referral to an appropriate service agency. The tracking system incorporated the entire group of 187 children located and identified as of July 1, 1976. The tracking system also forced the staff to keep aware of the need to provide continuity of program efforts right into the school-age area. The mere fact of having centralized these tracking efforts under one person, namely, the case manager, has led to more efficient coordination of all aspects of the children's services. The biggest problem seen in this area is the need to mechanize the tracking system as one looks forward to extending it to all school-age handicapped children; the present system is a paper-and-pencil, manual variety and will probably begin to break down as greater numbers of children are put into the system.

Objective 6 (Resource Information): Staff reactions generally felt that this component was adequately handled. The warning signal brochure (Appendix E) and the program brochures (Appendix O) met the need for having printed material readily available for distribution as resource information. Also, both the information
manager and the Case Manager responded in a ready-reference fashion to phone calls on questions posed on personal visits about the availability of services in the Montgomery County area (Appendix R). Nonetheless, the staff feels the printed materials must be revised for the 1976-1977 year and that the new Information Manager just hired will have to reinitiate contacts with all the 50 related service agencies, as well as the other targeted groups mentioned earlier in connection with the awareness campaign.

Overall Structure (Pertaining to All 7 Components): One of the main philosophies behind initiating services at the preschool area was to coordinate for the first time what programs and services might be offered to preschool handicapped children by both existing agencies and by newly created Intermediate Unit offerings; to this end the staff felt that there was a special effort made in the liaison sense among all project and Intermediate Unit staff. Much valuable planning was possible for the coming 1976-1977 year as a result of the lessons and problems of the current year. One general area of concern in which the staff felt some improvement was possible was in the area of communication among staff: both at the general administrative level and at the individual case staffing level; while genuine communication and liaison among all staff and service components did occur, this often had to be achieved in a piecemeal fashion by necessity during the first year (e.g., several partial case staffings over longer periods of time instead of fuller case staffings in shorter periods of time, or better yet, at one point in time). There was also some feeling that the general status accorded to social workers in the Commonwealth of Pennsylvania with regard to state certification and leadership aspects left much to be desired and thus posed some problems for the manner in which the Case Manager was able to relate to other, more "standard" educational staff; fortunately, the Intermediate Unit has been using social workers and case workers for quite some time, but the lack of structure at the state level nonetheless filters down to the local Intermediate Unit levels. A clarification of the social worker's role in
this Intermediate Unit would be helpful (job role definition and lines of authority and responsibility).

A few final, overall evaluation considerations can also be given here. First, a temporary status report given to Project CONNECT is provided in Appendix Y. Second, for those who are interested in the financial structure of this project, Appendix Z gives the final, revised budget breakdown with which the project closed out its 1975-1976 year. By examining this final budget, one can evaluate the appropriateness of programing priorities that the project used.
Section 11: Elimination of Gaps or Weaknesses

This project has operated effectively to bring under one coordinated operation for the first time all preschool service components (the 6 component areas addressed in this project). This type of service was definitely missing prior to the creation of the present project; coordination in the past was more a haphazard procedure than a directed effort, which is understandable when one considers the large number of independent service agencies (50) in Montgomery County alone. Until the present project, the six components of awareness, identification/location, diagnosis/verification, certain types of programs (hearing impaired and parent training), the tracking system, and the provision of resource information, were generally absent. Thus, the project definitely has filled a void and has improved the quality of preschool operations in Montgomery County.
Section 12: Dissemination

This project has made a number of notable efforts to disseminate information about its various aspects. The earlier background given under Section 8 about the awareness campaign and the resource information (first and sixth components) is relevant here. A total of 50 agencies was contacted in person by the Case Manager. Newspapers and radio and television stations were given releases to air. The Archdiocese was given procedures for including its preschool children appropriately within this service model. All public school districts in Montgomery County were contacted and given the chance to order large numbers of the warning signals brochure. Apart from these day-to-day, service-oriented dissemination activities, professional educational audiences were also addressed in a very formal way by means of a convention speech (see Appendix AA).
APPENDIX A

EXCERPT FROM STATE REPORTING REQUIREMENTS, EHA, PART B
No budget revision would be necessary as the increased expenditures did not exceed 10 per cent of the total amount approved for expenditure account 500; however, the expenditures for some other budgeted expenditure account would have to be $100 less than estimated so that the total amount approved for the project would not be exceeded.

Budget revisions for other than indicated above require pre-approval by the bureau as such revisions indicate possible program deviations. In no case may transfers of funds in excess of 10 per cent be made to other expenditure accounts without pre-approval.

Budget revisions must be submitted and approved 30 days prior to the ending date of the project. Forward original and two copies, plus budget breakdown and justification, if required.

DEBE 1432, Federal Project Application
As a Report

All sections must be completed. Provide actual figures for statistical information and federal funding breakdown. No decimal or fractional figures are acceptable. This report is required within 30 days following the ending date of the project.

Narrative Evaluation

The narrative evaluation, to be forwarded with the project report, is to be typed on 8 1/2 x 11" paper and attached to the report. The evaluation must include the following as a minimum:

1. The name of the local education agency (LEA) and project number.

2. A statement of each major objective as presented in the approved project. For each major objective listed, the following information must be furnished:

   A. The evaluation procedure(s) employed. If the evaluation procedure was changed from that indicated in the approved project, the reason for change must be indicated.

   B. A summary of results of pre-, on-going and post-tests or other appropriate methods used in the above evaluation procedures. When additional information is necessary to interpret results, it should be supplied.

   C. Describe how the objective eliminated gaps or weakness for which the project was designed.

3. Describe methods by which information concerning this project was disseminated to persons interested in the education of handicapped children. Copies of releases should be forwarded, if available. This is dissemination other than intra-school exchange.
APPENDIX B

ADVERTISEMENT IN MASS-MEDIA OUTLETS
us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS
for further information please call
539-8550, Ext. 262.
APPENDIX C

SYNOPSIS OF MASS-MEDIA AWARENESS CAMPAIGN
AWARENESS CAMPAIGN SYNOPSIS

The Awareness Campaign included public service announcements on six (6) television stations: KYW-TV (3), WPVI-TV (6), WCAU-TV (10), WPHL-TV (17), WTAF-TV (29), WKBS-TV (48), and nine (9) radio stations: WCAU, WPIL, KYW, WDAS, WIBC, WIP, WNPV (Lansdale), WPAZ (Pottstown), and WNAR (Norristown). The public service announcements were provided at no cost. The time and frequency of the announcement was left up to the individual station's discretion.

Advertisements were placed in a variety of newspapers. The approximate total cost for the six weeks Awareness Campaign published in nineteen newspapers, twice per week in the Bulletin and Inquirer and once per week in the other newspapers, came to $3,500.

The newspapers utilized for this campaign are listed below with the frequency of publication, the day of publication, price per column inch and total price for advertising. The campaign began the week of December 15, 1975 and ran for six consecutive weeks, except where holidays interrupted regular publication.

<table>
<thead>
<tr>
<th>Philadelphia Dailies:</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulletin</td>
<td>Thursday &amp; Sunday</td>
<td>$15.82 (Thursday)</td>
<td>$10.78 (repeat rate Sunday)</td>
<td>$798.00</td>
</tr>
<tr>
<td>Inquirer</td>
<td>Thursday &amp; Sunday</td>
<td>$17.78 (Thursday)</td>
<td>$13.58 (repeat rate Sunday)</td>
<td>$940.80</td>
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</table>

<table>
<thead>
<tr>
<th>County Dailies:</th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Times Herald</td>
<td>Friday</td>
<td>$ 3.29</td>
<td>$ 98.70</td>
<td></td>
</tr>
<tr>
<td>Pottstown Mercury</td>
<td>Wednesday</td>
<td>$ 3.82</td>
<td>$114.60</td>
<td></td>
</tr>
<tr>
<td>North Penn Reporter</td>
<td>Tuesday</td>
<td>$ 1.73</td>
<td>$ 51.90</td>
<td></td>
</tr>
<tr>
<td>Today's Post</td>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Today's Spirit</td>
<td>Tuesday</td>
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</tbody>
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<table>
<thead>
<tr>
<th>County Weeklies:</th>
<th></th>
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<tbody>
<tr>
<td>Ambler Gazette</td>
<td>Thursday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montgomeryville Spirit</td>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>The Willow Grove Guide</td>
<td>Thursday</td>
<td></td>
<td></td>
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<tr>
<td>Glenside News</td>
<td>Thursday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Times-Chronicle</td>
<td>Wednesday</td>
<td></td>
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</tr>
</tbody>
</table>
County Weeklies: (Cont'd)

Springfield Sun Thursday
Affiliated Papers Combined Price $1,236.48

Collegeville Independent Tuesday $1.68 $50.40
Souderton Independent Wednesday $1.49 $44.70
Schwenksville Item Thursday $1.20 $36.00
Main Line Times Thursday $2.38 $71.40
Royersford Reporter Thursday $1.33 $39.90
Pennsburg Town & Country Thursday $1.20 $36.00

Fifteen preschool children were identified directly through the advertising; two children were identified indirectly, e.g., neighbor had seen our advertisement.

Included as a part of the Awareness Campaign were visits to the Montgomery County hospitals, and specific agencies connected with the hospitals: Youth Psychotherapy Clinic and Child Study Institute (Bryn Mawr Hospital); Abington Mental Health/Mental Retardation Center (Abington Hospital); and State Health Clinic (Pottstown Memorial Medical Center). Parent handbooks and informational brochures were left after each visit. The handbooks and brochures were also mailed to those people who telephoned for information, e.g., a nurse writing a thesis, a nursery school teacher. Brochures, together with a cover letter, were mailed to eight hundred and fifty physicians who are registered with the Montgomery County Medical Society. Suburban General Hospital requested that the mailing be extended to the osteopathic doctors also. The total number of osteopaths identified in the county was one hundred fifty-two. The total mailing amounted to one thousand pieces of literature. The total spent on mailing was two hundred forty dollars.
APPENDIX D

AWARENESS CAMPAIGN:
SPECIFIC INSTANCES OF
NEWSPAPER ADS
NOTICE

If you have any of the following papers delivered to your home on the specified day, please bring it in for Leslie A. Gerhard when you are finished.

✓ TIMES HERALD - Norristown (Friday)
✓ POTTS TOWN MERCURY - Pottstown (Wednesday)
✓ NORTH PENN REPORTER - Lansdale (Tuesday)
✓ TODAY'S POST - King of Prussia (Friday)
✓ TODAY'S SPIRIT - Hatboro (Tuesday)
✓ AMBLER GAZETTE - Fort Washington (Thursday)
✓ MONTGOMERYVILLE SPIRIT - Montgomeryville (Wednesday)
✓ THE WILLOW GROVE GUIDE - Willow Grove (Thursday)
✓ GLENSIDE NEWS - Glenside (Thursday)
✓ TIMES-CHRONICLE - Jenkintown (Wednesday)
✓ SPRINGFIELD SUN - Oreland (Thursday)
✓ INDEPENDENT - Collegeville (Tuesday)
✓ INDEPENDENT - Souderton (Wednesday)
✓ SCHWENKS VILLE ITEM - Schwenksville (Thursday)
✓ MAIN LINE TIMES - Ardmore (Thursday)
✓ REPORTER - Royersford (Thursday)
✓ TOWN AND COUNTRY - Pennsburg (Thursday)
HELP us to help your preschool handicapped child. The Montgomery County Intermediate Unit would like to be made aware of any handicapped, or thought to be handicapped, preschool child in Montgomery County. The Intermediate Unit can assist you to find the appropriate services and programs to benefit your preschool handicapped child.

PARENTS for further information please call 539-8550, Extension 262.
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PARENTS
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539-8550 Ext. 262
HELP

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PARENTS

For Further Information Please Call

539-8550 Ext. 262

12-17-64
HELP

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539-8850 Ext. 262
HELP

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for further information please call

539-8550 Ext. 262
APPENDIX E

AWARENESS/LOCATION BROCHURE
If Your Child...

- Is unable to sit up without support by age 1
- Cannot walk without help by age 2
- Does not walk up and down steps by age 3
- Is unable to balance on one foot for a short time by age 4
- Cannot throw a ball overhand and catch a large ball bounced to him/her by age 5

Who Can Help...

If you suspect that your child may have special needs, talk with your family doctor, your public health nurse, or other professionals in the field. Don't hesitate to call their attention to and ask their advice about what you feel may be unusual behavior or a possible physical problem of your child.

No matter where you may live, there are parent organizations and public agencies which will assist you if your child has special needs. People working in your local health department and your public schools can often put you in touch with those who are best able to help you.

REMEMBER, the earlier you recognize your child's special needs and seek professional help, the greater the possibility that your child can be helped to overcome the problem.

Who Can Help...

- Is unable to sit up without support by age 1
- Cannot walk without help by age 2
- Does not walk up and down steps by age 3
- Is unable to balance on one foot for a short time by age 4
- Cannot throw a ball overhand and catch a large ball bounced to him/her by age 5

Who Can Help...

- Does not turn to face the source of strange sounds or voices by six months of age
- Has ear aches or running ears
- Talks in an unusually loud voice
- Does not respond when you call from another room
- Turns the same ear toward a sound he/she wishes to hear

Who Can Help...

If you suspect that your child may have special needs, talk with your family doctor, your public health nurse, or other professionals in the field. Don't hesitate to call their attention to and ask their advice about what you feel may be unusual behavior or a possible physical problem of your child.

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REMEMBER, the earlier you recognize your child's special needs and seek professional help, the greater the possibility that your child can be helped to overcome the problem.
Many children are born with or may acquire physical and/or mental conditions which handicap their normal growth and development. Fortunately, many of these conditions can be helped or completely corrected if parents recognize the problem early and seek help. Failure to recognize and deal with a problem early may result in a life-long handicap.

The following EARLY WARNING SIGNS are some of the more common indications that a problem may exist. If for any reason you suspect that your child may have special needs, we urge you to seek help immediately — don’t wait until your child enters school before you begin to deal with the problem.

**If Your Child...**

- By age 5
  - Does not understand by people outside the family
  - Is not talking in short sentences by age 4
  - Cannot repeat common phrases or short
times of T.V. jingles
  - Cannot say the names of a few toys and people
  - Cannot say “Please” and “Thank you” by age 1

**Talking**

- Sometimes or always crosses one or both eyes
- Passage of objects when trying to look at a particular
does not play games such as peek-a-boo, party

**If Your Child...**

- By age 5
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not react to his/her own name when called

**If Your Child...**

- Does not react to his/her own name when called
- Does not identify hair, eyes, ears, nose, and mouth
- Does not understand simple stories told or read

**THINKING**

- Does not play games such as peek-a-boo, party
- Does not react to his/her own name when called
- Sometimes or always crosses one or both eyes

- By age 5
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party

- By age 4
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party

- By age 3
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party

- By age 2
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party

- By age 1
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party

- By age 0
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
  - Does not play games such as peek-a-boo, party
APPENDIX F

AWARENESS CAMPAIGN:
INFORMATIONAL RELEASES
IU seeks preschoolers with special ed needs

Parents whose preschool children may have special educational needs or growth and development problems are asked to call their local intermediate unit (IU) for information about current programs and services.

Those who are unable to contact an IU can call a state-wide hotline number, collect: area code (717) 657-0000. Charges at this number will be accepted and calls taken 24 hours a day, seven days a week.

"Under Pennsylvania's state plan to implement the Federal Education of the Handicapped Act, Part B (EHA-B)," Dr. Frank Manchester, Commissioner of Basic Education pointed out, "all 29 intermediate units provide a variety of services for preschool handicapped children."

Dr. Manchester explained, "It has been estimated, however, as few as 15 per cent of this age group have been identified and served. Early identification, evaluation and placement in appropriate programs is important to help children with special needs achieve maximum growth and development."

"On the Federal level, EHA-B is concerned with providing educational opportunities for all unserved or underserved handicapped children from birth to 21. As a result of Pennsylvania's Right to Education Consent Agreement of 1972 and the recent extension of these procedures to all exceptional children, we believe there are existing programs available for all handicapped children of school age. Thus, the Commonwealth is attempting to serve the preschool handicapped child through EHA-B."

Also established as part of the plan is a state-wide supportive program, Project CONNECT (Coordination and Outreach Network for the Needs of Exceptional Children Today). Frederick M. Davis is project director. Located in Harrisburg, CONNECT provides support to each IU, through assistance in planning, training and coordinating state-wide services.

Dr. Manchester said the state plan amendment under EHA-B was developed by a task force that included consumer representation and was supported by a larger group of resource persons. Six service components were identified as essential: 1) Public awareness of existing programs; 2) Location and Identification of handicapped children; 3) Diagnosis and Evaluation of the children's development and needs; 4) Program services to meet these needs; 5) Tracking, recording children's progress in programs, and 6) Educational Resources.
With Handicaps—

Montco IU Seeks Preschoolers

A campaign to locate and identify preschool children with handicaps is being conducted by the Montgomery County Intermediate Unit, an organization which represents the school districts in the county. Parents whose preschool children may have special educational needs or growth and development problems are asked to call Mrs. Leslie Gerhard, the IU’s information specialist at 539-8550, extension 262.

Dr. Frank Manchester, Commissioner of Basic Education for the state, pointed out in a release this week that “under Pennsylvania’s state plan to implement the Federal Education of the Handicapped Act, Part B (EHA-B) all 29 intermediate units (in the state) provide a variety of services for preschool handicapped children.”

According to Dr. Manchester, it has been estimated, however, as few as 15 per cent of this group have been identified and served. He said early identification, evaluation and placement in appropriate programs is important to help children with special needs achieve maximum growth and development.

Dr. Robert Leiss, who is associated with the Montgomery County IU special education department, said so far, about 160 county preschool handicapped children have been located, and they range in age from birth to 4½ years.

Leiss

THE TIMES HERALD, NORRISTOWN, PA.
Monday, May 3, 1976

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Dr. Robert Leiss, who is associated with the Montgomery County IU special education department, said so far, about 160 county preschool handicapped children have been located, and they range in age from birth to 4½ years.

Dr. Leiss said he believes there are more area handicapped preschoolers who are not yet identified and the IU hopes to expand its awareness programs so they can be located.

At the present time, he said the IU is involved in a program for the hearing impaired child, language development programs for parents and provides diagnostic and consulting services for those who need it “at this moment.” He said the IU plans to have some programs for the handicapped preschool children next year.

Dr. Manchester’s release noted that “On the federal level, part B of the act is concerned with providing educational opportunities for all unserved or underserved handicapped children from birth to 21. As a result of Pennsylvania’s Right to Education Consent Agreement of 1972 and the recent extension of these procedures to all exceptional children, we believe there are existing programs available for all handicapped children of school age. Thus, the Commonwealth is attempting to serve the preschool handicapped child through EHA-B.”

Also, he said, as part of the plan is a state-wide supportive program, Project CONNECT (Coordination and Outreach Network for the Needs of Exceptional Children Today). Frederick M. Davis is project director. CONNECT is located in Harrisburg and provides support to each IU through assistance in plan-
APPENDIX G

AWARENESS CAMPAIGN:
SPECIAL FEATURES RUN ON HEARING IMPAIRED CLASS
DISCUSS HEARING DISABILITIES — Members of the Parent of Hearing Impaired League (PHIL) and teachers attended a workshop for parents of preschoolers who had hearing disabilities. The program was sponsored by the Montgomery County Intermediate Unit and was funded by a Title VI federal grant. Participating in the workshop, from the left, were Dr. Kenneth Moses, psychologist at Northwestern University, Chicago, who led the discussions; Mrs. Jane McBre, a supervisor with the Intermediate Unit; Mrs. Ellen Mager, an itinerant hearing therapist with the Intermediate Unit; and Mrs. Marie Markowitz, a parent of a hearing impaired child. (Times Herald Photo)

The Times Herald, Norristown, Pa.
‘Integrated’ Pre-School Program

Vibrates To Christmas Overtones

 Fridays at Hobbit House nursery school in Lansdale, Mercy College, was a mix of the usual and the seasonal.

The usual was the integration of a handful of hearing impaired pre-schoolers with some 26 children with normal hearing. The seasonal was a chance to make Christmas decorations together and to go carolling through the college offices.

Today, students in the early childhood class meet three and four year olds and young five-year-olds on weekdays mornings to teach them language, music and movement. Kathleen Bachus, Mount Airy, who has her Master’s in the Teaching of the Hearing Impaired, brings eight hand of hearing children to the nursery school wearing their hearing aids.

The getting together maneuver is funded through a Title 6 grant, written by Dr. Robert Leiss, project director for the Montgomery County Intermediate Unit. Janet McBride is principal director. The program alternates classes between Gwynedd’s Hobbit House and the Lansdale School for the Hearing Impaired, at 8 W. Broad Street. Says Mrs. Bachus, "At Hobbit House my children go through the same day the hearing children do. I’m there for guidance and to explain things that need explaining — to mediate in play situations."

"WE HAVE 30 children and three teachers. We break up into groups for a large part of the morning. The deaf children do the same things as other kids in the group. I take the deaf children all the time, and I alternate other kids in the group every day, so they all get to know each other."

The hearing impaired kids hold from strength. Last year, under another kind of federal grant, there was home training for their parents, to show them how to be really helpful in development of their children.

If the present integration grant is renewed, Kathy Bachus says she would "very much like to be back in this situation. My speciality is at the pre-school level. These children have got to have a program."

Mrs. Bachus came to Philadelphia seven months ago after marriage to a fellow graduate of Gallaudet College in Washington, D.C.

SHR’s COMMENTS: "Every deaf child is different, with an individual type of hearing loss. All have their hearing to a different degree. Most have a loss of discrimination, not a loss of volume, so you don’t discern. They get words mixed up. They’ve been tested by an audiologist. I can observe these and figure from their own feelings with them how they hear me, by the responses they make."

"I speak English all the time and use sign language to represent English words, as well as my speech. Sign language is a tool in education for the deaf child."

Christmas carols proved to be a universal children’s language on Friday at Hobbit House.

Below, in reverse involvement, hearing impaired student Tina Lamphear, talks up Christmas with Gwynedd Mercy and teachers, Debbie Albert, left, and Pat Zverczak.

If you listen, says Brian Smith above, who is just as noted by the sign and body language of special teacher Bachus as any of the hearing-impaired children who are homes in classes at "Special House, Gwynedd-Mercy College."

Below, in reverse involvement, hearing impaired student Tina Lamphear, talks up Christmas with Gwynedd Mercy and teachers, Debbie Albert, left, and Pat Zverczak.

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APPENDIX H

LOCATOR/IDENTIFIER FORMS
NAME

BIRTHDATE

SCHOOL

DISTRICT

ADDRESS

PARENTS:

Father

Age

Occupation

Employer

Mother

Age

Occupation

Employer

Absent Parent? Explain, name, whereabouts

SIBLINGS:

List name, birthdate, school and grade or occupation

Other persons living in household

IN EMERGENCY CALL

(Name)

(Address)

(Phone)

REFERRAL BY

Statement of Problem:

PSYCHOLOGICAL EXAMINATION:

Date

Examiner

Impressions and Recommendations:

MEDICAL:

Family Physician

Address

Phone

HOSPITALIZATIONS

Significant Medical Conditions

Medication:

PSYCHIATRIC EVALUATION:

Clinic or Therapist

Address:

Diagnosis:

Audiological examination administered by

Recommendation

Date

Neurological examination administered by

Recommendation

Date

Vision examination administered by

Recommendation

Year

School or agency

Discharge Recommendation

Year

School or agency

Discharge Recommendation

Year

School or agency

Discharge Recommendation

Year

School or agency

Discharge Recommendation

SOCIAL WORKER:

DATE:
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Child</td>
<td>(Last) (First) (Middle)</td>
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<tr>
<td><strong>2.</strong></td>
<td>Date of Birth</td>
<td></td>
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<tr>
<td><strong>3.</strong></td>
<td>School District of Child Residence</td>
<td></td>
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<tr>
<td><strong>4.</strong></td>
<td>Presumed Disability</td>
<td></td>
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<tr>
<td><strong>5.</strong></td>
<td>Information Manager (or other I.U. staff member)</td>
<td></td>
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<td><strong>6.</strong></td>
<td>Date(s) of Information</td>
<td></td>
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<tr>
<td><strong>7.</strong></td>
<td>Source(s) of Information</td>
<td></td>
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<tr>
<td><strong>8.</strong></td>
<td>Father</td>
<td>(Last) (First) (Middle)</td>
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<td><strong>9.</strong></td>
<td>Address of Father</td>
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<tr>
<td><strong>10.</strong></td>
<td>Telephone of Father</td>
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<tr>
<td><strong>11.</strong></td>
<td>Mother</td>
<td>(Last) (First) (Middle)</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Address of Mother</td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Telephone of Mother</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Legal Guardian of Child</td>
<td></td>
</tr>
</tbody>
</table>

(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless different)

| **15.** | Address of Guardian |   |

(Mark "same as 7 and 10", or "same as 7", or "same as 10" unless different)

| **16.** | Telephone of Guardian |   |
| **17.** | Date Informed Consent Form Mailed |   |
| **18.** | Date Informed Consent Form Signed |   |
| **19.** | Date Consent Form Received |   |
| **20.** | Private School Enrollment |   |
APPENDIX I

IDENTIFICATION PROCESS:
CONFIDENTIAL FAMILY HISTORY
FORM USED BY CASE MANAGER
We give permission for the Montgomery County Intermediate Unit during the 1975-76 school year for verbal or written permission to obtain a Confidential Child Developmental History on our child.

This information is important to us in providing appropriate services for your child at the present time. We will keep this information on file to plan for your child's education in the future.

We also give permission for other Montgomery County Intermediate Unit staff members to contact you for gathering other information in the future during the 1975-76 school year.

(Signature)

RELATIONSHIP: ____________________
CONFIDENTIAL CHILD DEVELOPMENTAL HISTORY

NAME OF PERSON FILLING OUT THE FORM: ____________________________

RELATIONSHIP TO CHILD: ____________________________________

DATE: _______________ SCHOOL DISTRICT ____________________

IDENTIFYING DATA:

Child's full name ____________________________ Sex _______ Birthdate ____________

Address ____________________________ Number & Street ________ Apt No. ________ City ________ State ________ Zip ________

Father's name ____________________________ Age ________ Mother's name ____________________________ Age ________

His address ____________________________ Her address ____________________________

His phone: Home ________ Work ________ Her phone: Home ________ Work ________

Place of work ____________________________ Type of Job ____________________________

Guardian's name (Only if child is living in different residence than parents)

Source of referral to Intermediate Unit ____________________________

Date of referral to Intermediate Unit ____________________________

All persons residing in the home (brothers, sisters, other relatives, boarders, etc.)

NAME & RELATIONSHIP:

__________________________ BIRTHDATE:

__________________________

__________________________

__________________________ MArital Status: single - married - divorced - separated - widowed

__________________________ Age of child when separation(s) divorce(s) occurred ____________________________

__________________________ How often does child see him/her ____________________________

__________________________ Family physician ____________________________ Phone ____________________________

__________________________ Person to contact in case of emergency ____________________________ Name and relationship ____________________________ Phone ____________________________
II. PREGNANCY AND BIRTH:

1. Planned _______ Wanted _______ Age of mother at child's birth ______

2. Did mother have any bleeding during pregnancy? Yes _____ No _____
   Illness during pregnancy? Yes _____ No _____
   Medication during pregnancy? Yes _____ No _____
   Falls or accidents? Yes _____ No _____
   Hospitalizations? Yes _____ No _____
   Bed rest at home? Yes _____ No _____
   If yes is checked for any of the above, describe ________________________

3. Was pregnancy Full term _______ Premature _______ Birth weight ______
   Labor induced _______ Length of labor _______ Drugs administered ______

4. Describe type of delivery (normal, forceps, cesarean, breech presentation, etc.)
   ________________________

5. After delivery, was baby in oxygen? Yes _____ No _____
   Did child breathe on his/her own? Yes _____ No _____
   Was child released with mother from hospital? Yes _____ No _____
   Were parents or doctor aware of any problems at birth? Yes _____ No _____
   If yes, describe ________________________

6. Did the child require any medical attention or hospitalization during the first few months? Yes _____ No _____
   If yes, explain why and where ________________________

7. Was mother ill after delivery? Yes _____ No _____
   Was mother hospitalized? Yes _____ No _____
   If yes, describe ________________________
DEVELOPMENTAL MILESTONES:

1. Pediatrician ___________________________ Phone ___________________________

2. Feeding: Bottle ____ Breast ____ Weaned: Yes ____ No ____ At what age ______
   Feeding problems: Yes ____ No ____ If yes, describe ____________________________
   Methods used if child did not eat ____________________________

Did child have colic during first few months? ____________________________
Did child gain weight at normal rate? ____________________________

Present Eating Skills: Circle the number of the one statement that best fits your child:

1. Feeds self adequately to eat in restaurant or friend's home
2. Feeds self adequately to eat in own home
3. Feeds self poorly (messily, or with considerable spilling)
4. Needs assistance in feeding
5. Fed by others

j. Does child use utensils to feed self? Yes ____ No ____ Finger fed: Yes ____ No ____

4. Did child have sleeping problems during first year? Yes ____ No ____
   If yes, describe ____________________________

5. How would you describe your child in the first few months? Active ____ Demanding ____
   Quiet ____ Content ____ Irritable ____

3. Does the child sit up with support? Yes ____ No ____ At what age? ______
   sit without support? Yes ____ No ____ At what age? ______
   cannot sit at this time Yes ____ No ____ At what age? ______

7. Does the child stand with support? Yes ____ No ____ At what age? ______
   stand without support? Yes ____ No ____ At what age? ______
   cannot stand at this time Yes ____ No ____ At what age? ______

8. Does the child walk with help? Yes ____ No ____ At what age? ______
   walk without help? Yes ____ No ____ At what age? ______
   cannot walk at this time Yes ____ No ____ At what age? ______

9. Does the child begin to speak words? Yes ____ No ____ At what age? ______
   speak sentences? Yes ____ No ____ At what age? ______
   cannot speak at this time Yes ____ No ____ At what age? ______
Instructions: Circle the number of the one statement that best fits your child:

Speech Skills - Part I
1. Communicates difficult verbal ideas, appropriate to child's age
2. Communicates in simple sentences, appropriate to child's age
3. Uses a few words only, appropriate to child's age
4. Communicates in sounds and/or gestures, appropriate to child's age
5. Does not communicate any information, appropriate to child's age
0 Unknown

Speech Skills - Part II
1. Understandable by non-family members
2. Somewhat difficult to understand
3. Hard to understand
4. No understandable speech, but jabbers
5. Makes no sound
0 Unknown

Comprehension Skills
1. Understands difficult verbal communication
2. Understands simple verbal communication
3. Understands simple phrases or words
4. Responds to gestures and/or signs
5. Does not respond to verbal or gestural communication
0 Unknown

Supplemental Information - Language spoken in the home
1. Speaks or understands English only
2. Speaks or understands foreign language only
3. Is bilingual or multilingual (speaks more than one language)
0 Unknown

Vision (without glasses)
1. No difficulty in seeing
2. Some difficulty in seeing
3. Great difficulty in seeing
4. No usable vision
5. Wears glasses __________ Prescription by __________
6. Date of eye examination __________ Examined by __________
0 Unknown
Hearing (without hearing aid)

1. No difficulty in hearing
2. Some difficulty in hearing
3. Great difficulty in hearing
4. No usable hearing
5. Audiological examination administered by __________________________
   Date ____________ Wearing hearing aid ______ Make-Model ________________

0. Unknown

Arm-Hand Use

1. Full use (both hands and arms)
2. Requires some help
3. Requires much help
4. No use
0 Unknown

Walking Ability

1. Walks unassisted. Yes ____ No _____
2. Can climb steps. Yes ____ No _____
3. Walks with crutches, cane, etc. Yes ____ No _____
4. Wears braces. Yes ____ No _____
5. Cannot walk. Yes ____ No _____

Transportation

1. Can child enter and leave a vehicle without assistance? Yes ____ No _____
2. Can child ride at least one hour in a vehicle without being uncomfortable? Yes ____ No _____
3. Does child sit in an upright position in vehicle? Yes ____ No _____
Paralysis

1. Child is paralyzed. Yes ____ No ____
   If yes, Mildly ______ Moderately ______ Severely ______

10. Is the child bowel trained? Yes ____ No ____ At what age? ______

11. Is the child dry day and night? Yes ____ No ____ At what age? ______

12. Has the child ever returned to wetting or soiling? Yes ____ No ____ If Yes, describe the problem __________

Instructions: Circle the number of the one statement that best fits your child

Toilet Training

1. Independent use of toilet

2. Makes toilet needs known, but needs some assistance

3. Partially trained (responds if taken to toilet at scheduled intervals, but some untidiness)

4. Not trained at all

If not toilet trained:

1. Training not yet begun

2. No response to training

3. Unknown

IV MEDICAL HISTORY:

1. Did the child ever have a high fever with or without convulsions for a prolonged period of time? Yes ____ No ____ If yes, describe __________

2. Did the child ever have any unusual "spells or seizures"? Yes ____ No ____ If yes, describe ________

3. Was the child ever unconscious? Yes ____ No ____ If yes, describe the incident and tell how long the child was unconscious ______

4. Is the child currently receiving on-going medical treatment? Yes ____ No ____ If yes, describe the treatment and give the doctor's name ______
5. Has the child ever been hospitalized?  Yes  No  If yes, explain why and where. Also, give the doctor's name ____________________________

Child's reaction to the hospitalization: ____________________________

6. Did your child receive the following immunizations (baby shots):

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Yes</th>
<th>No</th>
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</thead>
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<tr>
<td>D.P.T. (Triple Shot)</td>
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<td></td>
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<tr>
<td>Pol' Shots (salk) by mouth (sabin)</td>
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<td></td>
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<tr>
<td>Measles vaccine</td>
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<td></td>
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<tr>
<td>German measles (Rubella) vaccine</td>
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<td></td>
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<tr>
<td>Mumps vaccine</td>
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<td></td>
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<tr>
<td>Tuberculin Test</td>
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<tr>
<td>Smallpox vaccination</td>
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<tr>
<td>Was he/she sick after any of the shots</td>
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7. Illnesses and Injuries

<table>
<thead>
<tr>
<th>Type</th>
<th>Age</th>
<th>Duration</th>
<th>Severity</th>
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<tbody>
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<td>a.</td>
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<td>b.</td>
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<td>g.</td>
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</table>

8. Does child have any allergies (food, medicines, pollen, dust, etc.)  Yes  No  If yes, describe reactions ____________________________

9. Medications:

<table>
<thead>
<tr>
<th>Type</th>
<th>Age</th>
<th>Duration</th>
<th>Child's Reaction</th>
</tr>
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<tbody>
<tr>
<td>a.</td>
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<tr>
<td>b.</td>
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<td>f.</td>
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</tbody>
</table>
10) Does your family have a history of:

- Visual defect
- Speech defect
- Hearing defect
- Cerebral Palsy
- Muscular Dystrophy
- Tuberculosis
- Muscular Weakness
- Epilepsy, Convulsions
- Heart trouble
- Diabetes
- Bronchial disorders
- Mental Illness
- Tumors
- Inherited Conditions
- Birth Defects
- Other

If yes to any of the above, describe & name relationship to child

V EDUCATIONAL HISTORY:

1. List schools and type of educational placement the child has attended and years in each grade (include nursery school & kindergarten)

2. How do you feel problems started?

3. What do you think are your child's major problems?

4. What do you think your child does best?

5. In what areas do you feel you need help?

- Medical evaluations
- Child's care at home
- Adjustment of the child
- Planning for long-term care
- Planning for education
- Other (Specify)

   NO   YES
   NO   YES
   NO   YES
   NO   YES

6. What do you think should be done about these problems?

   Does your husband/wife agree?
Instructions: Circle the number of the one statement that best fits your child:

On what educational level do you think from your observation experience?

Reading:
1. Reads and comprehends newspapers and/or simple stories
2. Reads and comprehends simple sentences and/or instructions
3. Recognizes practical words and signs ("Stop!", "Exit", "Men", etc.)
4. Can identify most letters of the alphabet
5. Can identify few or no letters of the alphabet
6. Recognizes some trademarks or signs (e.g., cereal packages)
7. Does not recognize any signs or symbols
0 Unknown

Writing:
1. Writes sensible and understandable letters
2. Writes short notes or sentences
3. Writes or prints ten words
4. Writes or prints own name, few words
5. Prints or writes letters of the alphabet
6. Cannot print or write any letters of alphabet
0 Unknown

Number Concept:
1. Counts thirty or more objects
2. Mechanically counts ten objects
3. Handles "number situations" up to four (including "taking away")
4. Discriminates between "one" and "many" or "a lot"
5. Has no understanding of numbers
0 Unknown

Arithmetic Skills:
1. Can add and subtract simple fractions
2. Can multiply and/or divide simple numbers
3. Can and/or subtract simple numbers
4. Can recognize numbers
5. Cannot recognize numbers
0 Unknown
VI. SOCIAL FUNCTIONING:

1. Describe child's favorite activity and approximate time spent on it per day: ____________________________

2. Describe child's relationship with:
   - Parents ____________________________
   - Other adults ____________________________
   - Brothers & sisters ____________________________
   - Other children ____________________________

3. How does child play with other children in neighborhood? ____________________________

4. Does child play with friends his age? Yes ____ No ____ If no, are his friends older or younger? ____________________________

5. Does child wait for children to come to his house or does he go out to seek the company of others? ____________________________

6. Does child play with one or two "best friends"? ____________________________

7. Name child's favorite TV programs ____________________________

8. Does child have nightmares?
   - nearly every night ____________________________
   - once per week ____________________________
   - once per month ____________________________
   - less frequently ____________________________

   When this happens, can child get back to sleep or does he remain upset? ____________________________

9. Does child share bedroom with other persons? Yes ____ No ____ Relationship ____________________________

10. How does your child respond to learning? ____________________________

11. What activities does your family do together? ____________________________
11. Has the child had any experiences away from home or family—overnights or longer? 

12. Does the child have any trouble riding in school busses and cars? Yes ___ No ___ 
   If yes, describe ___________________________

13. Family stresses of which you are aware: ____________________________

14. What frustrates the child? ____________________________

15. What things frighten the child? ____________________________

16. With which parent does the child best relate when "something goes wrong"? 

17. Describe how discipline is handled in the home by each adult? 
   Mother ____________________________________
   Father ____________________________________
   Other ____________________________________

18. Is your child aware of his/her handicap and if so, what is his or her attitude towards the problem? ____________________________

19. How does the family react to the child with the handicap? ____________________________
Instructions: Circle the number of the one statement that best fits your child:

Interactions with others:
1. Interacts cooperatively and/or competitively with others
2. Interacts with others for at least short periods of time e.g., showing or offering toys, clothing or objects
3. Interacts with others imitatively with little interaction
4. Is completely unresponsive to others
0 Unknown

Participation in group activities:
1. Initiates group activities (leader and organizer)
2. Participates in group activities spontaneously and eagerly (active participant)
3. Participates in group activities if encouraged to do so (passive participant)
4. Does not participate in group activities
0 Unknown

Responsibility:
Very conscientious and assumes much responsibility, makes a special effort; the activity will always be performed.
2. Usually dependable - makes an effort to carry out responsibility; one can be reasonably certain that the activity will be performed.
3. Unreliable - makes little effort to carry out responsibility; one is uncertain that the activity will be performed.
4. Not given responsibility - is unable to carry out responsibility at all.
0 Unknown

Initiative:
1. Prefers to select his own activities if permitted
2. Asks if there is an activity for him to do
3. Sits all day if not directed to do an activity
4. Will not do any assigned activity
0 Unknown

Time Concept:
1. Associates time with various actions and events
2. Understands relationship between day, week and month
3. Understands time intervals, e.g., between "3:30" and "4:30"
4. Can tell time by clock correctly
5. Discriminates between day and night
6. Has no concept of time
0 Unknown
Money Handling:
1. Is able to use banking facilities
2. Makes change correctly, but does not use banking facilities
3. Adds coins of various denominations, up to one dollar
4. Uses money, but does not make change correctly
5. Realizes money has value, but does not use money
6. Has no idea of the value of money
0 Unknown

Errands:
1. Can go to several shops and specify different items
2. Can go to one shop and specify one item
3. Can be sent on an errand for simple purchasing without a note
4. Can be sent on an errand for simple purchasing with a note
5. Cannot be sent on errands
0 Unknown

Dressing Ability:
1. Dresses self completely
2. Requires little assistance
3. Requires much assistance
4. Must be completely dressed
0 Unknown

Grooming:
1. Keeps self clean when reminded to do so
2. Needs assistance to keep self clean
3. Must be kept clean by others
0 Unknown

Type of Behavior:

Physical violence - Attacks other individuals
1. Yes
2. No
0 Unknown
Spec of Behavior:

Physical violence - Self-destructive
1. Yes
2. No
0 Unknown

Physical violence - Destroys property
1. Yes
2. No
0 Unknown

Hyperactive - Constantly talking and/or in motion
1. Yes
2. No
0 Unknown

Withdrawn - Sometimes seems unaware of surroundings
1. Yes
2. No
0 Unknown

18. Will you become involved with the child's program? (Attend meetings, conferences, be available for discussions)

19. Please list all physicians, therapists, specialists, special schools, psychologists or other agencies who have worked with the child:

20. What have they told you about your child's problems?

21. Suggestions on what you were told--Did you follow through on the suggestions?

If not, why?

(Parent's Signature)
REQUEST OF INFORMATION

Date:

To: ______________________________________

______________________________

Dear __________________________: 

Please release the following information: __________________________

______________________________

to ____________________________, (Title) __________________________ of

The Montgomery County Intermediate Unit for my child __________________________.

Thank you,

______________________________

(Signature)

______________________________

(Relationship)

cc: Custodian of Records

Montgomery County Intermediate Unit
REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA - PSYCHOLOGICAL EVALUATION

Date:

Dear

Your child, __________________________________________________________ has been referred for a psychological evaluation by __________________________. The reason for this referral is: __________________________________________________________

This evaluation will be provided by a Certified School Psychologist of the Montgomery County Intermediate Unit, and the results of this evaluation will be discussed with you upon completion of the evaluation. This evaluation will be performed at your child's school during school hours and the results of this evaluation will be maintained in confidence and shared only with appropriate, authorized school personnel.

To accomplish this evaluation one or more of the following techniques will be used:

________________________________________________________________________

________________________________________________________________________

On the form below, please check the appropriate line indicating your approval or disapproval of this evaluation and return this form in the enclosed envelope. Should you have any questions or comments, please feel free to contact me at 539-8550.

(Signature) _____________________________________________________________

>Title) ________________________________________________________________

Dear

I hereby grant permission for the psychological evaluation as indicated above.

I hereby deny permission for the psychological evaluation as indicated above.

Signature of Parent(s) or Guardian(s) ________________________________________

Date ___________________________________________________________________
APPENDIX J

SUMMARY OF PSYCHOLOGICAL SERVICES ACTIVITIES
<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>DATE OF INFORMATION</th>
<th>DATE VISITED</th>
<th>SOURCE</th>
<th>PSYCHOLOGICAL</th>
<th>OTHER TESTS</th>
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<td>MH/MR Association</td>
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APPENDIX K

HEARING IMPAIRED CLASS:
START-OF-YEAR PLAN SENT
BY MRS. McBRIDE TO DR. LEISS
Proposal for Title VI - 1975-76
Pre-school hearing impaired children

Participants:

1. A. B.
1. R. R.
1. R. Rl.
1. W. B.
2. H. C.
2. P. K.
2. C. L.
2. D. R.

Gynwynd Mercy Nursery School - Hobbit House
Montgomery County School for Children with Impaired Hearing
Group number 1 will go to Gynwynd Mercy three mornings a week
and Monco school two afternoons a week
Group number 2 will go to Gynwynd Mercy two mornings a week
and to Monco school three afternoons a week

Teacher: Mrs. Caroline Dunning - teacher of the deaf and speech therapist

Transportation by parents

If Mrs. Dunning will attend Bloomsburg during the summer we
could apply for the Elfa system for this class and give it a
try out. Ginny Speaker is going to use it with her pre-school
children.

Finance: We would take out four tuitions for the Gynwynd Mercy
nursery school. Ruth Kane says that then the 8 children
may attend. They have reserved five places for us so
we should let them know as soon as possible in all
fairness to them.

Problem: We have at least two children will who will need our
services. D. McA. will attend Raven Hill but
services will be requested for her in the afternoon.
K. G. barely two, will need services in the
home. Is there any way that an itinerant can fit
these children into their schedule? A. B. would
like to attend another nursery school and come to us
the two afternoons a week. Is this possible?

Rationale for this plan:
These children need to be integrated into a regular school for
language stimulation and a natural environment however they need
teaching from someone who is trained to develop their skills. If
our teacher goes to the nursery school and then reinforces what
is presented there back at our school, I feel we have the best
of all things going for us. The mothers will participate as a
teacher's aide at Monco to learn language expansion. Each will take a rotating turn. There will also be a parent training class which will include group therapy by Linda Rowen, beginning signs or intermediate as the group needs dictate and a continuation of the educational model.

Inservice speakers: I would like to plan more ahead so that we can get the very best available. We must write Mrs. Grammatico in California now if we want her next spring. I will do this subject to your approval.

Jane McBride
Proposal for a pre-school program 1975-1976 which would be funded by a continuation of the Title 6 grant in effect this year.

Children involved: Age 3-4
D. R.
H. C.
P. K.
D. McA.
A. B.
W. B.
R. R.
R. Ri.

Alternative number 1
Mrs. Ruth Kane who directs the Gynwynd Mercy College nursery school is willing to take 5 of these children and integrate them with 22 of her children with normal hearing. She feels that this would be a learning experience for her pupils and would enhance the program. If we did this we would have to supply a teacher who could use sign language with these babies and serve as a resource person to the classroom teachers.

Time: half day program
Cost: $300 tuition for each child
Our teacher's salary five days a week
Afternoon: Our teacher would visit the homes of the rest of her caseload and carry out the program that is in effect this year.

Comment:
There are contradictions in this field as to the value of placing a hard of hearing child in an integrated situation so early in life. The oralists believe that this is essential to his development as he has the opportunity to be with hearing children, be "bathed" in language stimulation, and learns from the beginning to interact with children regardless of his handicap. The total people believe that this approach should be used in an environment which can make the most of the child's deficits at this critical period of time and the child can receive more individual attention. I happen to be in the middle again and would favor the integrated situation as my first choice if we had our own teacher in with the children. To my knowledge this has not been done before and I find it exciting to think that a school wants us to be a part of their program. This is a rare happening.

We would have to be ready to begin in the fall as Mrs. Kane would need to know if her school is full and the mothers are looking all over for appropriate places for their children and are in a state of panic. Do we have any assurance that this program will continue or will we have to go through what we did last year?

Alternative number 2
As we have so many children the same age we could have a nursery school at Lansdale. There will be only four classes next year so that there
will be available space. In this way we can also make use of the therapists for auditory training if this can be arranged. If this plan is put into effect then we could have two sessions, morning and afternoon, and have four children in each group. I know that there is a child named Bobby Coady in PSD who would also belong in this group. Perhaps there are more that we haven't heard of as yet.

Time: 9:30-11:30 and 12:30 - 3:30 - older children in the pm
Cost: Teacher five days a week (we had a beautiful girl apply who is graduating from Gallaudet in their pre-school. I don't know if Ann is interested in another year.

Comment: I think in terms of making use of our facilities, having available supervision and team work and in administration this would be a good solution to our problems. However I would be sorry to give the idea of an integrated environment up as it is an exciting idea. I wonder if it would be possible to invite small groups from Gynwynd Mercy perhaps once or twice a week to visit us or vica versa so that this concept of interaction with children with normal hearing could be carried out.

If I understand Buz correctly it is possible for you to write me into your grant. I would appreciate this as it would give me the opportunity to visit other pre-school programs if we heard that one of them was exceptional and worth learning from. I would also like to pursue the parent training models as I really think ours has made a major contribution to the mothers who have participated in it. I would like to expand some parts of it and investigate other avenues which could make it even better. I hope that through our successes and failures that other groups which are beginning in other exceptionalities can benefit and make use of what we have done.
APPENDIX L

PARENT TRAINING WORKSHOPS
MONTGOMERY COUNTY INTERMEDIATE UNIT
SPEECH, LANGUAGE, AND HEARING PROGRAM

Parent Workshop
Speech and Language Development
in the Pre-School Years

Abington School District

Hamilton Avenue - April 22, 29, May 6; 9:00-11:00; 5 parents
- principal greeted parents at first session
- babysitting provided
- Programmed Instruction Center used
  - too divided up by book shelves and equipment
  - could hardly arrange the room for 5 people to see the speaker and the screen
  - students were using the room while the workshop was in session (very distracting)
- cafeteria prepared coffee and tea

Willow Hill - April 22, 29, May 6; 1:00-3:00; 17 parents
- principal never appeared at a session
- babysitting provided
- art room used
  - adequate
  - not set up ahead of time
- cafeteria prepared coffee and tea

Ardsley - April 23, 30, May 7; 9:00-11:00; 9 parents
- curriculum specialist sat in first session for approximately 15 minutes
- babysitting provided
- teachers' lunchroom used
  - adequate for the small number attending
  - already set up with tables
  - inconvenient since it was impossible to have materials and equipment put away before teachers arrived for lunch
- had to take and prepare own coffee and tea

North Hills - April 23, 30, May 7; 1:00-3:00; 8 parents
- principal never greeted parents or attended a session
- no babysitting provided (several children at all three sessions which were very distracting)
- library used - adequate
- had to take and prepare own coffee and tea
Upper Moreland School District

Round Meadow Center - April 26, May 3, 10; 9:30-11:30; 26 parents
1:00-3:00; 12 parents
- no one from the administration, the center, or any of the principals greeted the parents or attended a session
- no babysitting provided (several children at most sessions)
- all purpose room used
  - old and depressing (ceiling tiles falling)
  - room not able to be darkened for slides and movie because of broken canvas awnings
- no flexibility (stationary lunchroom tables)
- never set up ahead of time (had to help custodian carry table from first floor to lower level; almost had to beg him to set up chairs, drop the awning that wasn't broken, set up the screen, etc.; he handed me the dust cloth to clean the 40 dirty chairs)
- had to take and prepare own coffee and tea

Perkiomen Valley School District

Collegeville-Trappe - May 4, 11, 18; 9:30-11:30; 7 parents
- district assistant superintendent and two building principals greeted parents and attended half of the first session
- babysitting planned but materialized for only one session (absolute bedlam during session two)
- large audio-visual room used
  - very good facilities
  - always set up ahead of time
- coffee, tea, and cookies provided by cafeteria

Springfield School District

Erdenheim - May 12, 19, 26; 9:30-11:00; 30 parents
- district director of special education attended all three sessions
- district superintendent attended session two
- district assistant superintendent and building principal attended session three
- babysitting provided
- art room used - adequate except for the small desks and chairs
- had to take and prepare own coffee and tea
APPÉNDIX M

COMPUTER PLANS FOR
CHILD TRACKING SYSTEM
The Title VI Federal Project Number 48-0502:460-380, "Initiation of Services to Handicapped Children Not Previously Served", needs to construct a Computer Tracking System for student data. Exploratory efforts in this direction have already been discussed in connection with the general computer data bank for the school-age children who are currently enrolled in Intermediate Unit classes. This proposal is for the purpose of producing specialized listings to accommodate types of data that are not normally part of the already existing computer data bank system. This proposal will discuss both the data bank content and the utility listing programs that are needed for administrative feedback to this federal project.

**Data Bank Content:** The types of data that are needed to manage the services given to previously unserved children in this project, are similar to what has already been placed into the existing computer data bank in connection with the school-age children. However, there are a number of other pieces of information that must be incorporated to render the computer system storage and retrieval useful to the project. At the point of initial contact with the child, a series of data is accumulated on a "Locator/Identifier Form". This form is attached as Appendix A to this proposal. Apart from the material contained in that appendix, additional types of information are needed. The extra data focuses around several major steps in processing the child from initial identification through ultimate placement: (1) initial parent contact to get developmental history, (2) meeting with project psychologist to decide upon evaluations, (3) mailing of consent forms for testing, (4) determining of final evaluation dates, (5) formal observation of child and talks with parent and other educational staff, (6) actual testing, (7) feedback conference of
project psychologist with parents, (8) discussion of test results with case manager by project psychologist, and (9) discussion with parent by case manager of other available program and service options. With regard to any of the above nine major steps in the service cycle, the usual entries will be only a date and the person who completed the step. However, certain steps will also have additional numerical information arising out of them; for instance, the testing step will of course generate the usual type of testing data bank information already in the regular computer system of the Intermediate Unit; another example is the developmental history, which might contain certain types of quantifiable information which would go onto the computer data bank system.

With regard to the content of the federal project computer data bank, there appears to be at least two options to be dealt with. First, the existing regular Intermediate Unit computer data bank could be extended in structure to accommodate the additional information of the federal project (preferred option). Second, a totally separate data bank must be constructed for specific child tracking systems. If the former option is possible, then perhaps the bulk of the program writing could occur this spring (prior to June 30, 1976), but the actual merging of the two systems could be delayed till the summer (under the 1976-1977 budget year). The point of concern is to avoid disabling the current, general data bank operations for the sake of making last-minute changes during the 1975-1976 school year.

Utility Program Construction: Several items are desired. First, it is necessary that for preschool children in the data bank of the federal project, a listing be created for the district especially of their residential children who will be eligible to enter kindergarten in the coming school year. That is, this concerns children who will reach age 4.7 sometime during the kindergarten year, depending upon local school board policy. This listing probably should be generated so that it can be issued by January of a given school year to be in time for both logistical classroom planning and budgeting that might be necessary for the following year. Second, at the end of each school year, a listing of children who have gone
through each of the nine major steps listed above under "Content" should be generated. This listing would be produced only once a year and would allow on the one hand project administrators to see what additional steps must be scheduled for the child in question for the following year and on the other hand would allow them to see a summary of how many children have been rendered what type of service for annual reporting requirements. It would appear that this second listing should have two variations: (1) a sub-listing that would literally list for each step in the above nine-step sequence any child who had completed it (this would mean that a child could be listed under more than one step); (2) a sub-listing that would give only the highest step completed for each child so that their would be no duplication of names (namely, for purposes of scheduling of services for the coming year). Third, a printout of average turnaround times should be generated for the period between each two successive steps in the above nine-step sequence. (The dates would already be part of the tracking data bank). This information would be generated only once a year at the end of the year. The listing would provide us with a basis for asking that expansion of services occur so as to reduce certain levels of undesirable turn around time.

Apart from the once-a-year generation of listings, all utility programs must have the capability of on-demand generation at any point during the school year. The tracking system will eventually have to be extended up into the school-age holdings that currently are in the 1975-1976 version of the computer system.
**MONTGOMERY COUNTY INTERMEDIATE UNIT**  
**CHILD TRACKING SYSTEM**  
**LOCATOR/IDENTIFIER FORM**

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<td>Source(s) of Information</td>
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APPENDIX N

PARTIAL LISTING OF CHILDREN TRACKED INTO SYSTEM

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### SCHOOL DISTRICTS:

#### NORRISTOWN:

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<td>D'M. D</td>
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<td>Y. R.</td>
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<tr>
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APPENDIX O

AWARENESS BROCHURES USED TO REFER PARENTS OF PRESCHOOL CHILDREN TO APPROPRIATE SERVICE AGENCIES
medical eye care, designed to prevent blindness and alleviate eye conditions which could cause visual loss, can be made available on a financial needs basis.

Overbrook School for the Blind
64th Street and Malvern Avenue
Philadelphia, Pa. 19151
telephone: TR 7-0313

Overbrook operates a one-week summer nursery program, usually during the third week of June, for preschool blind children. This program is open, free of charge, to all residents of eastern Pennsylvania. Mother and child both reside at Overbrook for a one-week period, during which the mother is oriented to the problems of the visually handicapped and the child is evaluated and allowed to interact with other children.

Montgomery County Association for the Blind
704 West Marshall Street
Norristown, Pa. 19401
telephone: 272-7190

Services are directed at counselling and casework needs. In addition, MCAB distributes talking book machines to any qualified individuals.

How Can Parents Help?

- Accept the child's handicap, and do not avoid talking about blindness to him. Encourage him to express his feelings.
- Give clear instructions and be sure the child understands them, but do not excuse unacceptable behavior.
- Give him the basic security of knowing he is loved, worthwhile, and important. Provide him a secure place in the family.
- Keep the child interested in the world around him. Certain mannerisms ("blindisms") are sometimes found in the understimulated or bored child. Retreat into fancy, passivity, or over-activity are some of these. Constructive activity and involvement is the key.
- Encourage the child to make maximum use of whatever residual vision he has by giving him attractive materials, by providing comfortable lighting, and by initiating reasons for using sight that the child will understand.
- Try to help the child build a mental concept of his total and meaningful orientation to his surroundings.
- Allow the child to grow at his own rate without over- or under-stimulation. Comparisons with other sighted children concerning developmental milestones are always a little dangerous.
What Other Services Are Available?

The programs in your district are designed to provide educational programs that meet the needs of all children. The programs are designed to help children develop skills in areas such as reading, writing, and math. The programs are funded by state and federal grants, and are administered by local school districts. The programs are designed to be flexible, and can be tailored to meet the needs of individual students. The programs are designed to be inclusive, and are open to all children who meet the eligibility criteria.

What Other Services Are Offered?

The programs offered at your local school district include:

- Academic instruction
- Special education services
- Counseling services
- Social services
- Transportation services
- Extracurricular activities
- Parent involvement

In addition, the programs offer a variety of support services for students and families, including:

- Career guidance
- Health and wellness
- Mental health services
- Substance abuse prevention
- Parent-teacher conferences

The programs are designed to be responsive to the needs of all students, and are committed to providing high-quality education and support services. The programs are designed to be inclusive, and are open to all students who meet the eligibility criteria.

What Preschool Programs Are Offered?

The preschool programs offered at your local school district include:

- Full-day programs
- Half-day programs
- At-home programs
- Community-based programs

The programs are designed to be inclusive, and are open to all children who meet the eligibility criteria. The programs are designed to provide a variety of services, including:

- Early childhood education
- Special education services
- Counseling services
- Social services
- Transportation services

The programs are designed to be responsive to the needs of all children, and are committed to providing high-quality education and support services. The programs are designed to be inclusive, and are open to all children who meet the eligibility criteria.
Intermedate Unit Hearing

Services Upon Entering School

When your child reaches school age (4 years, 7 months), he will be eligible for Intermediate Unit special services. All districts located within Montgomery County can refer children with hearing impairments to the Intermediate Unit for evaluation. The district makes these referrals based upon a prior evaluation by an otologist and an audiologist to establish the nature of the impairment. Depending upon the severity of the hearing loss and the language skills of the child, either itinerant services (visitations to the local school by specially trained IU personnel) or a full-time classroom placement may be recommended to the referring district. If the Intermediate Unit does not have a program to meet the needs of a particular child, it considers other placements.

Additional diagnostics and therapy are provided by the Intermediate Unit during the summer. This includes a two-week diagnostic program for speech-, language-, or hearing-impaired children identified at kindergarten registration. If a speech, language, or hearing problem is suspected, parents who are registering a child for kindergarten should alert the registrar.

For further information concerning speech, language, and hearing services, contact:

Mr. Marshall H. Siegel
Assistant Director of Speech, Language, and Hearing Services
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

Montgomery County Intermediate Unit
Executive Director Dr. Dennis Harken
Director of Special Education Dr. Lester Mann
Project Director Dr. Robert H. Leiss

this project supported through title VI funds from public law 89-313


### Interim Services or Treatment

- **Impacted**: Hearing loss that may be treatable with the use or improvement of hearing aids.
- **Impaired**: Hearing loss that may be treatable with the use of a cochlear implant or other assistive device.
- **Severe**: Hearing loss that may be treatable with the use of a hearing aid and speech therapy.
- **Profound**: Hearing loss that may be treatable with the use of a cochlear implant and speech therapy.
- **Total deafness**: Hearing loss that may not be treatable with any form of hearing aid or cochlear implant.

### Early Identification

- **Birth to 3 months**: Early identification program, funded by the federal government, provides services to infants and toddlers with hearing loss or at risk for hearing loss.
- **3 to 5 years**: Early intervention program, funded by the state government, provides services to children who are deaf or hard of hearing.

### Language Assessment

- **Developmental Delay**: Delay in the acquisition of language skills.
- **Speech Delay**: Delay in the development of speech skills.
- **Language Impairment**: Impairment in the acquisition of language skills.
- **Speech Impairment**: Impairment in the production of speech sounds.

### Educational Services

- **Speech-Language Pathologist**: Provides services to children with hearing loss or language impairments.
- **Educational Audiologist**: Provides services to children with hearing loss or language impairments.
- **Special Education Teacher**: Provides services to children with hearing loss or language impairments.

### Specialized Services

- **Cleft Palate and Plastic Surgery Program**: Provides services to children with cleft palate.
- **Hearing Assistance Technology**: Provides services to children with hearing loss.
- **Speech Therapy**: Provides services to children with language impairments.

### Eligibility Criteria

- Children who are deaf or hard of hearing.
- Children who are eligible for services under Part B of IDEA.
- Children who meet the eligibility criteria for special education services.

### Program Components

- **Pre-Kindergarten Services**: Provides services to children under the age of 3.
- **Kindergarten Services**: Provides services to children in kindergarten.
- **Elementary Schools**: Provides services to children in grades 1-5.
- **Middle Schools**: Provides services to children in grades 6-8.
- **High Schools**: Provides services to children in grades 9-12.

### Referral Process

- **Referral**: Referral for services is made by professionals such as audiologists, otolaryngologists, or special education teachers.
- **Assessment**: Assessment of the child's hearing and communication skills.
- **Eligibility Determination**: Determination of eligibility for special education services.
- **Individualized Education Program (IEP)**: Development of an IEP for the child.

### Funding

- **Federal Funding**: Funding for early intervention programs is provided by the federal government.
- **State Funding**: Funding for special education services is provided by the state government.
- **Local Funding**: Funding for special education services is provided by local school districts.

### Core Services

- **Hearing Evaluation**: Assessment of the child's hearing.
- **Speech and Language Evaluation**: Assessment of the child's speech and language skills.
- **Individualized Education Program (IEP)**: Development of an IEP for the child.
- **Special Education Services**: Services provided to the child in the least restrictive environment.

### Additional Services

- **Counseling Services**: Services provided to the child and family.
- **Occupational Therapy**: Services provided to the child in the area of self-care.
- **Physical Therapy**: Services provided to the child in the area of mobility.
- **Rehabilitation Services**: Services provided to the child in the area of rehabilitation.

### Success Factors

- Early identification and intervention.
- Consistent and high-quality services.
- Collaboration among professionals.
- Family involvement.

### Challenges

- Limited access to services.
- Transportation difficulties.
- Funding constraints.

### Future Directions

- Increased funding for early intervention programs.
- Development of more effective interventions.
- Increased recognition of the importance of early identification.
What Services Does the Intermediate Unit Offer?

Essentially, while the local school district has the responsibility to see that each physically handicapped child secures a program of education and training appropriate to his needs, some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding their child should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor or the Director of Special Pupil Services in your local school district.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the Director of Special Pupil Services in your local school district. If you need further information, contact:

Mr. Peter Boardman
Assistant Director of Special Education
Montgomery County Intermediate Unit
1630 West Marshall Street
Norristown, Pa. 19401
telephone: 539-8550

The Physically Handicapped Program: The Intermediate Unit operates six classes for PH children at the Montgomery County School for Physically Handicapped Children in Norristown. Students range in age from 5 through 21 years and are referred to the program through their local school district with psychological and medical evaluation.

The program aims to provide an education suited to each individual level of intellectual functioning, at the same time considering the child's social and emotional needs and helping him to become as independent as possible. Depending upon the individual, the program's goal is to return the child to a general education program in his local school district. When a child is returned to his district, consultation establishes an appropriate educational program.

During the PH program each student receives services individualized to meet his educational and emotional needs. In addition, physical, occupational, and speech therapies are provided in order to successfully accommodate the student in the classroom setting. Throughout the child's enrollment, ongoing evaluations measure his progress and aid in educational programming. Parents of the students are given opportunities throughout the school year to meet with teachers and discuss their child's program, as well as other concerns.
Children

Impairments in Preschool

Signs and Symptoms of Physical Handicap

...
Child Welfare Services provides, free of charge, information, screening, and referral for all children under 18 living in the County. They can put you in touch with the proper agencies and programs.

What Services Does the Intermediate Unit Offer?

Essentially, the local school district has the responsibility to see that each MR child—EMR, TMR, or PMR—securities a program of education and training appropriate to his needs, and some of these services are provided by the Intermediate Unit. If the child is in school, parents who have questions regarding his program should contact the teacher who works directly with the child. However, if you need additional information, contact the program supervisor of the Director of Special Pupil Services in your local school district.

If you have questions or concerns about finding an appropriate preschool program for your child, contact the Director of Special Pupil Services in your local school district.

The Educable Mentally Retarded Program: Although the Intermediate Unit does not directly operate programs for EMR children, it does provide a variety of services to the local school districts, where the programs are run. The school psychologist makes the classification of handicap, then determines the most appropriate educational program on the basis of recommendations. As in all MR programs, the process by which referral and class placement is made is sequenced and mandated by Right to Education procedures.

The EMR curriculum is geared toward giving the child daily living skills. These include reading with a certain degree of skill and doing the math required for everyday, commonplace calculations—knowing something about coins and currency, banking, simple fractions, decimals, ratios, as well as addition, subtraction, multiplication, division. The program seeks out the survival skills and, with continuity, attempts to teach these in developmental fashion.

The program’s ultimate goal is the employment of the student in the community; thus, the vocational aspect is made consciously prominent from Kindergarten on. While most students eventually find unskilled or semi-skilled jobs, occasionally some will have a particular flair for, say, auto mechanics and find their way into highly skilled work. Vocational-technical programs, largely nonverbal and hands-on oriented, are designed for such students. All students are given the minimum academic requirements for pursuing and getting a job, as well as attitudes toward work and social skills—getting along with others, taking direction and criticism, growing on the job. These are part of the curriculum from the time the child is six and identified as an EMR youngster.

The Traiuble Mentally Retarded Program: While many services to TMR children are district-operated programs, in many cases they are conducted with Intermediate Unit supervision. Besides the 15 classes for TMR children which it operates throughout the County, the Intermediate Unit provides, when requested, consultative and supervisory services to the local school districts’ TMR classes.

In order to help the TMR child function semi-independently or independently on a socially acceptable level, the program teaches self-care, communication skills, basic academic skills, and family living skills. In addition, wherever possible it includes prevocational and vocational skills. Inherent special education services, such as speech and vision therapies, are also provided when necessary.

The Severely and Profoundly Mentally Retarded Program: Generally with PMR children, many physical and emotional problems coexist. In order to treat these children most effectively, the Intermediate Unit tries to break its PMR classes into subgroups, recognizing the presence of multiple handicaps. Children are grouped for instruction based on their common needs, and the emphasis of each child’s program depends on the severity of his retardation. The general educational goal of the program is to reduce the amount of dependency in the individual. Yet most PMR children will probably have to remain in a protected setting throughout their lives.
What Services are Available for Preschool Retarded Children?

Children who are considered mentally retarded have a slower than average rate of development. This includes problems in learning self-care skills, but their behavior is usually no different from that of other children of their chronological age. The Signs and Symptoms of Mental Retardation in Preschool Children...
order to participate in educational planning for their
child and broaden their understanding of his learning
problems.
If you have questions or concerns about finding an
appropriate preschool program for your child, con-
tact the Director of Special Pupil Services in
your local school district. If you need further
information, contact Mrs. Nancy Anderson
Assistant Director of Special Education
Montgomery County Intermediate Unit
1605B West Main Street
Norristown, Pa. 19401
telephone: 539-8550

What Services Does the Inter-
mEDIATE Unit Offer?

After your child enters school, he will be eligible
to transfer into the ED program, whose goals are to
provide supportive services and an individualized
educational program for each child, according to his
need, as well as support to parents. All children who may
be eligible are referred by their local school district after a complete psycho-
logical and educational evaluation. Psychologists and
psychiatrists evaluate and monitor their progress; social
workers maintain a liaison between school and
family; and itinerant masters teachers and other
specialists work continually with teachers, small
groups of students, and individual students.

In general, the ED program aims to help the child
acquire an understanding of himself and his world,
and to prepare him for the world of work. Psychologically, the ED
program helps the child to acquire pride and confidence in himself, a measure
of adaptability in adjusting to stress or difficulty, and
a positive response to others. Academically, the ED
program stresses language arts and mathematics. The children are integrated into regular classes when the students are
capable of handling them in regular classes. All students are
eligible to receive the same specialized services in
music, art, and physical education as students in
regular classes, though in certain cases the Inter-
mEDIATE Unit special teacher provides the program in
these areas. Parents are asked to attend group
meetings and individual conferences with the staff.
Emotionally Disturbed?

Defining these kinds of behavioral disabilities is complicated by the great number of factors that can influence and determine a child's behavior.

What Children Are Socially and Emotionally Disturbed

Children are emotionally disturbed (ED) when they are emotionally disturbed, this brochure, prepared by the Community Counseling Services, is designed to provide parents with information about emotional disturbance.

Emotionally disturbed school-age children are those children who, because of mental illness or emotional disturbance, are unable to negotiate the activities of their daily life.

Emotionally disturbed preschool children, it offers a wealth of information, concerning the intermediate unit, that is especially difficult for the intermediate unit to understand the realities of his own reactions to life situations.

What Services Are Available for Preschool ED Children?

Many emotionally disturbed preschool children are unresponsive to their peers and adults, they may find it personally painful to interact with the proper agencies and programs. They can ask you in the County, under the auspices of the Community Counseling Services, to discuss your needs and get you professional help in diagnosing your child's condition.

Another Montgomery Plaza

Montgomery County Court House

Montgomery County Comprehensive Day Care Program

Contact the nearest Base Service Unit (BSU) of the County's Mental Health/Mental Retardation Program for direct help, counseling, therapy, or guidance. The BSU will study your needs, help provide financial support if necessary, conduct a diagnosis, and make appropriate referral.

Parents on the lookout for the following symptoms.

Emotionally disturbed children are those children who, because of mental illness or emotional disturbance, are unable to negotiate the activities of their daily life.

What are the Signs and Symptoms?

Parents on the lookout for the following symptoms.

A large number of "normal" children behave in ways common to ED children (gloomy fearfulness, withdrawal, from aggressive destruction to morbid withdrawal, and, therefore, benefiting more from placement in a special classroom.

Parents on the lookout for the following symptoms.

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ates for either program are referred by their local school district. Goals of the BI program include working with the child's behavioral and emotional problems, as well as improving his academic skills. BI children often require extended, intensive help. The goal of the LD program is to improve the child's academic skills to the point where he may be reintegrated into the regular classroom setting. The LD program generally lasts two years for each child, after which he returns to his regular class, hopefully on a full-time basis. While some children continue to need support, the LD program has achieved its goal with a large majority of its students.

Before he enters a BI/LD class, the child is given a neurological examination and is evaluated psychologically and educationally in order to plan his program. Throughout his enrollment, his progress is measured and followed up. Each child's program is individualized to meet his needs according to two models: 1) Self-contained classes provide intensive instruction in reading, mathematics, spelling, handwriting, and language skills (social studies and science too in BI classes) for the full day, but children go out to regular classes for music, art, gymnastics, and library study. 2) Mildly handicapped children are assigned to a regular classroom but come to the BI/LD resource room at specific times for special training. Parents are asked to attend evening sessions conducted by the program staff in order to participate in educational planning for their child and broaden their understanding of his learning problems.

If you have questions or concerns about finding an appropriate preschool program for your child, contact first the Director of Special Pupil Services in your local school district. If you need further information, contact:

Dr. Libby Goodman
Special Education Center
Montgomery County Intermediate Unit
1605-B West Main Street
Norristown, Pa. 19401
telephone: 539-8550
Learning Disabilities

When Are the Signs and Symptoms Present?

Children with learning disabilities can present signs and symptoms at any age. However, most signs and symptoms become apparent as children enter school. Some common signs and symptoms include:

1. Difficulty with reading, writing, or math
2. Trouble remembering directions or following instructions
3. Poor handwriting and fine motor skills
4. Difficulty staying focused orundistracted
5. Difficulty with math facts or number combinations
6. Difficulty with spelling and vocabulary
7. Slow processing speed
8. Difficulty with working memory
9. Difficulty with long-term memory
10. Difficulty with executive function

If you suspect that your child has learning disabilities, it's important to seek professional help. Early identification and intervention can make a significant difference in a child's academic and social development.
APPENDIX P

INFORMATIONAL RELEASE PROVIDED
TO A STATE AGENCY
April 14, 1976

Mr. Carl Thornton
Federal Projects Advisor
Division of Special Education
Box 911
Harrisburg, Pa.  17126

Dear Mr. Thornton:

To keep you fully apprised of what is happening on the Title VI Project No. 48-05023-46-380, "Initiation of Services to Children Not Previously Served," I am enclosing a release provided recently to a Harrisburg agency. The enclosed information release of March 17, 1976, provides you with a brief picture of what has occurred on the project during the year.

If you have any questions, please contact me or Dr. Leiss.

Sincerely,

Barton B. Proger

Barton B. Proger, Ed.D.
Coordinator of Federal Projects in Special Education

BBP/mcm
Enclosure
cc:  Dr. Mann
     Dr. Leiss
     Mrs. Simons
March 17, 1976

Mr. Neale Clark, Information Coordinator
Developmental Disabilities Council
2101 North Front Street, Building 4
Harrisburg, Pennsylvania 17110

Dear Mr. Clark:

The information which you requested on the Montgomery County Intermediate Unit's Title VI program is attached. Could you please send a copy of the release that will include the program description?

Thank you.

Sincerely,

Leslie A. Gerhard
Leslie A. Gerhard (Mrs.)
Information Manager, Title VI

LAG/cs
Attachment
PROJECT FOR SERVICES TO HANDICAPPED CHILDREN
NOT PREVIOUSLY SERVED
MONTGOMERY COUNTY INTERMEDIATE UNIT, TITLE VI

Historically, the school districts and Intermediate Units in Pennsylvania have provided only minimal services for preschool handicapped children due to a lack of sufficient funding. In recognition of the needs of the unserved and underserved handicapped children in Pennsylvania, the Pennsylvania Department of Education provided federal funds to develop appropriate educational programs and services. In the Montgomery County Intermediate Unit, Title VI funds were utilized to develop a project for the identification, tracking, and provision of programs and/or services to preschool handicapped children.

The purpose of the identification process is to locate children in the county who are in need of special education services. Identification of the preschool handicapped children is being accomplished in many ways: advertising, visitations, mailing of information, requesting census information from the school districts, and checking the Intermediate Unit's files. In particular, public service announcements were submitted to six television stations and nine radio stations. The school districts were contacted to identify any preschool handicapped children known to them either through the annual census or through private school placement. The Intermediate Unit's files for private school placement were also checked for preschool children. Hospitals were visited to introduce the project to those professional people who are a resource of information to parents who suspect a handicapping problem in their children. The area Mental Health/Mental Retardation centers and the Montgomery Association for Retarded Citizens (MARC) were also visited. Brochures describing the project were mailed to all physicians in Montgomery County through the aid of the Medical Society. Osteopathic doctors were included in the mailing. Parents of handicapped children already in preschool programs were informed of additional services by the project staff members.

After the children have been identified, the parents are contacted in order to place the children on a tracking system. The tracking system includes contact by the information manager to secure basic information such as a child's full name, birth date, school district of residence, parents or legal guardians, address and telephone number. The information manager then makes an appointment for the case manager to visit the parents to complete a developmental history. The tracking system is a means of keeping all the information in a child's folder up-to-date until the child reaches his twenty-first birthday, so that the best possible educational services are being provided. The tracking system will eventually be included on a computerized system to facilitate the vast amount of information that has been gathered.
Upon completion of identification and placement upon the tracking system, further services are made available to the parents of the child. To assist in providing such services, the information collected on a particular child is discussed with the staff psychologist. If warranted, the psychologist performs a detailed evaluation. The psychologist will discuss the results of the evaluations with the parents and advise them as to which programs available within the county would best serve the child's needs. Placement is considered first at the local school district level and then referred at the Intermediate Unit level. If this is not possible, noneducational agencies or state-approved private schools are contacted. Only if all efforts in the above areas are not successful will referral be directed toward private schools.

The efforts in identification, tracking, and providing programs and/or services have been successful. Thus far a total of 135 preschool handicapped children have been identified. Of these, seventeen were contacted through the advertising and are a priority for services, as they had not been previously identified nor included in programs. The total number is increasing daily through the cooperation of various preschool organizations. Identification information is included in the tracking system. The information from the evaluations and programs or services suggested for each child is kept with his/her file for continual follow-through and to insure that each child is receiving maximum benefits from the project.
APPENDIX Q

SURVEY OF RELATED SERVICES
AND PROGRAMS WITHIN
MONTGOMERY COUNTY
1) What types of exceptional children do you serve?
   - Educable Mentally Retarded
   - Trainable Mentally Retarded
   - Severely/Profoundly Mentally Retarded
   - Socially & Emotionally Disturbed
   - Physically Handicapped
   - Brain Injured (L.D.)
   - Hearing Impaired
   - Visually Impaired
   - Speech & Language Impaired
   - Gifted
   - Other (Specify)

2) How do you have parental involvement in your program?

<table>
<thead>
<tr>
<th>(a) Type</th>
<th>(b) Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Weekly</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>Monthly</td>
</tr>
<tr>
<td>Individual</td>
<td>Yearly</td>
</tr>
<tr>
<td></td>
<td>As Needed</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>
3) Where do your referrals originate?
   Social Agencies
   Churches
   Hospitals
   Families
   Family Physician
   School
   Other

4) What kinds of professional services are offered by your Agency?
   Social Services
   Teacher Areas
   Physicians
   Psychiatrist
   Psychologist
   Hearing Specialist
   Vision Specialist
   Speech Pathologist
   P.T.
   O.T.
   Other

5) In what ways is the effectiveness of your program evaluated?
   Internal ___ By Whom ________________________________
   External ___ By Whom ________________________________

6) Source of program funds?
   Self Initiated Campaign
   State
   Federal
   Foundations
United Fund
Endowment
Parental Resources
Other

(a) What are the costs to parents?

7) Do you have a day program?
   Yes _____ No _____

8) If you have a residential program, what is the staff/child ratio?
   What are the costs to parents?

9) What types of information are required for a referral?
   Psychological Report _____
   Psychiatric Report _____
   Social History _____
   Medical _____
   Other _____
   (a) Does the agency do the work-up? Yes _____ No _____
   (b) If no, who does? ________________________________
   (c) How quickly can a child be evaluated? ____________
   (d) What are the costs to parents? _________________
   (e) How long does it take to get a child involved in the program?
      2 Weeks _____
      1 Month _____
      3 Months _____
      Other _____

10) What behaviors are expected of a child?
11) Are there any religious or racial requirements?
   Yes ____
   No ____
   Specify ________________________________

12) What are the age groups of children served?
   0 - 2 Years _____
   3 - 5 Years _____
   6 - 10 Years _____
   11 - 15 Years _____
   16 - 21 Years _____
   Over 21 Years _____

13) Who accepts calls for intake referrals?
   Name ________________________________

14) Does the intake person follow through with each placement referral?
   Yes _____
   No _____
   Name ________________________________

15) Suggestions or comments?
   (a) What suggestions could you offer for a tracking system?
   (b) What suggestions for a referral system?

OTHER COMMENTS:
APPENDIX R

RELATED SERVICE AGENCIES CONTACTED DURING AWARENESS CAMPAIGN AND LATER USED FOR INFORMATIONAL PURPOSES
## MONTGOMERY COUNTY INTERMEDIATE UNIT
### TITLE VI - RESOURCE AGENCIES

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>ADDRESS</th>
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| 1. Abington Hospital MH/MR Center | Abington, Pennsylvania  
1339 Sandy Street, Norristown, Pa. 19401 |
| 2. Catholic Social Service | 1100 Powell St., Norristown, Pa. 19401 |
| 3. Central Montgomery Day Care | 1100 Powell St., Norristown, Pa. 19401 |
| 4. Central Montgomery MH/MR Center | 1605 W. Main St., Norristown, Pa. 19401 |
| 5. Child Development Center | One Montgomery Plaza, Norristown 19401 |
| 7. Children's Aid Society | Trinity Lutheran Church, Main St. & Valley Forge Rd., Lansdale, Pa. 19446 |
| 8. Children's Developmental Training Program United Cerebral Palsy Association | One Children's Center, 34th St. and Civic Center Blvd., Phila., Pa. 19104 |
| 10. Community Day Care Association, Inc. | 5th Harry Street  
Conshohocken, Pa. 19428 |
25 Skippack Pike, Broad Axe, Pa. 19003 |
| 12. Day Care Association of Montgomery County | 19 S. Waterloo Rd., Devon, Pa. 19333  
Sproul Road, Springfield, Pa. 19064 |
| 13. The Devereux Foundation | ECCEP 612 Fayette Street  
Conshohocken, Pa. 19428 |
| 14. Don Guanella School | Elwyn, Pa. 19063  
Rt. 202, Box 314, Gwynedd Valley 19437 |
| 15. Early Childhood Consultation/ Education Project | 319 DeKalb St., Norristown, Pa. 19401  
Walnut Lane, Norristown, Pa. 19401 |
3 E. Lancaster Avenue, Ardmore, Pa. 19003 |
| 17. Happy Hill | 205 Krewson Terrace, Willow Grove, Pa. 19090 |
| 18. Health Welfare Council | |
| 19. Holland School | |
| 20. Jewish Family Service of Philadelphia | |
| 21. Lower Merion MH/MR Center | |
| 22. Lynch Home for Special Children | |
AGENCY

24. MARC Programs:
   Fawns Nursery School
   Infant Motivation Program
   Lambs Nursery School
   Twigs Nursery, St. Thomas Church

25. The Melmark School

26. Montgomery County Association for the Blind

27. Montgomery County Board of Assistance
    (Social Service Department)

28. Montgomery County Rehabilitation Center
    Easter Seal Treatment Center

29. Montgomery County School for
    Impaired-Hearing Children

30. Montgomery County State Health Centers

31. Montgomery Family Service
    (Family Services)

32. North Hills Day Care Center

33. Penn Foundation Nursery School

34. Pottstown Area MH/MR Center

35. Pottstown Day Care Center

36. Spring-Ford Area MH/MR Center

37. St. Christopher's Hospital
    (Handicapped Unit)

38. St. Edmond's Home for Crippled Children

39. St. Mary of Providence School

40. The Timothy School

41. The Visiting Nurse Association of
    Norristown & Vicinity

42. Ben Williams - Director of Vision Services
    Special Education Center

ADDRESS

750 N. Evans St., Pottstown, Pa. 19464
Camp Hill Rd. & Bethlehem Pike
Plymouth Valley Baptist Church,
705 Germantown Pike, Norristown 19401
Camp Hill Rd. & Bethlehem Pike,
Fort Washington, Pa.

Wayland Road, Berwyn, Pa. 19312

704 West Marshall St., Norristown 19401
506 West Marshall St., Norristown 19401

837 Sumneytown Pike
Lansdale, Pa. 19446

Gwynedd Mercy College

750 East Johnson Highway, Norristown 19401
One Plymouth Meeting, Room 600
Plymouth Meeting Mall
Plymouth Meeting, Pa. 19462

212 Girard Avenue, North Hills, Pa.

Lawn Avenue, Sellersville, Pa. 18960

1314 High St., Pottstown, Pa. 19464

Beech & Grant Sts., Pottstown 19464

594 Church St., Royersford, Pa. 19468

2603 N. 5th St., Philadelphia Pa.

320 S. Roberts Rd., Rosemont 19010

Elverson, Pennsylvania

625 Montgomery Avenue
Bryn Mawr, Pennsylvania 19010

1109 DeKalb St., Norristown, Pa. 19401

Montgomery County Intermediate Unit
1605-B West Main St., Norristown 19401
AGENCY

43. Wordsworth Academy
44. Child Day Care Center of the Main Line
45. Norristown Day Care Center
46. Jenkintown Day Nursery
47. Crestmont Day Care Center, Inc.
48. Ambler Day Care Center
49. Overbrook School for the Blind
50. Upsal Day School for Blind Children

ADDRESS

Pennsylvania Ave. & Camp Hill Road
Fort Washington, Pennsylvania 19034

36 Ardmore Avenue, Ardmore, Pa. 19003

Arch & Basin St., Norristown, Pa. 19401

Hilltop & Baeder Rd., Jenkintown, 19046

College Ave. & Walsh Road
Willow Grove, Pa. 19090

Church of the Messiah, Route 202
Gwynedd, Pa. 19436

6333 Malvern Avenue
Philadelphia, Pa. 19151

220 W. Upsal Street
Philadelphia, Pa. 19119