The second year progress report provides information on a program to provide early intervention for high risk infants and their adolescent mothers at the National Children's Center, Washington, D.C., which provided two infant stimulation classes 5 days per week for 15 handicapped children (6 to 36 months). Program accomplishments are reported in terms of the specific objectives of the original application, including direct and supplementary services for children, parent/family participation, assessment of child progress, inservice training and staff development, training for personnel from other agencies, demonstration and dissemination, coordination with other agencies, continuation and replication, and advisory council. Accomplishments, slippages, and relevant statistical data are provided for each area. Appended are the child evaluation schedule, the individualized education program form, parent consent forms, lesson plans, and handouts for parents. (DB)
EARLY INTERVENTION FOR HIGH RISK INFANTS AND THEIR ADOLESCENT MOTHERS
(CFDA - No. 13,444A)

National Children's Center, Inc.
6200 Second Street, N.W.
Washington, D.C. 20011

Progress Report For Second Year
July 1, 1980 - June 30, 1981

Judith Nealer Garrett

BEST COPY AVAILABLE

The Project reported herein was performed pursuant to Grant No. G007900508 from the United States Department of Education. The opinions expressed herein do not necessarily reflect the position or policy of the Department of Education, and no official endorsement by the Department of Education should be inferred.
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<td></td>
</tr>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>E. Sample IFP</td>
<td></td>
</tr>
<tr>
<td>F. Sample Lessons</td>
<td></td>
</tr>
<tr>
<td>-----Mothers' Group</td>
<td></td>
</tr>
<tr>
<td>-----Classroom Participation</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>J. Contact List</td>
<td></td>
</tr>
<tr>
<td>K. Demonstration List</td>
<td></td>
</tr>
<tr>
<td>L. Advisory Council</td>
<td></td>
</tr>
<tr>
<td>-----Agenda</td>
<td></td>
</tr>
</tbody>
</table>
Part I

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

1. Date of Report
   September 29, 1981

2. Grant Number
   G00 7900 508

3. Period of Report From
   July 1, 1980

4. Period of Report To
   July 1, 1981

5. Subrecipient Name of Project

   Early Intervention for High Risk Infants and Their Adolescent Mothers

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

Type Name of Project Director(s) or Principal Investigator(s)

Judith Nealer Garrett

Signature of Project Director(s) or Principal Investigator(s)

Judith Nealer Garrett

Part II ("Accomplishment Report")

A. All grantees except those with awards under 13,443 are to respond to: Section A. Grantees under 13,443 are to respond to Part II B of Part II.

B. Outlined and supplementary changes for children's participation.

1. Program Participation
   a. Percent of Children Present
   b. Percent of Children Present at the Initial Visit

2. Use of Program Resources
   a. Number of Children Enrolled in the Program
   b. Number of Children Referred from Other Programs
   c. Number of Children Participating in the Program

3. Intergenerational and Dissemination Activities
   a. Activities with other agencies
   b. Activities with parent agencies

4. Other Management Activities
   a. Administration
   b. Financial
   c. Program Evaluation

5. Data Collection

   Program Evaluation

   - Description of the selected evaluation technique and the manner in which the selected evaluation technique is applied
   - Description of the quality assurance and quality control procedures

   Standards for the project as described in the approved evaluation plan.

   January 1981

   Judith Nealer Garrett
   Project Director

   Early Intervention for High Risk Infants and Their Adolescent Mothers

   September 29, 1981
zines, 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, scales and other measuring devices used.

When finished with this portion of Part II, 13,443 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 inter-agency efforts, a decision by volunteer(s) to pursue a career in special education, new public school policy 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 OF, technical assistance of OE staff, or any other relevant subject.).

Part III
All grantees with a Demonstration/Service function or activity, except for 13,444 grantees who are solely supported for "outreach" activities, are to complete Tables IA, IB, and IC. All grantees under 13,451, as well as those under other handicapped programs with a Preservice/Inservice Training activity are to complete Table II. All grantees under 13,444 except those who are supported solely for "outreach" activities, are to complete Tables IIIA and IIIB.

Table IA - Demonstration/Service Activities Date

<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></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. Severely 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. Orthopedically Impaired</td>
<td></td>
</tr>
<tr>
<td>11. Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>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>1</td>
<td></td>
</tr>
<tr>
<td>(excluding teachers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Paraprofessional</td>
<td>2</td>
<td></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 for Inservice Training</th>
<th>Number of Students Received for Preservice Training by Degree Sought</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td>AA</td>
</tr>
<tr>
<td>Early Childhood</td>
<td></td>
<td>1</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></td>
<td></td>
</tr>
<tr>
<td>Deaf/Handicapped</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>1</td>
</tr>
<tr>
<td>Orthopedically and Other Health Impaired</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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

Gr Form 9037-1, 8/76
Table IIIA
Placement of Children Participating in
Early Childhood Program During Reporting Period

Indicate the placement of children who left your project during the year covered by this report period.

NOTE: Count each child only once by primary type of placement below.

<table>
<thead>
<tr>
<th>TYPE OF PLACEMENT</th>
<th>NUMBER OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FULL-TIME</td>
</tr>
<tr>
<td>Nursery schools</td>
<td></td>
</tr>
<tr>
<td>Day-care programs</td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td></td>
</tr>
<tr>
<td>Pre-kindergarten</td>
<td></td>
</tr>
<tr>
<td>Kindergarten</td>
<td></td>
</tr>
<tr>
<td>Primary grades</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>Second</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Pre-kindergarten</td>
<td></td>
</tr>
<tr>
<td>Kindergarten</td>
<td></td>
</tr>
<tr>
<td>Primary grades</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>Second</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Scheduled to remain in Early Childhood Program in coming year</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Other</td>
<td>hospital</td>
</tr>
</tbody>
</table>

Table IIIB

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>Estimated retention rate of cumulative number in integrated placement</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Cumulative number of children entered into integrated placement (if known) prior to this report period.
FINANCIAL STATUS REPORT

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED
   OFFICE OF EDUCATION

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER
   53-0260523

3. OMB Approved No. 80-RO180
   PAGE 1

4. EMPLOYER IDENTIFICATION NUMBER
   53-0260523

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT
   YES ☑ NO ☐

7. BASIS
   ☑ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)
   FROM (Month, day, year) July 1, 1980 TO (Month, day, year) June 30, 1981

9. PERIOD COVERED BY THIS REPORT
   FROM (Month, day, year) July 1, 1980 TO (Month, day, year) June 30, 1981

NATIONAL CHILDREN’S CENTER, INC.
6200 Second Street, N.W.
Washington, D. C. 20011

RECIPIENT ORGANIZATION
Name and complete address, including ZIP code
NATIONAL CHILDREN’S CENTER, INC.
6200 Second Street, N. W.
Washington, D. C. 20011

10. PROGRAMS/FUNCTIONS/ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>TOTAL (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Net outlays previously reported</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>b. Total outlays this report period</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>c. Less: Program income credits</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>d. Net outlays this report period</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>e. Net outlays to date</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>f. Less: Non-Federal share of outlays</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>g. Total Federal share of outlays</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>h. Total unliquidated obligations</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>i. Less: Non-Federal share of unliquidated obligations shown on line h</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>j. Federal share of unliquidated obligations</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
<tr>
<td>k. Total Federal share of outlays and unliquidated obligations</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>l. Total cumulative amount of Federal funds authorized</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td>117,170.00</td>
<td></td>
</tr>
<tr>
<td>m. Unobligated balance of Federal funds</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

11. DIRECT EXPENSE
   a. TYPE OF RATE
      ☑ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED
   b. RATE
      26%
   c. BASE
      86,316.00
   d. TOTAL AMOUNT
      117,170.00
   e. FEDERAL SHARE
      30,539.00

12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. CERTIFICATION
   I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

   SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL
   Betty Nelson, Business Manager

   DATE REPORT SUBMITTED
   8/25/81

   TELEPHONE (Area code, number and extension)
   (202) 722-2300

STANDARD FORM 269 (O-76)
Prepared by Office of Management and Budget
Cir. No. A-110
INSTRUCTIONS

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>5</td>
<td>This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.</td>
</tr>
<tr>
<td>8</td>
<td>Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.</td>
</tr>
<tr>
<td>10</td>
<td>Enter amount pertaining to the non-Federal share of program outlays included in the amount on line e.</td>
</tr>
<tr>
<td>10a</td>
<td>Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and i.</td>
</tr>
<tr>
<td>10b</td>
<td>Enter rate in effect during the reporting period.</td>
</tr>
<tr>
<td>10c</td>
<td>Enter the total gross program outlays (less rebates, refunds, and other discounts) for this period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrual expenditure basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.</td>
</tr>
<tr>
<td>10d</td>
<td>Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:</td>
</tr>
<tr>
<td>10e</td>
<td>Cash basis—obligations incurred but not paid,</td>
</tr>
<tr>
<td>10f</td>
<td>Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded,</td>
</tr>
<tr>
<td>10g</td>
<td>Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.</td>
</tr>
<tr>
<td>10h</td>
<td>Enter total amount of unliquidated obligations for projects or programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program.</td>
</tr>
<tr>
<td>10i</td>
<td>For reports prepared on an accrual expenditure basis, enter the amount of income earned from a further breakdown by function or activity. If separate forms for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing multiple programs, prepare a separate form for each activity or function when requested by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>10j</td>
<td>Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.</td>
</tr>
<tr>
<td>10k</td>
<td>Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.</td>
</tr>
<tr>
<td>10l</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>10m</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>11a</td>
<td>Enter amount of the base to which the rate was applied.</td>
</tr>
<tr>
<td>11b</td>
<td>Enter date when the rate was applied.</td>
</tr>
<tr>
<td>11c</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>11d</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>11e</td>
<td>If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates, the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.</td>
</tr>
</tbody>
</table>
Accomplishments

1. Two infant stimulation classes were conducted at the National Children's Center five days per week for six hours a day. Children were placed in classroom according to age and level of functioning.

2. As of June 30, 1981, there were fifteen children enrolled in the program. Ages ranged from six to thirty-six months. Each child attended the center from two to five days each week. The average attendance was 20.4 hours per week. The amount of time a child was scheduled into the classroom was based on a parent/team decision following the preadmission visit and was related to the severity of delay or handicapped condition.

3. Each classroom was staffed by a teacher having a bachelor or masters degree and a non-degree teacher's aide. The daily child:teacher ratio never exceeded 3:1. A support staff composed of a physical therapist, occupational therapist and speech-language pathologist provided individual and small group services on a daily basis.

4. A nutritionist provided consultative services for two children. A psychological consultant provided services on two occasions to a child enrolled in the project. An audiological screening, performed by a certified audiologist, was provided for each child. The NCC pediatrician provided primary medical care for four children enrolled in the project.

5. A transdisciplinary approach to intervention was utilized, and responsibilities for goals were shared among the entire staff. The support staff conducted treatment in the classroom so that all members of the transdisciplinary team observed and replicated selected procedures under the direction
of appropriate specialists.

6. A thorough transdisciplinary evaluation was conducted prior to a child's acceptance into the program. Re-evaluations were conducted at six month intervals, and results were written into progress reports. (See Appendix for evaluation schedule and responsibilities)

7. An Individualized Education Plan was developed within thirty days of enrollment by the transdisciplinary team and parent based on the results of team evaluation. IEP's contained present functioning level and both annual and short term goals in the following developmental areas: gross and fine motor, receptive and expressive language, cognition, social and self help skills. (See Appendix for sample IEP) IEP goals were monitored daily, and data were kept regarding daily performance. (See Appendix for sample chart) IEP's were updated at six month intervals to coincide with re-evaluation, and parent meetings were held at those times.

8. Activities designed to implement IEP goals were based on the San Juan Handicapped Infant Project Curriculum. The San Juan Curriculum Checklist was updated bi-weekly. Additional items were selected from other sources (Developmental Programming for Infants and Young Children and Education for Multiple Handicapped Infants) to supplement the San Juan. Anecdotal notes on each child were written daily.

9. Weekly meetings were conducted to staff individual children. Each child was discussed every four to six weeks. Areas of discussion included: health status, present functional level, progress toward goals in each developmental area and parent involvement. Other areas of concern were also addressed on an "as needed" basis.
Slippages

1. From September 29, 1980 through October 10, 1980, the center based component of the Infant Stimulation Program did not operate due to a job action instituted by the teaching staff of the National Children's Center. The center based program resumed operation on October 13, 1980 when a stable classroom staff was organized and employed.
Parent/Family Participation
(Objectives #2, 4, 8 in Original Application)

Accomplishments

1. The project and families enrolled in the program entered into contractual agreement for provision of services for both children and parents. (See Appendix for contract.)

2. An Individualized Family Plan was developed by the family and transdisciplinary team within thirty days of enrollment. This plan delineated goals in the areas of parenting skills, personal development and vocational development. It included appropriate intermediate steps for both families and staff. Estimated dates of completion were also presented. IFPs were updated at six month intervals. (See Appendix for sample IFP.)

3. A home based program was conducted with all families under the supervision of the maternal-child nurse. She was assisted by the caseworker and other members of the transdisciplinary team. Each family was visited at home once per week. Since July 1, 1980, a total of 359 home visits were conducted. Parent participation in scheduled home visits ranged from 100% to 69% with a mean attendance of 88% for the group.

4. The home program was organized according to the areas of need delineated in the IFP and IEP, and activities were developed to meet the goals on the plans. Medical counseling and support for both mother and child were provided during home visits and included discussion of routine health care, followup of medical appointments and growth monitoring.

5. Individualized child stimulation activities were presented on home visits in coordination with the center based program. The families were
trained in specific techniques, and progress was monitored by the nurse through observation and discussion. The families were presented with as many activities as the nurse judged could be effectively handled. At times, the nurse was accompanied on home visits by other members of the transdisciplinary team in order to discuss and demonstrate specific techniques or to adjust equipment.

6. Parent seminar groups were conducted weekly by the project's caseworker and nurse. Topics for classes were developed from IFP goals and addressed personal as well as parenting concerns of the mothers. Areas for discussion have included: normal child development, abnormal child development, handicapping conditions, home safety, job search strategies, interviewing, budgeting, birth control and nutrition and exercise. (See Appendix for sample lessons.)

7. Once each month, the mothers' group was conducted in the classroom by the transdisciplinary team. This provided time for discussion and demonstration of early intervention activities and permitted parents to observe teachers and therapists work with children. It also provided the opportunity for parents to observe the development of children other than their own.

8. Since July 1, 1980, a total of 40 parent seminars and twelve parent participation days were offered. Attendance at the seminars ranged from 80% to 38% with a mean of 54%. Classroom participation attendance ranged from 60% to 10% with a mean of 41%.

9. Nine hours of phone call advocacy and individual counseling were provided to one mother by the program's caseworker to help in securing legal aid prior to a child custody hearing.
10. Approximately four hours of individual counseling were provided by
the caseworker to another parent. The focus of the meetings was to
develop a realistic sense of job abilities and to refine job search
skills.

11. Weekly staffings were conducted by the project to discuss individual
services provided to parents. Each family was staffed every four to
six weeks.

12. Evaluation of Family Participation
   a) Seventy three percent of mothers in the program were employed
      or enrolled in school as of June 30, 1981. This is an increase
      of 23% over last year. Four of the mothers were employed by
      the National Children’s Center on either a full or part-time
      basis.
   b) Pre and post-tests were conducted at a twelve month interval
      using the Maternal Risk Scale and the Caldwell HOME Inventory.
      The analyzed sample was composed of mothers who had been
      enrolled in the program for at least one year.

Maternal Risk Score
   1. Fifty five percent of the mothers displayed an increased
      risk score on this instrument when comparing pre and post-
      test scores. Thirty three percent of the mothers received
      a decreased risk score, and 11% exhibited no change.
   2. In examining individual items, increased scores were found
      in the area of independent living. Mothers living apart
      from their families were considered "high risk" by this
      instrument despite the appropriateness or stability of the
      living situation. It was judged that the Maternal Risk
Scale penalized mothers for developing independence, and that, in its present form, was inappropriate for use as a measure of change with the families in the program.

HOME Inventory

1. Twenty nine percent of the mothers displayed improved scores on the HOME. Fourteen percent exhibited lower scores and 57% maintained the same total score on pre and post-tests.

2. On individual sections of the instrument, 86% of the mothers displayed lower scores on the post-test in the factor that examined avoidance and restriction of punishment. Staff judged that this resulted from the increased abilities and mobility of children which resulted in more instances of disciplinary action. In addition, familial discipline patterns varied greatly for infants (pre-test) vs. toddlers (post-test).

3. Fifty percent of the mothers displayed improved scores on the section measuring maternal involvement with the child.

Slippages

1. Vocational and academic programming were not offered at the Center due to the lack of available personnel. As an alternative, the Career Assessment Center was utilized for vocational testing and training. Mothers were referred to GED programs located in the metropolitan area.

2. From September 29, 1980 through October 10, 1980, the program's home visit schedule was interrupted due to a job action instituted by the teaching staff at the National Children's Center. Parent seminars were also discontinued until November 1, 1980. During this time, project staff maintained telephone contact with all the families enrolled in the
program.

3. The National Children's Center respite care facility is no longer in operation. As a result, this service was not offered to families enrolled in the Infant Stimulation Program.
Assessment of Child Progress

Accomplishments

1. Process evaluation considers the delivery of services and is discussed by area throughout this report. Process evaluation was an ongoing procedure with delineated reports prepared at six month intervals.

2. The outcome evaluation considers any benefits a child may have derived from participation in the program. A model, which uses pre and post-tests to assess changes in development, was initiated in the project's first year of operation and continued to be implemented.

3. For analysis, the measures of change were divided into the following categories:
   a) measures used to assess the status of the child for the purpose of planning intervention (San Juan Curriculum Checklist, IEP goal achievement, other diagnostic tests)
   b) measures used to assess child progress for the purpose of program evaluation (Bayley Scales of Infant Development, Early-LAP)

The categories were designed to avoid the interference of task specificity in which a child achieves an item because it has been directly taught rather than having the skill as part of her behavioral repertoire.

4. In addition, the children served by the project were grouped as follows:
   a) children designated high risk due to a birthweight of 2500 grams or less without a diagnosed handicapping condition
   b) children with diagnosed neurologic handicaps
5. For this report, the evaluation results were assessed for a one year time period with an interval of twelve months between pre and post-testing. The scores of children enrolled in the program less than twelve months were not included for analysis.

6. Measures used for the purpose of intervention

San Juan Curriculum Checklist

a) The high risk group achieved an average change of +11.6 months. At the time of post-testing, one child displayed age appropriate behavior in all developmental areas assessed by this instrument. Another child displayed age appropriate behavior in five of the seven assessed areas.

b) The handicapped group achieved an average change of +5.8 months.

Achievement of IEP Goals

a) Of the high risk group, 80% of the children achieved 83% or more of the short term goals established on the IEP. One child achieved all goals in six of the seven delineated areas. Another child achieved all goals in five of the seven areas.

b) Eighty percent of the children in the handicapped group achieved 60% or more of the short term goals established on the IEP.

7. Measures used for the purpose of program evaluation

Bayley Scales of Infant Development

High Risk Group (See Table A)

a) This group achieved a mean change of +13.0 points on the Mental Development Index with a range of +34 to -9 points. Two children with a pre-test MDI of < 50 (below three standard deviations) received post-test scores which placed them between one and two standard deviations below the mean. One child's MDI changed from
<50 to 60 which falls between the second and third standard deviation below the mean. None of the children in this group received scores falling below three standard deviations on the post-test.

b) The high risk group achieved a mean change of +23.8 points on the Psychomotor Development Index with a range of +33 to no change. One child with a pre-test PDI of <50 (below three standard deviations) received a post-test score of 79 which placed him between the first and second standard deviations below the mean.

Handicapped Group (See Table B)

a) With this group, age equivalencies were used to assess change as was recommended in the Bayley manual.

b) On the Mental Scale, the handicapped group achieved a mean change of +6.4 months between pre and post-test scores with a range of +10 to +2 months. None of the children in this group were displaying age equivalent functioning at the time of either pre or post-testing.

c) On the Motor Scale, this group achieved a mean change of +4.2 months with a range of +1 to +9 months. None of the children were displaying age equivalent functioning at the time of either pre or post-testing.

Early-LAP

High Risk Group (See Table C)

a) The high risk group achieved an average increase of 9.4 months over all the developmental areas assessed by this instrument. Changes in children's functional level ranged from +5.8 months to +12.5 months. In addition, age appropriate skills were displayed in eleven of the twenty five scores presented at the time
of post-testing.

Handicapped Group (See Table D)

a) The handicapped group achieved an average increase of 5.1 months over all the developmental areas assessed by the E-LAP. Changes in children's functional level ranged from +1.8 months to +6.6 months.

8. Since there was no control group with which to compare evaluation results, no generalizations about the effectiveness of the program were made. All of the children in the program showed an increase in functional developmental level, and it was judged that the intervention strategies utilized were appropriate for the individual children enrolled in the program.

Slippages
none
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<th>Child</th>
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<th>Post MDI</th>
<th>Change MDI</th>
<th>Pre PDI</th>
<th>Post PDI</th>
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MDI Mean Change +13.0

PDI Mean Change +23.8
## TABLE B

Bayley Scales of Infant Development - Pre-test and Post-test Results

Infants with Diagnosed Neurological Handicaps

<table>
<thead>
<tr>
<th>Child</th>
<th>Mental Age Equivalency (months)</th>
<th>Motor Age Equivalency (months)</th>
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Mental Age $\bar{x}$ change +6.4 months  
Motor Age $\bar{x}$ change +4.2 months
## TABLE C

**Early - LAP Results**

<table>
<thead>
<tr>
<th></th>
<th>Gross Motor</th>
<th>Fine Motor</th>
<th>Language</th>
<th>Cognition</th>
<th>Self - Help</th>
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*indicates age appropriate or higher functioning.*
TABLE D

Early - LAP Results - Functional Level and Change (Reported in Months)

Infants with Diagnosed Neurological Handicaps

<table>
<thead>
<tr>
<th></th>
<th>Gross Motor</th>
<th>Fine Motor</th>
<th>Language</th>
<th>Cognition</th>
<th>Self-Help</th>
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<td>+3</td>
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<td>+6</td>
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</table>
Inservice Training and Staff Development
(Objective 411 in Continuation Application)

Accomplishments

1. All staff members were oriented to HCEED project goals and objectives.

2. All staff members were oriented to NCC policies and procedures.

3. All staff members assessed their training needs and made recommendations for inservice presentations.

4. Weekly meetings were held to discuss infant and parent progress. All project staff participated in these meetings.

5. Weekly staff meetings were held to disseminate information and to discuss project goals and implementation.

6. An eight hour needs assessment was conducted in conjunction with TADS to review and evaluate the project's philosophy, operation and future direction.

7. In addition to weekly meetings, a total of 31 hours of inservice training was presented at NCC for all project staff.

   a. A psychological consultant presented an inservice on feeding problems and handicapped children.

   b. The physical and occupational therapist presented a joint inservice on gross and fine motor development.

   c. The maternal-child nurse presented an inservice on safety and medical procedures.

   d. The nutritionist presented an inservice on nutrition and infection control.
e. The speech-language pathologist presented an inservice on language development.

f. A neonatalogist from Children's Hospital presented an inservice on medical problems of premature infants.

g. A consultant from the College-Community Job Search Program presented a day long workshop to train staff in methods of helping adolescents find jobs.

h. The occupational therapist presented an inservice on the field of occupational therapy and the problems that OT's treat.

i. The physical therapist led a discussion on parental perceptions of home therapy responsibilities.

j. The caseworker presented an inservice on logical consequences to behaviors.

k. The occupational therapist presented an inservice on the development of prehension.

l. The physical therapist presented an inservice on positioning and handling children with cerebral palsy.

8. Following each inservice, staff members rated the presentation on applicability to their needs and overall quality using a scale of one (low) to five (high). The inservices presented at NCC received a mean rating of 3.9 for applicability and 3.8 for overall quality. Ratings for each area ranged from 2 to 5.

9. Staff attended conferences, workshops and seminars outside of NCC to receive training pertinent to the project for a total of 185 hours.

a. The speech-language pathologist attended a two day workshop on Infant Stimulation at Georgetown University.

b. The project coordinator attended the HCEEP-DEC conference for three days involvement in workshops, seminars and meetings.
c. Five staff members attended a conference on handicapped infants at George Washington University.

d. Four staff members attended the conference "The Contexts of Infancy, Family and Society" at Bank Street College of Education in New York City.

e. Eight staff members completed the eight hour training module in Cardiopulmonary Resuscitation presented by the American Red Cross and became certified in CPR.

10. Following attendance at outside training activities, staff members rated the presentations on applicability and overall quality using a scale of one (low) to five (high). Outside presentations received a mean rating of 3.2 for applicability and 3.7 for overall quality. In the area of outside training, the CPR module received the highest rating with a mean of 4.2 for applicability and 3.9 for overall quality.

11. Staff members visited other programs in the metropolitan Washington, D.C. area which serve infants or adolescents. Activities during the visits included observations, discussions with staff members and examination of materials.

   a. TTIP-Howard University Hospital
   b. D.C. Society for Crippled Children
   c. Family Place
   d. IMPACT - Howard University
   e. United Planning Organization
   f. Christ Church Child Center
   g. Hospital for Sick Children
   h. Children's Hospital National Medical Center
   i. Columbia Lighthouse for the Blind

12. All staff received feedback from project coordinator concerning performance.
Training for Personnel from Other Agencies
(Objective #10 in Original Application)

Accomplishments

1. The project established a liaison with Howard University Hospital and
   Georgetown University Hospital to provide four hours training modules for
   pediatric residents. The modules included discussions of program philo-
   sophy and goals, classroom observation and participation in intervention
   activities. Thus far, three pediatric residents have participated in
   training.

2. An agreement was made with the Howard University School of Human Re-
   sources for the project to serve as a training site for parents enrolled
   in the HIIP program at D.C. General Hospital. Training was to consist of
   a six week internship in the infant stimulation classrooms. As of this
   date, the sponsoring agencies had not completed their pre-internship
   training with the parents.

3. A graduate student in special education from Howard University received
   40 hours of training in intervention techniques through participating in
   project discussions and classroom activities.

4. A graduate student in speech pathology from the University of Maryland
   participated in the project for three hours per week during the fall semes-
   ter. Training activities included observation, evaluation and direct ser-
   vices to children enrolled in the program.

5. A speech pathologist from the HIIP program at D.C. General Hospital
   received four hours of training in evaluation and intervention techniques
   through association with the project.
6. A physical therapy student from the University of Maryland received ten hours of training per week during the fall semester through association with the project. Training activities consisted of observation and assisting the staff physical therapist with treatment.

Slippages

1. As stated in the progress report dated December 31, 1980, a training program for pediatric residents from Children's Hospital was not conducted due to the termination of the training program conducted at the National Children's Center.

2. The project had originally intended to sponsor a conference, in association with the TEDI program and the D.C. Consortium of Handicapped Children's Programs, for agencies providing infant educational services. The conference was not held due to lack of sufficient time for coordination of events by three sponsoring organizations.
Accomplishments

1. Since July 1, 1980, 61 tours of the project were provided for interested professionals, students and other groups. A total of 403 people visited the project during the past year. (See Appendix for list).

2. The project nurse and one of the parents enrolled in the project presented a program on the "Effects of Drug Abuse on Unborn Children" at the Methadone Clinic at D.C. General Hospital.

3. The program coordinator made a presentation on "Early Intervention" to the D.C. Association for Retarded Citizens.

4. A report of program activities was included in "No Time to Live", a television documentary concerning the infant mortality rate in Washington, D.C.

5. A fact sheet describing program services and eligibility requirements was updated and mailed to 35 hospitals, clinics and public health agencies. In addition, 200 of the fact sheets were disseminated to interested professional, students and families. (See Appendix for fact sheet)

6. A guide for stimulating parent-child interaction was prepared. As of this date, it was undergoing final revision following review and critique by two reviewers provided by TADS. The guide is divided into three sections (0-1, 1-2, 2-3 years) and presents activities which can be incorporated into play or daily living situations. Responses which might be elicited through the activities are provided, and an appendix of songs and games is also included. (See Appendix for sample pages)
7. Materials continued to be collected for inclusion in a handbook describing the project's parent training program.

Slippages

1. Items for an infant curriculum were assembled and reviewed. Following staff discussion, it was decided that any curriculum produced by the project would differ only slightly from several useful and effective curricula already available. As a result, work on an infant curriculum for dissemination was discontinued.

2. A slide-tape presentation of project services was under preparation in cooperation with D.C. Consortium of Handicapped Children's Programs. Slides and a draft of the tape script were presented to a consortium consultant for final production and editing. As of this date, the consultant had not completed the presentation. Plans were made for the project to independently produce a slide presentation.
Coordination with Other Agencies
(Objective 1, 5, 6 in Original Application)

Accomplishments

1. The referral-acceptance procedure which was instituted during the project's first year of operation was expanded to include a followup meeting with parents prior to program enrollment. The purpose of the meetings was to discuss evaluation results and recommendations for service so that a parent had the opportunity to make an informed decision regarding enrollment. For families not accepted into the program, it provided time to discuss possible alternate placements. (See Appendix for outline of process and staff responsibilities.)

2. Since July 1, 1980, a total of 22 referrals have been processed from the following sources:
   - Hospitals 13
   - Public Health Agencies 5
   - Other 4

3. Of the referrals processed, ten families have been accepted into the program and four are currently involved in the pre-admission process. Eight were not accepted into the program and were referred to other infant programs or day care centers.

4. A fact sheet describing the program was updated and mailed to 35 possible referral sources in February. The fact sheet contained information on program services, location and eligibility requirements. (See Appendix for fact sheet)

5. The caseworker, nurse and program coordinator visited and maintained phone and letter contact with hospitals, social service agencies, clinics, infant and preschool programs and other referral or placement sources. (See Appendix for partial listing)
6. As a member of the D.C. Consortium of Handicapped Children's Programs, the project was part of an "Action Line" which attempted to locate appropriate placements for handicapped children.

7. Since July 1980, seven families withdrew from or completed the program and have secured the following placements:
   - 2 Re-admitted to NCC Infant Program
   - 1 NCC Pre-School
   - 1 Hospital for Sick Children
   - 1 D.C. Society for Crippled Children
   - 1 Special services no longer required
   - 1 Unknown

8. Project staff worked cooperatively with other agencies providing services to families enrolled in the program. These other agencies included hospitals, public health services, other program for handicapped children and private physicians.

9. The nurse, caseworker, teachers and coordinator attended five meetings outside the project concerning families formerly enrolled in the program.

10. A liaison was established with Columbia Lighthouse for the Blind for the purpose of on site consultations by their staff to aid in development of appropriate programming for visually impaired children enrolled in the project.

11. The project coordinator met on three occasions with the project coordinator of the District of Columbia's State Implementation Grant to discuss and help formulate standards for preschool services for handicapped children.

Slippages
None
Continuation and Replication
(Objective #9 in Original Application)

Accomplishments

1. The Executive Director of the National Children's Center investigated Medicaid funding and plans to submit a proposal for consideration in Fall 1981. This source could provide funding for intervention with children including the services of a pediatrician, physical therapist, occupational therapist, speech pathologist, nurse and caseworker. Parent services including counseling and parent training conducted by the nurse and caseworker could also be funded through this source.

2. United Way funding was received for 1980-1981 and 1981-1982. Applications will continue to be made to this source. If received, the funding could be used to fund transportation and teachers' salaries.

3. The following private foundations were investigated, and the procedures for applying to these sources were obtained:
   a) The Morris and Gwendolyn Cafritz Foundation
   b) The Joseph P. Kennedy Jr. Foundation
   c) Public Welfare Foundation
   d) Ralph L. Smith Foundation

4. Day Care licensing for the project was obtained.

5. Discussion continued regarding the cost efficiency of the program and replicable aspects of the model.

6. TADS provided a one day on-site consultation regarding continuation funding.

7. The project coordinator attended sessions at the HCEED-DEC conference concerned with funding.
Slippages

None
Advisory Council  
(Objective #7 in Original Application)

Accomplishments

1. The Advisory Council was composed of eleven members including three mothers enrolled in the project. (See Appendix for List of Members)

2. The Advisory Council met on October 6, 1980 and June 30, 1981 at the National Children's Center. A meeting scheduled for March 18, 1981 was cancelled when ten of the eleven members indicated they would be unable to attend. (See Appendix for agenda)

3. Individual members aided the program in their particular area of expertise. An attorney supplied assistance in investigation of educational training for mothers. A council member provided information regarding educational opportunities for handicapped three year olds. A parent member offered suggestions for improving parent participation in the program.

4. A one day on-site consultation was provided by TADS to assist the project in building a more effective advisory council.

Slippages

1. Schedule conflicts among the council members prevented the establishment of a regular day and time for meetings. As a result, the group did not meet quarterly as originally proposed.
Anticipated or Unanticipated Spin-Off Developments

1. The project did not originally anticipate producing a stimulation guide for use by parents. The guide was prepared following a staff decision that currently available materials are inappropriate for use by families enrolled in the program.

2. Two CETA workers placed in the project from November 1980 to April 1981 decided to continue working in the field of child care when their CETA program was terminated.

3. It was not originally anticipated that the project would provide parent training in PL 94-142. Since the majority of children enrolled in the program will continue to need special services, the topic of child advocacy was added to the parent curriculum.
## Evaluation Schedule

<table>
<thead>
<tr>
<th>Measure</th>
<th>When Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child:</td>
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<tr>
<td>Denver Developmental Screening</td>
<td>pre-admission home visit</td>
</tr>
<tr>
<td>Bailey Scales of Infant Development</td>
<td>pre-admission; yearly</td>
</tr>
<tr>
<td>Developmental Language Scale</td>
<td>pre-admission; 6 month intervals</td>
</tr>
<tr>
<td>Milani Comparetti</td>
<td>pre-admission; 6 month intervals</td>
</tr>
<tr>
<td>E-LAP</td>
<td>pre-admission; 6 month intervals</td>
</tr>
<tr>
<td>video tape</td>
<td>pre-admission; 6 month intervals</td>
</tr>
<tr>
<td>IEP goals</td>
<td>30 days after admission; 6 monthly</td>
</tr>
<tr>
<td>physical examination</td>
<td>pre-admission</td>
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<tr>
<td>health indices (height, weight)</td>
<td>monthly</td>
</tr>
<tr>
<td>San Juan Curriculum Checklist</td>
<td>pre-admission; biweekly</td>
</tr>
<tr>
<td>data collection on developmental goals</td>
<td>daily</td>
</tr>
</tbody>
</table>
INDIVIDUALIZED EDUCATION PROGRAM (IEP)*

1. Identifying Information
   - Name of Student
   - Birthdate
   - Age
   - School
   - Teacher
   - Name of Parent/Guardian
   - Phone Number
   - Address

2. Special Notations
   a. Health Status, Visual and Hearing Acuity
   b. Observed Learning Style
   c. Other

3. Period of Plan
   - From
   - To

4. Present Levels of Performance
   - Fine Motor Skills:

*Use the IEP Instruction Guide when filling in this form.
Cognitive Skills:

Language Skills:
1) Expressive

2) Receptive

Gross Motor Skills:

Social Skills:

Attach additional sheets as needed
Self-Help Skills!

Other: (include any pertinent information not stated above)

5. Prioritized Annual Goals:

<table>
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<tr>
<th>Area</th>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
</tbody>
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Attach additional pages as needed.
9. a. Service Delivery

b. Comments and suggestions to facilitate instructional programming:

10. Schedule for determining whether short term objectives are being achieved:
   a. Annual Review Date(s)
   b. Interim Review Date(s)

11. IEP Meeting(s):
    
    Participants :

<pre><code>| Name (print or type) | Signature | Position |
|----------------------|-----------|----------|
|                      |           |          |
|                      |           |          |
|                      |           |          |
|                      |           |          |
|                      |           |          |
|                      |           |          |
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<th>Comments</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Name: ______________________________
Short Term Goal: ____________________

Activity | Date/Initials
--------- |-------------
1)        |             
2)        |             
3)        |             
4)        |             
5)        |             

KEY:
1) Pays attention.
2) Passively participates in activity.
3) Actively participates in activity (still requiring physical assistance).
4) Achieves short term goal independently within the structure of the activity.
5) Incorporates skill into spontaneous repertoire of motor behavior.
I, ________________________________, voluntarily choose to enroll myself and my child in the Infant Stimulation Program from ________________ to ________________.

I understand that the Infant Stimulation Program will provide:

a) comprehensive educational services to my child __________ times per week; and

b) parent support services to me.

I agree to:

a) participate in monthly Mother's Day classroom sessions to be held on ________________ from 9:30 a.m. to 12:30 p.m. the last full week of each month; and

b) participate in Mother's Group to be held on ________________ from __________ to __________ every week except the last full week of the month; and

c) participate in Home visits __________ times per month to be held ________________; and

d) participate in all scheduled meetings concerning my child or myself.

Further, I agree to contact the appropriate staff member if either my child or myself is unable to attend a scheduled session or meeting.

I understand that continued enrollment in the Infant Stimulation Program depends on my active participation. I understand that if I break any part of this agreement, there will be consequences.

(PARENT) ________________________________ (DATE) ________________

(PROGRAM DIRECTOR) ________________________________ (DATE) ________________
I, ____________________________, want to work on the following objectives. In order to accomplish these objectives, I agree to carry out the listed steps. I understand that the Infant Staff will offer help as needed. This contract will be reviewed every 6 months.

______________________________
(signature)

______________________________
(date)

PERSONAL OBJECTIVE:

MOTHER'S STEPS:

STAFF STEPS:

TARGET DATE: __________________

DATE ACHIEVED:

PERSONAL OBJECTIVE:

MOTHER'S STEPS:

STAFF STEPS:

TARGET DATE: __________________

DATE ACHIEVED:

53
Mother's Group

Topic: Looking for a job

I. What kind of job are you qualified for?
In exercise, group members listed jobs they thought they were qualified for. Jobs were listed on poster paper.

II. Skills, Likes & Dislikes
(See Attached)
This exercise was helpful in helping group members focus on self. Most group members had a very difficult time and ignored obvious skills. Most members did not know the difference between a job and a skill.

III. How do the skills, Likes & Dislikes you listed connect with jobs you think you are qualified for? We charted as follows....

<table>
<thead>
<tr>
<th>JOB</th>
<th>A.</th>
<th>D.</th>
<th>M.</th>
<th>SKILLS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day care</td>
<td></td>
<td></td>
<td></td>
<td>Like children, organized, responsible</td>
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<tr>
<td>aide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waitress</td>
<td></td>
<td></td>
<td></td>
<td>Coordinate, organized, social skills etc.</td>
</tr>
</tbody>
</table>

IV. We then talked about how to find jobs. Each group talked about what job-seeking techniques have worked for them.

V. We then talked about things each member needed to think about before you look for work; such as scheduling needs, child care, salary, etc.
Mother's Group

Week of May 18th

Topic: Looking for Jobs (cont.)

The focus of this week's mother's group was on the process of getting a job.

I. Why do people get hired?
We asked each group to brainstorm a list of reasons why people get hired. They were:

Wednesday Group
- Experience
- Skills
- Qualifications
- Appearance
- Personality
- Way of talking
- Attitude
- Age
- Interest in Job
- To get training
- To get a chance
- Dependable
- Get along with others
- Write well
- Read well
- References

Thursday Group
- Qualifications
- Skills
- Education
- Appearance
- Personality
- How people carry themselves
- Dependable
- On time
- Responsible
- Interested in Job
- Talk well with people
- Honest
- Sell yourself
- Good eye contact
- Energetic
- References
- Neat Application form

II. Applications

We then reviewed filling out application forms. We found that most of our mothers did not understand large parts of applications. This is an area in which the mothers need more practice.
LESSON PLANS - MOTHERS' CLASSROOM PARTICIPATION

DATE: September 17, 18 10:00 a.m.
THEME: Learning - How Do Children Learn?

Objective: The mothers will recognize how their children are active participants in their own learning process. (i.e. they learn through experience)

Activities: Judy and Sue will talk to the mothers in the observation room about the importance of giving children the opportunity to hear language and sounds and the opportunity to let children move and explore surroundings. (5-10 minutes). After this they will come back into the classroom and mothers and babies and staff will sit in a semi-circle for the following:

BLOCKS: Each child will be given 4-6 blocks. A staff member will team up with each mother and child. The child will be observed playing with the blocks. The staff member and mother will then discuss what each child is learning from the blocks at his/her stage of development.

MUSIC: Activity List
"Sit down" song following directions (1 step, repetition, using objects.)
Bumblebee song Imitation of Teachers, children
Clapping hands (to clapping song) (body movements, sounds, voices)
Drum Beats activity Sound/Motion Experiences
Record-dancing (fast/slow, soft/loud, rhythm)

MOTHER PICKING A TOY: Each mother will pick a toy from a pre-selected group and play with her baby using the toy for 2-3 minutes. Each mother will then tell the group about the child's response to the toy and talk about the types of things the child might have learned.
The Infant Stimulation Program at the National Children's Center serves a population of high risk infants (0-3 years) and their mothers.

**SERVICES**

The program consists of a center-based component, a home-based component and a mother's group. All participating families are enrolled in each aspect of the program.

**CENTER-BASED**

Children attend the center-based program 2 to 5 days per week depending on need. Developmental assessments are conducted and individual goals are written for each child. Goals address the areas of motor, language, cognitive, social and self-help development. The classroom is staffed by teachers and teaching assistants who are trained in child development. Direct services are also provided by a physical therapist, occupational therapist, and speech-language pathologist. Consultant services are available in the areas of nutrition, behavior, neurology and audiology. Transportation and meals are provided for children enrolled in the program.

**HOME-BASED**

Each family is visited in the home on a weekly basis by the program's maternal-child nurse. During these visits the nurse discusses and demonstrates activities to aid in child development and help implement the classroom goals. The nurse also serves as a support and source of information for medical and personal concerns.

**MOTHERS' GROUP**

Each mother attends a mothers' group meeting conducted at the Center on a weekly basis. The topics focus on the personal needs of the mothers as well as their needs as a parent. Once each month, the group meets in the infant classroom to work with the children's teacher and therapists in a specific developmental area.

**ELIGIBILITY**

The program is open to children birth through three years of age who are either high risk due to a low birth weight or are exhibiting a developmental problem. Mothers of the infants should be single, 21 years old, or younger, without a high school diploma.

**FEE**

The program is free to eligible infants.

**CONTACT**

Infant Stimulation Program, National Children's Center, 722-2300.
REFLECTIONS

This helps your baby learn to imitate, look at him/herself and learn his/her name

Things to Use: mirror, toys, blanket, wash cloth

What You Do and Say
- Play "Peek-a-Boo"
- Imitate movements and sounds your baby makes
- Play "Patty Cake"
- Wave and say "Bye-bye" when you leave the room
- Say "Hi!" when you see your baby
- Let your baby play in front of a mirror
- Touch your baby and say his/her name
- Put a cloth over your baby's face and say "Where's _________?"
- Make faces at your baby in the mirror
- Make noises at your baby
- Play "Give and Take" with your baby

What your Baby Might Do
- Imitate your movements
- Imitate your sounds
- Smile or laugh at you
- Cry when you leave the room
- Turn his/her head when name is called
- Play with his/her reflection
- Wave "hi" or "bye-bye"
- Pull cloth off his/her face
- Fuss when you take a toy away
This helps your child learn what things are used for, ask for more, and practice doing more things with his/her fingers.

Things to Use: cups, spoons, plates, yarn, large beads, buttons or macaroni

<table>
<thead>
<tr>
<th>What You Do and Say</th>
<th>What Your Child Might Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Make necklaces with your child by stringing large buttons, beads or macaroni. When your child is ready for another bead, encourage her/him to say &quot;more&quot;</td>
<td>- Ask for more</td>
</tr>
<tr>
<td>- Put several objects in front of your child (spoon, cup, show, etc.). Ask her/him to give you &quot;The thing you eat with,&quot; (drink from, put on your feet, etc).</td>
<td>- String beads or macaroni</td>
</tr>
<tr>
<td>- Have a tea party with your child. Help her/him set the table. Talk about what you are doing. &quot;You have a cup.&quot; &quot;Dolly is sitting&quot;, etc.</td>
<td>- Find things when you name action</td>
</tr>
<tr>
<td>- Let your child pour water into cups.</td>
<td>- Talk in 2-3 word sentences</td>
</tr>
<tr>
<td>- Stir your 'tea' with a spoon.</td>
<td>- Spill some water when she/he pours</td>
</tr>
<tr>
<td>- Pretend to blow out candle on a birthday cake</td>
<td>- Use a spoon to stir</td>
</tr>
<tr>
<td>- Ask your child if she/he wants tea or cookies</td>
<td>- Shake head yes and no</td>
</tr>
<tr>
<td>- When the party is over, let your child help wash the dishes and put them away. Talk about where things belong &quot;in the drawer, on the table, etc.&quot;</td>
<td>- Understand words like in, on, or under</td>
</tr>
</tbody>
</table>
REFERRAL ADMISSION PROCEDURE

1. Referral information taken (Caseworker, Nurse)
2. Appropriateness of referral decided (Coordinator)
3. Home visit scheduled for appropriate referrals or outside referral made for inappropriate referral (Caseworker)
4. Home visit conducted (Nurse, Caseworker)
5. Staffing to discuss home visit (Nurse, Caseworker, Coordinator)
6. If appropriate, evaluation scheduled and parent contacted or if inappropriate, outside referral made (Caseworker)
7. Preadmission memo written (Caseworker, Nurse)
8. Team Evaluation (Transdisciplinary team)
9. Team Staffing (Transdisciplinary team)
10. Parent meeting to discuss evaluation results (Coordinator, Caseworker)
CONTACT LIST

Children's Hospital National Medical Center
Dept. Pediatrics
Evoked Potentials Lab
Physical Medicine Dept.
Audiology and Speech Pathology

D.C. Society for Crippled Children

HIIP. - D.C. General Hospital

Tiip - Howard University Hospital

IMPACT - Howard University

United Planning Organization

Columbia Lighthouse for the Blind

D.C. Public Schools

Hospital for Sick Children

Christ Church Child Center

Improved Pregnancy Outcome

Department of Human Services

NIMH

Gallaudet College - Kendall Demonstration School

WIC Program

Columbia Hospital for Women

Georgetown University Hospital

D.C. Therapeutic Nursery

Family Place

Information Center for Handicapped Individuals
<table>
<thead>
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<th>DATE</th>
<th>NO. PEOPLE</th>
<th>GROUP</th>
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<tbody>
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<td>DCPS Special Education</td>
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<td>7-22-80</td>
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<td>Loaned Executives</td>
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<tr>
<td>6-18-81</td>
<td>1</td>
<td>Physician</td>
</tr>
</tbody>
</table>
NATIONAL CHILDREN'S CENTER, INC.

Infant Stimulation Program

Advisory Board Membership

1. Dr. Michael Datsh
   10301 Georgia Avenue
   Silver Spring, MD 20902 (NCC Advisory Board)

2. Dr. I J. Swoboda
   3612 Dorado Court
   Fairfax, VA 22031 (Division of Maternal & Child Health)

3. Dr. Robert Nover
   Mental Health Study Center
   NIMH
   2340 University Blvd. East
   Adelphi, MD 20783

4. Ms. Jenny Austin, R.N., M.S.N.
   Georgetown University Child Development Center
   3800 Reservoir Road, N.W.
   Washington, D.C. 20007

5. Ms. Hindi Levy
   237 Red Clay Road #202
   Laurel, MD 20810 (Superior Court Volunteer Attorney's Office)

6. Dr. Patricia Allison
   NIMH
   2340 University Blvd. East
   Adelphi, MD 20783

7. Ms. Mary Cima
   Child Protective Services
   122 "C" Street, N.W., Room 409
   Washington, D.C. 20001

8. Ms. Nancy Herbert
   Preschool/Primary Coordinator
   National Children's Center

9. Ms. Della Johnson (Mother)

10. Ms. Michelle Carter (Mother)

11. Ms. Candy Moorefield (Mother)
1. Introduction of Members
2. Introduction of new Coordinator
3. Discussion of the effects of the teachers' strike on the project
4. Progress of project since last meeting
ADVISORY COUNCIL AGENDA

June 30, 1981

1. Introduction of members and project staff
2. Update on program activities
3. Discussion of continuation funding