ABSTRACT

This is the final report of a project set up to: (1) design and implement a multidisciplinary model of a diagnostic/prescriptive remedial demonstration center for training professional personnel who work with children experiencing specific learning disabilities and to (2) develop effective diagnostic/prescriptive/remedial procedures which will be transferable regionally and nationally. Included are short sections on the strategies employed to bring about project goals. More than two thirds of the report consist of appendices, including a summary of activities: formal and informal diagnostic tests, summaries of program evaluations by parents, school teachers, case coordinators, and trainees, and the summary of the evaluation of program goals. (MS)
FOURTH QUARTERLY AND FINAL PROGRESS REPORT
to
HEALTH, EDUCATION, AND WELFARE
on
Contract No. OEC-300-74-9234
Establish and Maintain a Child
Service Demonstration Center for Children
With Learning Disabilities

by
Eugene Frederick Martin, Project Director
Mississippi State University
Mississippi State, Mississippi 39762

15 July 1976
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</tr>
<tr>
<td>Summary of Program Goals' Evaluation</td>
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INTRODUCTION

The second year of operation of the Child Service Demonstration Center at Mississippi State University is designed to maintain and develop the capacities of the facility, including the extension of its services to the entire State of Mississippi.

During the fourth quarter of this funding period 17 graduate students are receiving supervised training at the facility, 206 undergraduate and graduate students have thus far utilized the Center's facilities as part of related coursework, 31 professional and concerned persons have visited the Center, 4 children have received diagnostic/prescriptive services, 42 children are receiving diagnostic/prescriptive/remedial services. (See Appendix I for Summary of Activities). All but back-ordered videotape equipment has been received. Internal and external evaluation of the Center has been accomplished. The Technical Manual is in press. A newsletter describing the Center's progress has been sent to each member of the Advisory Council.
II
PROGRAM DEVELOPMENT

The goals of the project are:

1. To design and implement a multidisciplinary model of a diagnostic/prescriptive remedial demonstration center for training professional personnel who work with children experiencing specific learning disabilities...

2. to provide the development of effective diagnostic/prescriptive/remedial procedures that will be applicable and transferable regionally and nationally (p. 24, Section I, Original Proposal). The specific strategies and activities employed to reach these goals follow.

I. Strategy

To establish an environment that allows the appropriate supervision of trainees while exposed to a comprehensive range of specific learning disabled children (p. 22, Section I, Original Proposal).

A. Activities

1. The Mississippi State University facility will be remodeled to meet the needs of the proposed ... (p. 23, Section I, Original Proposal).
   a. Physical Plant, Mississippi State University, completed painting the exterior of the structure in May, 1976.

2. ...One of the rooms will be equipped with videotaping equipment to aid in the training of pre-and in-service personnel (p. 23, Section I, Original Proposal).
   a. All but two back-ordered videotape receivers have been delivered and installed.

II. Strategy

To give all trainees supervised practicum experiences in multidisciplinary staffings (p. 25, Section I, Original Proposal).
A. Activities

1. Each child referred to the Center will be educationally and psychologically evaluated by a team of 5 to 8 members, representing the different disciplines (p. 25, Section I, Original Proposal).
   a. The six graduate students enrolled in the course, Practicum: Diagnosis of Children with Learning Disabilities, during the summer semester, 1976, represent the areas of Educational Psychology, Special Education, and Elementary Education.

III. Strategy

To give each trainee supervised experiences in the administration, scoring, and interpretation of a wide variety of formal diagnostic instruments (p. 25, Section I, Original Proposal).

A. Activities

1. Each trainee will administer 1) physical screening instruments, 2) visual-motor tests, 3) standardized group achievement tests, 4) standardized individual achievement tests, 5) individualized psychological tests, 6) standardized subject matter tests in a continuously supervised setting (pp. 25-26, Section I, Original Proposal).
   a. Appendix II includes a list of the formal diagnostic instruments administered, scored, and interpreted by the diagnostic teams thus far in their training.

IV. Strategy

To give each trainee supervised experiences in the administration, scoring, and interpretation of a wide variety of informal diagnostic instruments. (p. 26, Section I, Original Proposal).

A. Activities

1. Each trainee will administer 1) conceptual sorting tests, 2) informal social-emotional inventories, 3) informal achievement tests, 4) interest and attitude scales (p. 26, Section I, Original Proposal).
a. Appendix III includes a list of the informal diagnostic instruments administered, scored, and interpreted by the diagnostic team thus far in their training.

V. Strategy

To provide each trainee with experiences leading to the formulation of prescriptive/remedial objectives that are appropriate for the individual strengths, weaknesses, and needs of each child evaluated at the Center (p. 28, Section I, Original Proposal).

A. Activities

1. Each trainee will be required to preview and evaluate the wide variety of commercially prepared remedial materials for the individual needs of his case (p. 28, Section I, Original Proposal).
   
a. An aim of the Center's diagnostic/prescriptive phase is to made prescriptions as practical as possible for schools. A section of school background information forms deals with the materials available within the referring school facility. The trainees are required to preview and evaluate these materials so that they can better plan usable prescriptions.

2. Each trainee will be required to demonstrate the correct use of a wide variety of commercially prepared remedial materials appropriate for the individual needs of his case (p. 28, Original Proposal).
   
a. Each trainee enrolled in the course, Practicum: Remediation of Learning Disabilities, is required to preview appropriate commercial materials to be used in his/her tutoring sessions. The use of these materials is videotaped during tutoring sessions and the trainee's effectiveness with them is evaluated by self and staff critique.

3. Each trainee will be required to develop teacher-made materials to meet the individual needs of his case if appropriate materials are not available.
commercially (p. 28, Original Proposal).

Approximately 60 per cent of the material used in the tutoring sessions is teacher-made.

VI. Strategy
To provide dissemination of successful diagnostic/prescriptive/remedial procedures to teachers, administrators, parents, and appropriate concerned personnel (p. 28, Section I, Original Proposal).

A. Activities
1. The Center staff will continue to represent the Child Service Demonstration Center at civic and professional meetings (p. 11, Section I, Second Year Proposal).
   a. The Center staff and four graduate assistants attended the Council for Exceptional Children conference in Chicago, Illinois, April 5-9, 1976.
   b. The Center staff attended the International Reading Association Conference in Anaheim, California, May 9-14, 1976. They spoke during a Symposium on "Mainstreaming the Exceptional Student in Reading ..." An outline of the program may be found in Appendix IV.

VII. Strategy
To evaluate the process and product of the Center's program.

A. Activities
The Center will record comments to behavioral rating scales by participating parents, referring schools, and trainees (p. 29, Section I, Original Proposal).
   a. Rating scales were sent to parents, schools, case coordinators, and graduate trainees during the fall, 1975, to assess their evaluation of the services provided by the Center. Fifty per cent of the parents have responded; the summary of their evaluation may be found in Appendix V. Sixty seven per cent of the schools have responded; the summary of their
evaluations may be found in Appendix VI. Appendix VII includes a summary of the fifty per cent response from the case coordinators. One hundred per cent of the graduate trainees have responded; a summary of their evaluations may be found in Appendix VIII.

b. Two representatives from American Institutes for Research (AIR) visited the Center June 14-18, 1976. They reviewed student records, interviewed the Center staff, and met with the following University personnel: Dr. J. Chester McKee, Vice President for Research and Dean of the Graduate School; Mr. Abner Harrison, Office of Research and Graduate Studies; Dr. Merrill M. Hawkins, Dean of the College of Education; Dr. James E. Wall, Associate Dean of the College of Education; and Dr. James R. Wilson, Department Head of Educational Psychology/Special Education.

c. The success with which the Center met its goals and objectives during its two years of BEH funding is summarized in Appendix IX.

III. Strategy

...a technical manual will be written and made available to systems wanting to replicate the Center by the end of the second year of the program (p. 15, Section I, Original Proposal).

A. Activity

1. The Technical Manual is in press at Central Duplicating, Mississippi State University, and should be ready for distribution by July 31, 1976. Copies will be sent to BEH and other appropriate sources as soon as they are available.
PROGRAM FUNDING SUMMARY

During the Fourth Quarter of Fiscal Year, 1976, $21,246.04, has been spent leaving a balance of $000.00.
### BUDGET SUMMARY *
Fiscal Year 1976

Contract # OEC-300-74-9234

Fourth Quarter
April 1, 1975-June 30, 1976

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<thead>
<tr>
<th>Line Item</th>
<th>Allocated</th>
<th>Balance</th>
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<tbody>
<tr>
<td>Personnel Salary</td>
<td>29,307.00</td>
<td>0</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>2,044.00</td>
<td>0</td>
</tr>
<tr>
<td>Staff Travel</td>
<td>4,300.00**</td>
<td>0</td>
</tr>
<tr>
<td>Consultants &amp; Workshop</td>
<td>3,000.00</td>
<td>0</td>
</tr>
<tr>
<td>Project Evaluation</td>
<td>1,500.00</td>
<td>0</td>
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<tr>
<td>Project Dissemination</td>
<td>3,000.00</td>
<td>0</td>
</tr>
<tr>
<td>Communications</td>
<td>1,500.00</td>
<td>0</td>
</tr>
<tr>
<td>Physical Facilities</td>
<td>600.00**</td>
<td>0</td>
</tr>
<tr>
<td>Specialized Equipment</td>
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</tr>
<tr>
<td>Specialized Materials</td>
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</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>64,020.00</td>
<td>0</td>
</tr>
<tr>
<td>Overhead</td>
<td>5,122.00</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>69,142.00</td>
<td>0</td>
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</tbody>
</table>

*This budget summary is only an estimate. The final financial report will be filed by the Comptroller's Office, Mississippi State University when all accounts have been paid.

**Transfer of $1,800.00 approved 1/29/76, (Judy Fein) from Physical Facilities to Staff Travel.
**CHILD SERVICE DEMONSTRATION CENTER**  
*Summary of Activities*  

**APPENDIX I**

<table>
<thead>
<tr>
<th>CHILDREN RECEIVING SERVICES</th>
<th>4/1/76 to 6/30/76</th>
<th>7/1/76 to 6/30/76</th>
<th>GRAND TOTAL 1/15/75 to 3/31/76</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children referred for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diagnostic/prescriptive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services</td>
<td>8</td>
<td>68</td>
<td>137</td>
</tr>
<tr>
<td>Children receiving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diagnostic/prescriptive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>evaluation</td>
<td>4</td>
<td>22</td>
<td>38</td>
</tr>
<tr>
<td>Children referred for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diagnostic/prescriptive/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>remedial services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Summer, 1976)</td>
<td>48</td>
<td>74</td>
<td>117</td>
</tr>
<tr>
<td>Children receiving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diagnostic/prescriptive/</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>remedial services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Summer, 1976)</td>
<td>42</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td><strong>TOTAL CHILDREN SERVED</strong></td>
<td>46</td>
<td>96</td>
<td>112</td>
</tr>
</tbody>
</table>

| VISITORS                    |                   |                  |                                 |
| Students utilizing          |                   |                  |                                 |
| facility as part of         |                   |                  |                                 |
| of related coursework       |                   |                  |                                 |
|                            | 206               | 947              | 1553                            |
| Parents                    |                   |                  |                                 |
|                            | 11                | 50               | 116                             |
| Professional Personnel     |                   |                  |                                 |
|                            | 31                | 167              | 355                             |

| GRADUATE TRAINEES           |                   |                  |                                 |
| Total number of graduate    |                   |                  |                                 |
| students receiving          |                   |                  |                                 |
| supervised training         |                   |                  |                                 |
|                            | 17                | 128              | 156                             |
APPENDIX I

FORMAL DIAGNOSTIC TESTS

Beistle Audiometer
Keystone Telebinocular
Woodcock Reading Mastery Test
KeyMath Diagnostic Arithmetic Test
Peabody Picture Vocabulary Test
Draw-A-Man
Wechsler Intelligence Scale for Children (WISC-R)
Illinois Test of Psycholinguistic Abilities (ITPA)
Diagnostic Reading Scales (Spache)
Goldman-Fristoe Test of Auditory Discrimination
Wide Range Achievement Test
Benton Test of Visual Retention
Peabody Individual Achievement Test
Utah Test of Language Development
Metropolitan Readiness Tests
Cognitive Skills Assessment Battery
Beery Developmental Test of Visual-Motor Integration
Stanford Binet
Boehm Test of Basic Concepts
Lincoln Oseretsky Test of Motor Proficiency
Assessment of Children's Language Comprehension
California Achievement Test
Goldman-Fristoe-Woodcock Test of Articulation
Children's Aperception Test
Winter-Haven Perceptual Test
Bender-Gestalt
Wepman Test of Auditory Discrimination
Frostig Test of Visual Perception
Rorshach
Gray Oral Reading Test
Durrell Analysis of Reading Difficulty
Slosson Oral Reading Test (SORT)
Slosson Intelligence Test (SIT)
Basic Educational Skills Inventory (BESI)-Math
Basic Educational Skills Inventory (BESI)-Reading
Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
Animal Crackers
Stanford Achievement Test
Select-Ed Target-Behavior
APPENDIX III
INFORMAL DIAGNOSTIC INSTRUMENTS

Silvaroli Sight Word Test
Betts Spelling Inventory
Incomplete Sentences
Subjective Reading Inventory
Van Wagenen Word Learning Subtest
Inventory of Interests and Attitudes
Parent Interviews
Child Interviews
Mini-teaching Sessions
Bett's Test of Visual Discrimination
Dolch Word List
APPENDIX IV
IRA PROGRAM OUTLINE

Wednesday, May 12—2:00-4:45 p.m.

**SYMPOSIA**

ROYAL INN, STATE
Integrating Reading Instruction into Earth Science: The Development of a Competency-Based Instructional System. Intended for reading specialists, classroom teachers, and administrators. Grades 9-12. Chairing: to be announced

Information Processing in Earth Science: A Reading Specialist Discusses the Reading/Thinking Competencies Needed in Earth Science, and the Design of an Instructional System to Develop Them. Speaker: Ruth T. Keimig, Fairfax County, Virginia Public Schools

Implementing Competency-Based Reading Instruction in Earth Science Classes: A Science Teacher Discusses Instructional Strategies and Classroom Management. Speaker: William K. Johnson, Fairfax County, Virginia Public Schools

Possibilities, Problems, and Practicality: An Administrator's Role in Instructional System Design. Speaker: Rennie C. Coleman, Jr., Fairfax County, Virginia Public Schools

QUALITY INN, ORANGEWOOD 1
Mainstreaming the Exceptional Student in Reading: Strategies for Teaching the Mentally Retarded, Learning/Behavioral Disorders and Gifted in the Regular Classroom. Intended for classroom teachers, reading supervisors, and teacher trainers. Grades K-12. Chairing: Frances A. Karnes, University of Southern Mississippi

Strategies to Functionalize Reading for the Mentally Retarded. Speaker: Nancy Walton, Mississippi State University

Effective Teaching Techniques for the Learning/Behavioral Disorder Students. Speaker: Eugene E. Martin, Mississippi State University

Personalizing the Reading Program for the Gifted. Speaker: Frances A. Karnes, University of Southern Mississippi

Audience Question and Answer Session

Summary. Speaker: Frances A. Karnes, University of Southern Mississippi

QUALITY INN, ORANGEWOOD 3
Teaching College-Level Reading in a Computer Assisted/Computer Managed Setting. Intended for collegiate and junior college instructors of reading, English, and study skills, and others interested in computer assisted/managed instruction at all levels. Chairing: Wayne R. Herin, Brigham Young University

Applying an Instructional Psychology Model to Analysis of the Reading Task. Speaker: Barbara Vance, Brigham Young University

Using a Time-Shared, Interactive, Computer-Controlled Instructional Television (TICCIT) System to Teach Reading at the College Level. Speaker: Dorothy M. Hansen, Brigham Young University

TICCIT-Based Reading Instruction to Beginning Freshmen Students at a Large, Four-Year University. A Critique Based on Preliminary Data. Panelists: V. Con Osborne, Brigham Young University; Craig K. Mayfield, Brigham Young University

Question and Answer Period. Audience to all Participants

Summary. Speaker: Wayne R. Herin, Brigham Young University

HYATT HOUSE, VALENCIA
Readers Theatre: A New Approach to Old Problems. Intended for classroom teachers and others interested in the dynamics of an innovative oral approach to literature. Grades K-12. Chairing: Mary Stuart Taylor, La Mesa, California Schools

Introduction: E. Kingsley Powemins, San Diego State University


Discussion: Getting Started in Readers Theatre. Speakers: Mary Stuart Taylor, La Mesa, California Schools; William Franklin Smith, San Diego, California Schools

Practice: Audience Participating with Readers Theatre. The Institute for Readers Theatre Members
APPENDIX V

SUMMARY OF PARENTS' EVALUATIONS
EVALUATION OF SERVICES
To The Home

CHILD SERVICE DEMONSTRATION CENTER
Mississippi State University

Parent(s) of _______________________: Please complete the following form and return it to the Child Service Demonstration Center. A stamped, self-addressed envelope has been enclosed for your convenience.

(Please check your response) YES NO DON'T KNOW

1. Written communication with the Center was given prompt attention. 100%
2. I (We) felt free to call upon the Center staff for information and/or consultation. 100%
3. The information requested on the referral forms was easily obtainable. 100%
4. The Handbook for Parents and Case Coordinators was clearly written. 100%
5. The Handbook for Parents and Case Coordinators was helpful. 100%
6. The Case Coordinator explained the "Diagnostic Summary" to me (us). 100%
7. I (We) now have a better understanding of the child's strengths and weaknesses. 100%
8. The Case Coordinator explained the "Recommendations to the Home" to me (us). 100%
9. The recommendations made to the home were feasible in terms of the family structure and life style. 100%
10. The recommendations made to the home seemed appropriate for the child. 100%
11. The recommendations made to the home were easily implemented. 100%
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. I (We) noted changes in the child's behavior and/or attitudes at home.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I (We) feel the child should probably receive tutorial help during the summer.</td>
<td>25%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>14. I (We) would like to have the child reevaluated at the Center during the next school year.</td>
<td>75%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>15. I (We) feel the child's progress is</td>
<td>25%</td>
<td>75%</td>
<td>poor satisfactory good</td>
</tr>
</tbody>
</table>

Problems encountered:

Comments:

Signature ____________________________

Date ____________________________
EVALUATION OF SERVICES  
To The School  
CHILD SERVICE DEMONSTRATION CENTER  
Mississippi State University

Teacher(s) of: __________________________: Please complete the following form and return it to the Child Service Demonstration Center. A stamped, self-addressed envelope has been enclosed for your convenience.

(Please check your response) | YES | NO | DON'T KNOW
--- | --- | --- | ---
1. Written communication with the Center was given prompt attention. | 75% | 25% |   
2. I (We) felt free to call upon the Center staff for information and/or consultation. | 75% | 25% |   
3. The information requested on the referral forms was easily obtainable. | 75% | 25% |   
4. The Handbook for Parents and Case Coordinators was clearly written. | 100% |   |   
5. The Handbook for Parents and Case Coordinators was helpful. | 100% |   |   
6. The Case Coordinator explained the "Diagnostic Summary" to me (us). | 50% | 50% |   
7. I (We) now have a better understanding of the child's strengths and weaknesses. | 75% | 25% |   
8. The Case Coordinator explained the "Recommendations to the School" to me (us). | 50% | 50% |   
9. The recommendations made to the school were feasible in terms of the school's structure and teaching capabilities | 100% |   |   
10. The recommendations made to the school seemed appropriate for the child. | 75% | 25% |   
11. The recommendations made to the school were easily implemented. | 100% |   |   


12. I (We) noted changes in the child's behavior and/or attitudes at school. | YES | NO | DON'T KNOW |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

13. I (We) feel the child should probably receive tutorial help during the summer. | YES | NO | DON'T KNOW |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

14. I (We) would like to have the child reevaluated at the Center during the next school year. | YES | NO | DON'T KNOW |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>

15. I (We) feel the child's progress has been: poor, satisfactory, good. |

Problems encountered:

Comments:

Signature: ____________________________

Date: ____________________________
APPENDIX VII

SUMMARY OF CASE COORDINATORS' EVALUATIONS
EVALUATION OF SERVICES
To Case Coordinator

CHILD SERVICE DEMONSTRATION CENTER
Mississippi State University

Case Coordinator for ________________________:

Please complete the following form and return it to the Child Service Demonstration Center. A stamped, self-addressed envelope has been enclosed for your convenience.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Written communication with the Center was given prompt attention.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I felt free to call upon the Center staff for information and/or consultation.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The information requested on the referral forms was easily obtainable from the records.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The Handbook for Parents and Case Coordinators was clearly written.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The Handbook for Parents and Case Coordinators was helpful.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The &quot;Diagnostic Summary&quot; was easily understandable.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The &quot;Diagnostic Summary&quot; was sufficiently detailed to be helpful.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The recommendations made to the school were feasible in terms of the school's organization, materials, and staff capabilities.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The recommendations made to the school seemed appropriate for the child.</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The recommendations made to the school were easily implemented.</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>11. The child should probably receive tutorial help during the summer.</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
12. The child should probably be reevaluated at the Center during the next school year.

13. The child's progress since evaluation has been 100%

Problems encountered:

Comments:

Signature ____________________________
Date ________________________________
APPENDIX VIII

SUMMARY OF TRAINEES' EVALUATIONS
EVALUATION OF TRAINING

CHILD SERVICE DEMONSTRATION CENTER
Mississippi State University

Student completing Training: Please complete the following form and return it to the Child Service Demonstration Center. A stamped self-addressed envelope has been included for your convenience.

<table>
<thead>
<tr>
<th>(Please check one of the following)</th>
<th>YES</th>
<th>NO</th>
<th>DON'T</th>
<th>KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adequate orientation to the Center was provided</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The objectives of the training experiences were clearly explained.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Adequate instruction in test administration was given.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Adequate instruction in test interpretation was given.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I profitted from the multidisciplinary staffings.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The size of the staffings was satisfactory.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The supervision of testing and/or remediation was satisfactory.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The staff supervisors were readily available to provide assistance to me.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The Graduate Assistants were readily available to provide assistance to me.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I feel confident doing psychoeducational testing.</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I feel confident making psychoeducational diagnosis.</td>
<td>50%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----</td>
<td>----</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>12. I feel confident making educational prescriptions.</td>
<td>50%</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I feel confident matching materials and methods to individual needs.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>14. I feel confident writing a case study.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>15. Testing and teaching materials were in adequate supply.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>16. The video-tape experiences were helpful.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>17. I feel confident interviewing parents.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>18. I feel confident interpreting a Diagnostic Summary and recommendations to school officials.</td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>19. I would rate this training experience as</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>50%</td>
<td>50%</td>
<td>E G S P</td>
<td></td>
</tr>
</tbody>
</table>

20. Strengths of the training program:

21. Weaknesses of the training program:

22. Problems encountered during training:

23. Suggestions for change of training:

Signature _______________________

Date _______________________

28
Please complete the following so that our permanent records will be accurate for communication with you and for a research data bank.

Mr. Name: Miss Mrs. Dr. ____________________________

Permanent Mailing Address: ____________________________
(Where mail can always reach you or be forwarded to you)

Date of Graduation: ____________________________

Degree: ____________________________

Major Area of Study: ____________________________

Major Advisor: ____________________________

Current Job Title: ____________________________

Current Job Description: ____________________________
(Please be specific)

Thank you for taking the time to complete this evaluation of training. Only by your participation can training programs be strengthened.
APPENDIX IX

SUMMARY OF PROGRAM GOALS' EVALUATION
THE PROGRAM

I. Goal

To design and implement a multidisciplinary model of a diagnostic/prescriptive/remedial demonstration center for training professional personnel who work with children experiencing specific learning disabilities by providing during each calendar year:

- nine months of diagnostic/prescriptive experiences for pre-service personnel and
- nine weeks of diagnostic/prescriptive/remedial experiences for in-service personnel.

A. Objective

To provide a simulation environment and experience for training pre-service personnel to use diagnostic/prescriptive techniques for children experiencing specific learning disabilities.

B. Objective

To provide a simulation environment and experience for training in-service personnel to use diagnostic/prescriptive/remedial techniques for children experiencing specific learning disabilities.

C. Objective

To establish an educational service for teachers, parents, school administrators, and other personnel concerning diagnostic/prescriptive/remedial procedures for children experiencing specific learning disabilities.

1. Strategy

To establish a multidisciplinary team approach for the diagnostic/prescriptive/remedial approach to provide services for children experiencing specific learning disabilities.

a. Activities

(1). Appropriate staff personnel will be identified and recruited from a number of disciplines (i.e., Special Education, Reading, Psychology, Guidance and Counseling, and Medicine, among others). Tentative commitments have been secured from selected Mississippi State University personnel (Appendix D).

(2). Physical facilities will be provided by Mississippi State University that will permit the program to be realized (Appendix D).
(3). Mississippi State University will make the necessary modification in college curricula for undergraduate and graduate students in training (also Appendix C).

(4). Supervisory responsibilities, time and space utilization, methodology, data collection, and program evaluation will be effected by the proposed center's staff.

(5). Recruitment of pre-service trainees from Psychology, Reading, Special Education, Guidance and Counseling will be effected as part of their undergraduate course work.

(6). Recruitment of existing concerned personnel will be effected through Mississippi State University's summer school program. School systems within the state of Mississippi, summer school students, and other concerned personnel will be made aware of the training experiences. Students wishing to participate in the program will have the experiences made part of their graduate program course work.

(7). Recruitment of potential specific learning disabled children to participate in the pre-service aspect of the program will be accomplished through mass media, school bulletins, and personal contact (approximately 25-50 children per regular nine month college year).

<table>
<thead>
<tr>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

(a). Specific teacher referrals will be utilized from the state's school system.

(b). Specific non-educational referrals will be utilized.

(c). Parental referrals will be accepted from coordinating personnel.

(d). All participants must have full, written parental or guardian consent.

(8). Recruitment of potential specific learning disabled children to participate in the in-service aspect of the program will be
accomplished in the same manner (approximately 30-100 children per regular nine week college summer session).

2. **Strategy**

To establish an environment that allows the appropriate supervision of trainees while exposed to a comprehensive range of specific learning disabled children.

a. **Activities**

(1). Mississippi State University will make necessary curricula changes in the course offerings to undergraduate and graduate students.

(a). Undergraduate and graduate observations will be made a part of selected course work.

(b). Graduate practicum experience in psychology, reading, guidance, and/or special education will be available in this proposed center.

(2). Appropriate commercial remedial material which is currently not available in the College of Education's Material Center will be secured.

(3). Appropriate remedial techniques and materials will be developed when needed and applicable.

3. **Strategy**

To provide an educational service to parents, regular classroom teachers, school administrators, and other concerned personnel that are personally involved with diagnostic/prescriptive/remedial procedures utilized with children experiencing specific learning disabilities.

II. **Goal**

To provide the development of effective diagnostic/prescriptive/remedial procedures that will be applicable and transferable regionally and nationally.

A. **Objective**

To develop effective diagnostic/prescriptive/remedial procedures and materials for children experiencing specific learning disabilities.
B. **Objective**

To develop mechanisms by which successful diagnostic/prescriptive remedial strategies can be effectively disseminated throughout the region and the nation.

C. **Objective**

To develop mechanisms by which short term and long term follow-up evaluations of individual children can be effected.

1. **Strategy**

To give all trainees supervised practicum experiences in multidisciplinary staffings.

a. **Activities**

(1). Each child referred to the center will be educationally evaluated by a team of 5 to 8 members, representing the different disciplines. X

(2). Each child referred to the center will be psychologically evaluated by a team of 5 to 8 members, representing the different disciplines. X

(3). Appropriate medical personnel will be involved in the case study staffings if the needs of the individual children warrant such a procedure. X

2. **Strategy**

To give each trainee supervised practicum experiences in the administration, scoring, and interpretation of a wide variety of formal diagnostic instruments.

a. **Activities**

(1). Each trainee will administer 1) physical screening instruments such as the Keystone-Telebinocular and the Beltone Audiometer, 2) visual-motor tests such as the Beery Developmental Test of Visual Motor Integration and the Frostig Developmental Test of Visual Perception, 3) standardized group achievement tests, 4) standardized individual achievement such as the Wide Range Achievement Test and the Peabody Individual Achievement Test, 5) individualized psychological tests as the Wechsler Intelligence Scale for Children, the Stanford Binet, the Illinois Test of Psycholinguistic Abilities, and the Bender-Gestalt, 6) standardized subject matter tests such as the Gray Oral Reading Test, the Woodcock Reading Mastery Test and KeyMath Diagnostic Arithmetic Test X
in a continuously supervised setting. The accuracy of test scoring and the interpretation of the results will be evaluated by the trainees and the supervisory staff in the case staffing of each child.

3. Strategy

To give each trainee supervised practicum experiences in the administration, scoring, and interpretation of a wide variety of informal diagnostic instruments.

a. Activities

(1). Each trainee will administer 1) conceptual sorting tests, 2) informal social-emotional inventories, 3) informal achievement tests such as a Subjective Reading Inventory, the Betts Spelling Test, the Silvaroli Sight Word Test, and the Wepman Test of Auditory Discrimination, 4) interest and attitude scales in a continuously supervised setting. The accuracy of test scoring and the interpretation of the results will be evaluated by the trainees and the supervisory staff in the case staffing of each child.

(2). Each trainee will be expected to participate in mini-teaching sessions used for possible prescriptive units. Such sessions will include language experience, i/t/a, and Fernald approaches to remediation.

4. Strategy

To provide trainees with the opportunities to acquire interviewing techniques with parents, classroom teachers, and other personnel concerned with children experiencing specific learning disabilities.

a. Activities

(1). Following intensive and extensive instruction with interviewing techniques, the parents of each child referred to the proposed center will be interviewed separately by the trainee responsible for the case. The interviews will be audio taped for evaluation and critique by the trainee and the supervisory staff.

(2). When possible the teacher of each child referred to the proposed center will be interviewed by the trainee responsible for the case. Evaluation of the interview will be made during private conference of the trainee and the supervisory staff. The results of the interview will be disseminated to the entire case team during the case staffing.
When possible the trainee responsible for the case will deliver the completed case study to the referring personnel. Reaction to the case study will be obtained by interview techniques. This feedback will be utilized in evaluation of the program.

5. Strategy

To provide each trainee with experiences leading to the formulation of prescriptive/remedial objectives that are appropriate for the individual strengths, weaknesses, and needs of each child evaluated at the proposed center.

a. Activities

(1). Each trainee will be required to preview and evaluate the wide variety of commercially prepared remedial materials appropriate for the individual needs of his case. X

(2). Each trainee will be required to demonstrate the correct use of the wide variety of commercially prepared remedial materials appropriate for the individual needs of his case. X

(3). Each trainee will be required to develop teacher-made materials to meet the individual needs of his case if appropriate materials are not available commercially. X

(4). The program of training during the diagnostic/prescriptive/remedial period (summer, 1976) will be expanded to provide greater flexibility and experiences in the development of teacher competency. Instead of employing only one-to-one and small group remedial tutoring, the trainees will learn how to utilize peer teaching techniques. X

6. Strategy

To provide dissemination of successful diagnostic/prescriptive/remedial procedures to teachers, administrators, parents, and appropriate concerned personnel.

a. Activities

(1). The staff of the center will author an informative booklet for parents of children experiencing specific learning disabilities. County libraries and physicians in the area will be contacted as possible distribution sources for the booklet. Announcements of availability will be made through
mass media. Copies of the booklet will also be mailed from the center upon request.

(2). The staff of the center will author a booklet for public schools, providing information and program suggestions about and for children suspected of experiencing specific learning disabilities. Notification of the availability of the booklet will be sent to public school systems; the booklets will be mailed to requesting personnel.

(3). The Mississippi State University Center will co-host the Mississippi Association for Children with Learning Disabilities (MACLD) meeting in February, 1976.

(4). The Center staff will author a Technical Manual sufficiently detailed so that the program can be replicated regionally and/or nationally.

(5). The Center staff will broaden its production of audio/video teaching tapes and will continue to encourage other departments to utilize the video equipment, as well as the rest of the facilities at the Center.

7. Strategy

To evaluate the process and product of the proposed center program.

a. Activities

(1). Diagnosed children will be followed-up in the public schools by consultation and evaluation forms. The appropriateness of each prescriptive/remedial program will be reevaluated and modified, as warranted by the child's progress.

(2). The center will record visiting professionals' comments and responses to the proposed center's programs.

(3). The proposed center will record comments and responses to behavioral rating scales by participating parents, interested personnel, and visiting professionals.

(4). Descriptive research data about the population being served will continue to be gathered and analyzed for future reporting.
PROGRAM PERFORMANCE REPORT (Discretionary Grants)

Part I

All grantees with awards from programs listed under "General Instructions" above respond.

1. Date of Report: September 25, 1976

2. Grant Number: OEC-300-74-9234

3. Period of Report: From: July 1, 1974

4. Grantee Name and Descriptive Name of Project: Mississippi State University

"Establish and Maintain A Child Service Demonstration Center For Children With Learning Disabilities"

Certification: I certify that to the best of my knowledge and belief this report (consisting of this and subsequent pages and attachments) is correct and complete in all respects, except as may be specifically noted herein.

Typed Name of Project Director(s) or Principal Investigator(s): Eugene F. W. Martin

Signature of Project Director(s) or Principal Investigator(s): [Signature]

Part II ("Accomplishment" Reporting)

A. All grantees, except for those with awards under 13.443 and 13.447 are to respond to this Section A. Grantees under 13.443 and 13.447 go to B of Part II.

The grant application for programs 13.445, 13.446, 13.450, and 13.520 provided for the following functions or activities as categorical headings in the budget and narrative sections:

- Research and Development
- Demonstration/Service
- Evaluation
- Dissemination
- "Inservice" Training

Programs 13.448, 13.451, and 13.452 do not usually require a breakout since the primary function or activity is intrinsic to the respective program.

For each of the above programs, functions, or activities (as well as those of special importance for certain programs; e.g., replication, advisory councils, parent involvement) discuss the objectives and subobjectives presented in the approved application (in narrative format) in terms of:

(a) Accomplishments and milestones met.
(b) Slippages in attainment and reasons for the slippages.

Refer back to your application and utilize your quantitative quarterly projections, scheduled chronological order and target dates, and data collected and maintained as well as criteria and methodologies used to evaluate results for (a) and (b).

Also highlight those phases of the plans of action presented in your application that proved most successful, as well as those that upon implementation did not appear fruitful.

Grantees finishing this portion of Part II, go to C of Part II.

B. Reporting for Grantees under 13.443 (Research and Demonstration) and 13.447 (Physical Education and Recreation Research).

Discuss major activities carried out, major departures from the original plan, problems encountered, significant preliminary findings, results, and a description and evaluation of any final product. Either include copies of, or discuss:

- Information materials released; reports in newspapers, magazines, journals, etc.; papers prepared for professional meetings; textual and graphic materials; completed curriculum materials and instructional guides, or drafts if in a developmental stage, special methods, techniques and models developed; tests, scales and other measuring services used.

- When finished with this portion of Part II, 13.443 and 13.447 grantees go to C of Part II.

C. All grantees are to respond to this Section C. Discuss the following:

(1) Unanticipated or anticipated spinoff developments (i.e., those which were not part of your originally approved subobjectives, but which are contemplated within the purpose of the Education for the Handicapped legislation, such as new cooperative interagency efforts, a decision by volunteer(s) to pursue a career in special education, new public school pol-
Part II, Section C, continued from reverse)

icy to integrate handicapped children into regular classrooms, enactment of mandatory or other State legislation affecting early education, relevant new course offerings at universities, etc.).

(2) Where outputs are quantified in response to any portion of Part II, relate quantifications to cost data for computation of unit costs. Analyze and explain high-cost units.

(3) Indicate other matters which you would like OE to know about (e.g., community response to the project, matters concerning the project's working relationship with OE, technical assistance of OE staff, or any other relevant subject.)

Part III

All grantees with a Demonstration/Service function or activity are to complete Table I. All grantees under 13.488 and 13.451, as well as those under other handicapped programs with a "Inservice" Training activity are to complete Table II.

**Table IA**

**Demonstration/Service Activities Data**

**Children**

Enter actual performance data for this report period into the appropriate boxes. Use age as of the time of the original application, or the continuation application, whichever is later. On lines above line 11, count multihandicapped individuals only once, by primary handicapping condition, and indicate the number of multihandicapped in line 12. Data for lines 1 through 11 are for those directly served; i.e., services to those enrolled or receiving major services, and not those merely screened, referred or given minimal or occasional services.

<table>
<thead>
<tr>
<th>Type of Handicap</th>
<th>Number of Handicapped Served by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ages 0-2</td>
</tr>
<tr>
<td>1. Trainable Mentally Retarded</td>
<td></td>
</tr>
<tr>
<td>2. Educable Mentally Retarded</td>
<td></td>
</tr>
<tr>
<td>3. Specific Learning Disabilities</td>
<td>0</td>
</tr>
<tr>
<td>4. Deaf-Blind</td>
<td></td>
</tr>
<tr>
<td>5. Deaf/Hard of Hearing</td>
<td></td>
</tr>
<tr>
<td>6. Visually Handicapped</td>
<td></td>
</tr>
<tr>
<td>7. Seriously Emotionally Disturbed</td>
<td></td>
</tr>
<tr>
<td>8. Speech Impaired</td>
<td></td>
</tr>
<tr>
<td>9. Other Health Impaired</td>
<td></td>
</tr>
<tr>
<td>10. Crippled</td>
<td></td>
</tr>
<tr>
<td>11. Total</td>
<td></td>
</tr>
<tr>
<td>12. Multihandicapped</td>
<td></td>
</tr>
</tbody>
</table>

If the data in the above table differ by more than 10 percent from the data originally presented in your approved application, please explain the difference.
### Table IB
Project Staff Providing Services to Recipients in Table IA

<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Full-time</th>
<th>Part-time (As Full-time Equivalents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Personnel</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>(excluding teachers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Paraprofessional</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Table IC
If applicable: Services to Those Handicapped Not Included in Table IA

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Handicapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened</td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Evaluative</td>
<td></td>
</tr>
<tr>
<td>Found to Need Special Help</td>
<td></td>
</tr>
<tr>
<td>Other Resource Assistance</td>
<td></td>
</tr>
</tbody>
</table>

### Table II
Preservice/Inservice Training Data

<table>
<thead>
<tr>
<th>Handicapped Area of Primary Concentration</th>
<th>Number of Persons Received Inservice Training</th>
<th>Number of Students Received Preservice Training by Degree Sought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AA</td>
</tr>
<tr>
<td>Multihandicapped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainable Mentally Retarded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educable Mentally Retarded</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Learning Disabilities</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>Deaf/Hard of Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visually Handicapped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously Emotionally Disturbed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crippled and Other Health Impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>70</td>
<td>0</td>
</tr>
</tbody>
</table>

If data in Table II above differ by more than 10 percent from those in your approved application, explain.

OE FORM 9037-1, 11/74