Seven issues of the newsletter/journal from the Technical Assistance Development System (TADS) address a variety of topics related to special education for young handicapped children. Among articles included are a description of a rural workshop sponsored by an affiliate of the Handicapped Children's Early Education Program (HCEEP), electronics stimulation materials for severely handicapped students, a training course to give physicians information on early identification of young handicapped children, summaries of first year HCEEP programs, status of HCEEP funding, health care/education relationship, a review of early intervention research for pediatricians, the roles of advisory boards, the importance of management in providing for successful volunteer programs, and continuation rate of HCEEP funding. (CL)
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The cover of Emphasis is a panel from a larger pen and ink collage, reproduced here in miniature, illustrating the activities of the HCEEP network. Created for the newsletter by D. J. Beam of the University of North Carolina Printing Department, the collage contains scenes representing parent involvement, assistance to service providers and delivery of services to young handicapped children and their families. In each issue this fiscal year, successive panels from the collage are used for cover art.
The Rural Workshop

By Michael Woodard and Ruth Meyer

It was a family affair. Nearly 100 educators from the Handicapped Children’s Early Education Program converged on the Maxwell House Hotel in Nashville, Tennessee, March 12 to 14 for the Rural Workshop. They came from 32 states and territories—representing demonstration, outreach and state implementation grant projects—to share expertise and explore the unique concerns related to serving young handicapped children and their families from rural areas.

The problems faced by rural special educators are those of rural educators in general, Keynote Speaker Terry Fletcher told participants. “The problem with small schools and the problem with isolated schools is that they’re small and isolated,” he said. Lower salaries and professional isolation discourage teachers and other professionals from coming to rural programs. Those who do come are plagued by lack of operating funds and community resources.

Fletcher, a consultant and former senior policy analyst for the Office of Education, DHEW, recommended focusing attention on the need for early childhood special education in rural America through political advocacy. “Congressmen will provide the things that voters want them to,” he said. “If you have a strong constituency that can
deliver a lot of votes, congressmen will listen.” He added, “You can really get a whole lot to happen five years down the road if you start now.”

U.S. Representative Wes Watkins, D-Oklahoma, chairman of the Congressional Rural Caucus, also encouraged advocacy during his remarks as closing speaker for the workshop. “Out of 17,000 school districts, 13,000 of them are in rural America,” he said. “But the facts are, we get only 5 percent of the research funds, 11 percent of the library funds, 14 percent of the vocational education programs, and only 13 percent of the funds for dropouts.”

With that kind of service history, the congressman doubted that rural areas would be able to meet the requirements of P.L. 94-142, which mandates a free appropriate public education for handicapped children between the ages of 3 and 21 by September of this year.

Watkins told his audience he has a personal interest in special education that is rooted in his childhood. “I was born with a speech impediment,” he said. But it was not discovered and treated until Watkins’ family, a poor one, left its rural community and made its second trip “through the Okie-Arkie movement” to Sacramento, California, looking for work.

“On the first day of school, the teacher sent me home and she told my mama on this note that she couldn’t understand me, and that I would have to go to the school speech therapist. Thank God we were poor. Because in DeQueen, Arkansas, and my area of Southeast Oklahoma, we still don’t have enough speech therapists within commuting distance.

“And how many young people do we have today who have a speech impediment that could have been corrected if someone had been there?”

The Rural Workshop was conceived by the Rural Consortium, an affiliation of HCEEP projects spearheaded by Chairman Harris Gabel, director of the Family, Infant and Toddler Project in Nashville. The Bureau of Education for the Handicapped liked the consortium’s idea of a national meeting to address the special needs of rural projects. It funded the two HCEEP technical assistance agencies, TADS and WESTAR, to co-sponsor the workshop.

In her opening remarks and throughout the Workshop photos courtesy of the FIT Project.
Nashville.

U.S. Rep. Wes Watkins was closing speaker for the Workshop.

Tal Black of TADS (lower right) enjoys a lively presentation by HCEEP Project Director Donald Perras about managing stress in service providers.

Harris Gabel.
Chairman of the Rural Consortium
workshop, Project Officer Sandy Hazen conveyed BEH’s regard for and commitment to rural projects and their clients.

In order to make the workshop as useful as possible for participants, HCEED projects were surveyed to find out what kinds of presentations would be most beneficial in their work with rural children and families. From the responses, an agenda was created that included sessions on recruiting staff, securing operating funds, managing stress on service providers, handling transportation problems, and a dozen other issues.

Most presenters were educators whose knowledge had been acquired and skills had been honed in HCEED programs. However, a special effort was made to provide perspectives on rural service delivery from other fields, such as religion, business, health, agriculture, and social work. Guest speakers addressed such diverse topics as influencing decision makers and anticipating how the religious beliefs of rural parents might affect their attitudes toward handicapped children.

The workshop also provided a valuable opportunity for participation in Rural Consortium task forces. Chaired by Patti Hutinger from Macomb, Illinois, the State of the Art Task Force developed a plan for gathering and sharing information on best practices in rural areas. The Task force for Support to Rural Programs, chaired by Louise Phillips of Magnolia, Arkansas, started planning for a manual on how to influence local and state decision makers.

Continued on page 11.

HCEED RURAL WORKSHOP
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A Model for Interagency Coordination In a Rural State—Maine

By Christine B. Bartlett

The key phrase in serving preschool handicapped children these days seems to be "interagency coordination." In a rural state such as Maine, scarcity of resources makes the interagency effort even more crucial. Only a strong commitment at both the state and local (or regional) level can insure that children and their families get access to all the helping services available.

Our State Implementation Grant program initiated a pilot project for interagency coordination 2½ years ago. The success of the effort at both the state and local level led to passage this year by the Maine Legislature of a bill establishing a permanent, although permissive, coordination system within the Division of Special Education.

The Maine system is particularly adaptable to other rural states, which tend to have less complicated government systems than nonrural states.

The Maine Model

There are two basic parts to the Maine system. At the state level, an Interdepartmental Coordinating Committee organizes the interagency effort. It identifies existing programs and resources, gathers and disseminates information about early childhood special education, sets service goals and monitors progress toward them, and reports to the legislature.

The committee has representatives from each of the three Maine agencies that serve preschool handicapped children: the Department of Human Services, the Department of Educational and Cultural Services, and the Department of Mental Health and Corrections. Members from the private sector include parents, a representative of the Maine Head Start Directors Association, and two from the Association for Young Children with Special Needs.

The state-level committee makes grants to Local Coordinating Committees at the regional level for implementation of state initiatives in four areas: (1) screening of children, (2) diagnosis and evaluation, (3) provision of direct services, and (4) local planning.

The one-year grants, which average $45,000 per local committee, are a key factor in the success of the model. The money makes it possible for communities to fill the gaps in service delivery that their own resources cannot support.

Under the pilot program, seven local committees were funded with a combination of State Implementation Grant, Preschool Incentive Grant, and state monies. In the future, local committees will be 100 percent state funded, thanks to the legislation just passed. As many as 22 local coordinating sites may be necessary to extend the interagency effort to the entire state.

The Grant Requirements

Participation in the interagency effort at the local level is voluntary. Invitations to submit grant proposals are sent to all local education agencies and to known programs for preschool handicapped children. The basic requirement: a Local Coordinating Committee must be established first, and then its fiscal agent applies for the grant. Originally, only LEA's could be fiscal agents. Currently, other types of agencies may apply. The grant process, from the sending of invitations to the awarding of grants, takes about 2½ months.

Other grant requirements include:

- The Local Coordinating Committees must spend at least 30 percent of grant funds on provision of direct services.
- Each grantee must agree to maintain at least the current level of community services.
- A project coordinator must be appointed,

Christine B. Bartlett is director of Maine's State Implementation Grant program and an early childhood consultant in the Division of Special Education.
with responsibility for implementing local interagency efforts as well as overseeing planning for future cooperation and service delivery.

- The local committees must include representatives from the regional offices of the Department of Human Services and the Department of Mental Health and Corrections; at least two LEA's; public and private nursery and day care programs; existing preschool handicapped programs; and parents of handicapped children.

Because the mix of existing programs and services varies widely from one area of the state to another, actual implementation of the model varies, too. Once grants are made, the local committees are given as much flexibility as possible while still maintaining the integrity of the state coordination system.

Getting Started

Before launching any interagency coordination effort, a firm base of knowledge must be established about three levels of state government: the legislature, the administration, and state departments.

- Are there political issues related to the structure and functioning of these governmental units that could affect early childhood special education?
- Who controls the money? And how is it distributed?
- What is the existing policy at all levels related to education of preschool handicapped children? How can that policy be influenced?

The answers to these questions provide the background information necessary to formulate appropriate and effective strategies for securing good interagency coordination at the state level that, in turn, will contribute to grass-roots success. Other questions that should be answered include:

- What is the readiness of the state for an interagency approach to service delivery?
- Are there strong regional or professional “ownership” or “territorial” feelings towards service provision that must be overcome?
- Should the effort be initiated first at the state level, the local level, or some combination of the two?

Formulating as many questions as possible about state systems, and then coming up with the answers, not only minimizes the likelihood of implementation problems, it also makes it possible to anticipate problems and have ready plans for dealing with them.

In Maine we will be expanding the number of Local Coordinating Committees until children and families in every part of the state are benefiting from interagency coordination. The model provides a mechanism for LEA's and other community agencies to serve preschool handicapped children without heavy financial burdens. It also provides a mechanism for better utilizing the excellent existing programs in each community, thereby decreasing the amount of new funds that will be needed to assure that all Maine's handicapped children receive appropriate educational experiences at no expense to their parents.
Sound, Light and Movement
For Children, with
Severe Handicaps

A long but fascinating telephone interview conducted in March with Edmond S. Zuromski, an HCEEP outreach project director, provided Editor Ruth Meyer with the material for this article.

Imagine lying around in a bed 24 hours a day, incapable of communicating with anyone or interacting with your world--unable to touch, unable to see, unable to move.

That is how behavioral psychologist Edmond S. Zuromski describes the isolation of the severely handicapped young children his outreach project helps by transforming electronic gadgets into teaching tools. The devices give children who never had it before power to create the sound, light, and movement that most of us take for granted.

Zuromski is director of the Education for Severely Handicapped Outreach Project, part of the Educational Technology Center, a rehabilitation engineering agency, located in Cranston, Rhode Island. The project designs and builds adaptive equipment for children from birth for use at home, in school, or in an institutional setting.

"We have seen that the children people have given up on can learn. They just need technology to help them function."

As the children learn to "make things happen," he says, they develop an increasing awareness of the world, which motivates learning and fosters developmental progress.

The equipment is actually quite simple, the component parts available at reasonable cost from toy stores, hardware stores, and lab equipment suppliers. The basic design involves hooking up an electronic switch to a timer, which in turn activates whatever battery-operated toy, game, or other device is providing enjoyment and reinforcement to a child's activities.

The same switch and timer that activate a tape recording of "Mommy's and Daddy's" voices one day can turn on an electronic light show the next. Mercury switches, paddles, and other electronic triggering devices can be adapted to accommodate a child's physical limitations and encourage a variety of movements, such as reaching, kicking, or hand lifting. And the timers can increase or decrease the length of time reinforcers operate once activated by a child.

By constantly varying the stimulus-response patterns of the devices in systematic ways, activities are made unpredictable and interesting, Zuromski says. "It encourages minds and bodies to work."

The young children the project works with have a variety of conditions. They may be retarded or blind and deaf; have severe cerebral palsy; or have motor problems such as no use of legs or arms. What they have in common is developmental delays stemming from their handicaps. "These are children who often are so far behind you don't even know if they can acquire language," Zuromski emphasizes.

In normal children, developmental progress can be recognized in big steps: sitting up, walking, saying "Da Da."

Progress in the children the project works with, however, is slower. Yet it, too, can be dramatic.

A 4-year-old institutionalized boy with hydrocephalus who never cried or made sound is enabled to switch on music his face begins to reflect his joy, and he makes cooing sounds. When the music goes off, he cries so bitterly that project staff decide to forego the instructional pattern and let him listen uninterrupted.
A 19-month-old boy with severe reflex disturbances who usually cried from morning till night learns to turn on music for the first time. Immediately he stops crying. And then he begins to smile.

The outreach project’s curriculum encourages learning in these children with three components:

1. Regular educational activities are described for severely handicapped young children.
2. Assistive devices are recommended for each goal area.
3. Instructions are provided for utilizing the devices in ways project research has found most productive.

The system was first developed from 1976 to 1979 when the model was an HCEED demonstration project. Then it directly served about 50 children, half of them institutionalized, the other half living at home. The children are still receiving direct services from Zambarano Memorial Hospital in Burghsville, Rhode Island, and from the Arthur Trudeau Memorial Center in Warwick, Rhode Island. The model has been replicated at 11 sites in six states, 5 of them in Rhode Island. Over 600 people have been trained to use the curriculum since July, including many parents.

In the future, Zuromski and the project staff will be expanding the model from a basic stimulation tool to a system for teaching language and other functional skills.

“One of the reasons so many people are interested in our program is that it offers a ray of hope for these children,” Zuromski says. “Visitors come and see children being stimulated and they are uplifted by the possibilities.”

For information about the project, contact Edmond S. Zuromski, Director, Educational Technology Center, Box 64, Foster, Rhode Island 02825, 401/943-6954.

A postscript - the day before this article was set in type, Edmond S. Zuromski accidentally met the mother of an institutionalized little girl his program had worked with intensively. The mother told him she was taking her 7-year-old home permanently for the first time in four years. Zuromski likes to think the homecoming has been made possible by the progress his project fostered.

This little boy had to choose between pulling on the cup or the wooden block on his activity board. He chose the cup, which activated a music tape for several seconds. As long as he pulls on the cup, he can listen. Tomorrow the block may activate the music.
NEWS ABOUT STAFF AND GRANT REVIEW PROGRESS
—Dave Rostetter

Jane DeWeerd has returned to the section chief position that Bill Swan and Sandy Hazen assumed on an acting basis over the past year while Jane was serving as part of the major interagency initiative in which BEH is involved. A special thanks goes to Sandy for her outstanding work and leadership during this time. Bill will be continuing his major responsibility as acting chief of the Program Development Branch.

The Grant Review Process

Winter is the time when HCEEP staff are consumed with the review of Demonstration Grant requests, and spring is characterized by review of Outreach Grant and State Implementation Grant requests. Thus, from November through May over half the year is an extremely busy time. This year the process is going exceptionally well, with reviews and awards continuing on projected timelines. The appropriate utilization and award of program monies is our most important activity, and it is gratifying to have that process going well.

Awards for new Demonstration Grants will have been made by the time this newsletter is off the press, and the process of providing feedback to nonfunded applicants is underway. Of the 252 applications received, well over 50 percent will request written explanation for disapproval. While this is a time-consuming task, HCEEP staff consider it an important one since applicants often apply the following year with strengthened proposals and are able to compete successfully.

The Outreach Grant application process is also underway, with 61 applications currently received and reviewed. An external review process is being utilized, with random assignment of proposals to reviewers, a procedure identical to that used with new Demonstration Grant applications. After completing their individual evaluations, all reviewers are brought to Washington, D.C., to participate with other experts in an additional review process. After this, proposals are reviewed again by two BEH staff members. All these reviews comprise the basis for recommending funding for the most highly rated applicants.

Review of State Implementation Grant applications began during the last week of April using the same process described for Demonstration and Outreach Grants.

As everyone can tell, this is a busy time for all staff, with their duties regarding already funded projects and overall program responsibilities continuing as well. Nevertheless, all activities are right on time, and it appears that awards will be made on schedule. As stated earlier, these are the most important decisions made all year, and the energy and time put into the effort has consistently proven to be well spent.

—Elouise Jackson, TADS

Programs searching for appropriate resources to use with young children may find the two documents listed below helpful.


This resource guide is a compilation of publishers and distributors serving different language audiences. Entries provide information concerning the publisher, contact person, languages, grade levels, content areas, and types of materials. The breakdown of grade levels ranges from early childhood education to higher education, adult basic education, and high school equivalency.


This resource book is a bibliography of collected materials for preschool through elementary school in the areas of Afro-American, Spanish-Speaking, Asian-American, Native-American and Pacific-Island Cultures. The multicultural materials are housed at California State University, Hayward, and are on loan to those who wish to use them. The bibliography lists approximate grade levels, hardback and paperback prices, and publishers' and distributors' addresses.

For information about the document, write to Multicultural Resources, Box 2945, Stanford, California 94305.
CURRICULUM IS DESIGNED AROUND FAMILY DYNAMICS

Like a pebble thrown into a pond, intervention creates ripples. Not only is the young handicapped child affected, so are the parents and brothers and sisters. And beyond them, the extended family and community.

The Family Intervention Project in Atlanta has developed a treatment strategy that maximizes the desirable effects of intervention on the family system and minimizes the undesirable ones. The project serves the families of 43 handicapped children, ranging in age from birth to 3 years. In order to share its strategy with others, the project is preparing a manual for use in conjunction with ongoing consultation and training.

“Parents and other family members have roles in life beyond their relationships to the handicapped child,” Michael Berger, director of the third-year demonstration project, says. “If they can be helped to do well as people, they also will be more helpful and will have more energy to deal with the child’s special needs.”

During Berger’s graduate training in clinical psychology, he noticed a disturbing phenomenon. “As the mothers grew closer to their handicapped children, because they were working together, so closely in the intervention program, often the husbands and the other children felt left out,” he recalls. “Marriages suffered, and there were other problems.” The Family Intervention Project has several procedures designed to prevent this kind of thing from happening. Berger says. They include:

- Individual education plans with objectives for the whole household.
- Meetings with extended families and friends where everyone is invited to participate in the support process.
- Planned time for spouses to be together without children.
- Totally home-based intervention that focuses on the home and family.
- Night and weekend working hours for staff so that they come to homes when all family members can be there.

The manual being prepared by the project will describe its family orientation and methods for implementation as well as staffing patterns, assessment procedures, network building, and other topics. For information, contact Michael Berger, Family Intervention Project, Georgia State University, Box 664, Atlanta, GA 30303, 404/658-3270.

PROJECT ENCOURAGES FATHERING

Sometimes special programs for handicapped young children send out implicit messages that the mother-child relationship is the only important one in child progress. This impression may be reinforced by the predominance of women in early childhood special education.

“We wanted to make sure our staff heard what fathers had to say, too.” Fred Fortin, director of the REACH project, says. “We also wanted to make sure our program structure didn’t get in the way of father participation.”

REACH is an acronym for Rural Early Assistance to Children, a third-year demonstration project located in Northampton, Massachusetts. To achieve its goals, the project has developed a fathers outreach component. More than a discussion group, the program welcomes fathers’ participation in all aspects of the project and encourages the notion that fathering is a normal interest.

“The first step,” Fortin says, “was trying to differentiate in the needs assessments what fathers perceived as needs. Then we had to develop a program that seemed to address these needs.”

REACH, which serves children from birth to 3 years old residing in a 1,000 square mile area of Western Massachusetts, has taken several steps that together create an expectation for regular father participation in its home- and center-based program. Here are a few:

- A special piece of literature was created and disseminated, a To Dads brochure.
- The presence of both parents is especially encouraged at the first home visit, during evaluations, and during the individual education plan conference.
- At least once a month, efforts are made to schedule home visits when both parents can be there.
- The center-based play group encourages father participation in several ways, including the presence of male staff.

“We have a continuing interest in fathers of handicapped children,” Fortin says. “And how the issues that a special needs child presents affect fathers’ parenting abilities, their attachments, and their interactions.”

For information about the fathers outreach program, contact Fred Fortin, direct services coordinator, or Burt Franzman, project director, REACH, Vernon Street School, Northampton, MA 01060, 413/586-5762.
TADS' technical assistance year began last October as needs assessments were initiated for all Eastern demonstration projects. Part of the process was identifying those needs TADS could address the basis for technical assistance agreements. By March 5th, 67 needs assessments were completed and 59 Memorandums of Agreement.

This year TADS conducted three types of needs assessments as part of a special evaluation effort: (1) On-site by a trained needs assessor, (2) Telephone by a trained needs assessor, and (3) Self-Assessment by the project. The three methodologies are being compared on such factors as cost effectiveness and types of needs identified. The result will be expanded knowledge about needs assessment in technical assistance programs in general and increased information upon which TADS can base future decisions about conducting needs assessment.

Projects were randomly assigned to the three types of needs assessment: 22 to on-site, 23 to telephone, and 23 to self-assessment. All three methods were facilitated by needs assessment manuals developed by TADS as guides to project staff and needs assessors. The usefulness of the manuals is also being examined.

In addition to delivering technical assistance as per the agreements, TADS is now in the process of analyzing the data collected about the three types of needs assessments. Final analyses and reports are expected to be completed by mid-September and will be shared with all HCEEP projects. We are very grateful to the staff of each project for their patience and help in this special evaluation effort.

MAINSTREAMING CHALLENGES ADDRESSED BY SLIDE/TAPE SERIES

Learning in Integrated Classrooms (LINC) at Tufts University has available a series of three slide/tape programs: Parents Talk About Mainstreaming is directed at parents of handicapped and nonhandicapped young children; Teachers Talk About Mainstreaming is targeted at teachers engaged in preservice or inservice training programs; and Where Difference is Respected is designed for administrators of educational programs mainstreaming special children or delivering services to programs that do.

Rental cost for each slide/tape is $10; purchase cost is $75. Complementary training materials are also available. For information, contact LINC Outreach, Tufts University, 28 Sawyer Avenue, Medford, MA 02155.

CHILD'S PLAY IS A LEARNING EXPERIENCE


In this book, already in its second printing, authors Sparling and Lewis show parents and child care professionals how to become fully involved in the remarkable process of growth and learning that takes place in the early years.

The 100 learning activities described and illustrated (with over 180 photographs) are grouped by six-month age spans. For each age, child development is reviewed, and accompanying each game is an explanation of why it is important...
for a child's growth. The simple, fun activities foster perceptual, intellectual, social, and emotional growth.

The book is the result of seven years of research and field testing by the authors at the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill.

A FEW ADDITIONAL RESOURCES

Here are a few publications that may be useful:


Project Maine Stream Outreach Program, an HCEEP grantee, has available two booklets designed to help early intervention programs with “Show and Tell.” Spreading the Word: How to Publish a Newsletter and Lights! Camera! Action! How to Produce a Slide-Tape Show are illustrated and written in nontechnical language. Available at $3 each from Project Maine Stream Outreach Program, P. O. Box 25, Cumberland, ME 04021.

A government publication about communication problems in young children is available for $1.90. Learning to Talk: Speech, Hearing and Language Problems in the Preschool Child, was written for parents. It offers insight into the communication process and includes a list of references and resources. Send orders to Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. Ask for publication S/N 017-049-00082-8.

THE RURAL WORKSHOP

Continued from page 3.

Much of the success of the workshop was due to the hard work of the Planning Committee, composed of: Harris Gabel, Louise Phillips, Patti Hutinger, Corinne Garland, and Steve Threet of the Rural Consortium; Karen Morris, Joyce Jackson, and David Gilderman of WESTAR; and Tal Black and Mike Woodard of TADS. Thanks go to Dave Rostetter and Sandy Hazen at the Bureau for their help with conference planning.

A first review of evaluation results indicated high marks for quality and usefulness across workshop sessions. A proceedings document is being prepared and is scheduled for publication and distribution to the HCEEP network this fall.

Michael Woodard is a technical assistance coordinator and Ruth Meyer is editor of Emphasis and publications coordinator for TADS.

Dr. Rune J. Simeonsson, who heads a project designed to improve and expand upon assessment techniques used presently. The project is one of CIREEH's eight major studies.

Professionals face a major problem evaluating young children who are profoundly mentally retarded, blind, deaf, cerebral palsied, or multiply handicapped. Even the basic infant testing scales—the Bayley, Cattell, or Merrill-Palmer—are sometimes by themselves inappropriate for these children, Simeonsson says.

"These tests all require some ability on the part of children to perform," Simeonsson says, "whether they must merely look in the right direction at a particular object or reach for blocks."

Despite all the effort that a teacher may put into working with these children progress may not show up on a standard test because of the severity of their handicaps. An apparent lack of progress can leave a teacher confused and discouraged, Simeonsson says.

The CRIB, designed to be used along with present assessment tests, provides teachers with a set of behaviors and characteristics to observe, record, and document. "These behaviors and characteristics are developmental markers also, but they are not tied to IQ tests," Simeonsson says. The child is not required to be attentive or to perform tasks, but the teachers is given a method to become a more astute observer of the child."

One such marker, or signal, that teachers can observe is a child's state or level of consciousness. For example, the young handicapped child can fluctuate among periods of deep sleep, wake-
fulness, and crying much like a normal infant. "A calm and alert young child may in a few moments fall into a deep sleep or suddenly begin crying," Simeonsson says. "These shifts in activity and arousal levels are important signals to observe and document because they can affect a child's performance on tests. They are also characteristic of development in its own right."

Among the other developmental areas teachers can observe and record with the CRIB are social orientation, participation, endurance, communication skills, and readiness to be consoled. Within each of the areas are listed nine progressive steps. Staff in more than 41 projects in the Handicapped Children's Early Education Program across the country are now testing the CRIB's usefulness. These projects include about 700 handicapped youngsters.

"Our data are beginning to indicate that the CRIB is a sensitive instrument," Simeonsson says. "We're seeing that the CRIB reflects individual patterns of strengths and weaknesses among children."

From the CRIB data Simeonsson's staff compile individual child profiles that are returned to each participating project. "Teachers and staff examining these profiles can see the areas in which children are doing well or poorly," he says.

Reprinted from "Developments," Volume 6, Number 4, Spring 1980, a publication of the Child Development Institute, The University of North Carolina at Chapel Hill.

Research Notes

MAINSTREAMING--ITS UNSETTLED IMPLICATIONS

Elouise Jackson, TADS


Zigler and Muenchow, after reviewing current research about mainstreaming, argue that there is a lack of research on issues central to the effects of mainstreaming. Therefore, they sense the potential for mainstreaming to proceed along the same lines as deinstitutionalization, that is, trading inferior care for no care at all. The authors offer several suggestions for research directions.

With the passage of P.L. 94-142, the Education of All Handicapped Children Act of 1975, came the mandated concept of an appropriate public education for children with special needs, in the "least restrictive environment." For many exceptional children, this means entering into the mainstream of the educational system. If certain research questions about the effects of mainstreaming remain unanswered, Zigler and Muenchow contend that unwanted outcomes possibly may result.

Unwanted But Possible Outcomes

Many state and local education agencies are experiencing a crunch in financial aid for education. Because of this, and because of the many interpretations possible of what constitutes a "least restrictive" alternative, one interpretation could be the "least expensive" alternative. The result might be insufficient special education classes, with many vulnerable children placed in overcrowded regular classrooms without adequate support services necessary to facilitate individual achievement.

Compounding the situation, the authors argue, is a lack of regular classroom teachers with special education training. The "individualized educational program," therefore, has great potential for becoming the "impossible educational program."

So that mainstreaming does not become an oversold good idea, Zigler and Muenchow recommend that research focus on providing "basic knowledge about which children, with which handicaps, are likely to benefit from mainstreaming, and about how to provide special training for teachers. Furthermore, research is needed to determine how the majority of school districts are interpreting and implementing the law."

Clearly, as the issue of mainstreaming is examined, research is pointing out four major concerns:

1. Appropriate training must be provided for teachers and other personnel.
2. Adequate support personnel are needed to assist regular-class teachers with special-needs children.
3. Any mainstreaming effort worthy of its name will require spending more than for the old special classes.
4. Mainstreaming, and evaluation of its effectiveness, must be related to the specific setting in which it occurs.
**Dates of Emphasis**

<table>
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<tr>
<th>Dates</th>
<th>Event</th>
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<tr>
<td>June 22-25</td>
<td>HCEEP Minority Leadership Workshop</td>
<td>Quality Inn-Pentagon City, VA.</td>
<td>Sponsored by TADS and WESTAR in conjunction with BEH.</td>
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<td>June 23-28</td>
<td>Helen Keller Centennial Congress</td>
<td>Boston, MA.</td>
<td>Sponsored by American Foundation for the Blind.</td>
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<td>Registration fees: $35, $25 students/family members</td>
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<td>International Convention of the A. G. Bell Assn. for the Deaf</td>
<td>Houston, TX.</td>
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<td>June 30</td>
<td>Proposal deadline for two CEC conferences</td>
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<td>Contact: CEC, Conventions and Training Unit</td>
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<td>July 28-1</td>
<td>High/Scope Educational Research Foundation one-week teacher institute</td>
<td>Ypsilanti, MI.</td>
<td>&quot;Using the Cognitively Oriented Preschool Curriculum with</td>
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<td>August</td>
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<td>Cognitively Oriented Preschool Curriculum with Handicapped and</td>
<td>Nonhandicapped Children.</td>
<td>For information, contact Peter W. Stavros, CEC, 1920 Association Drive,</td>
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<td>August 11-15</td>
<td>CEC National Topical Conference and Institute Series on</td>
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<td>CEC National Topical Conference and Institute Series on</td>
<td>Individuals</td>
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<td>CEC Demonstration Project Orientation Workshop</td>
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**Editor:** Ruth Meyer  
**Composer/Typesetter:** Mary N. Watkins  
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This newsletter is published by the BEH funded Technical Assistance Development System (TADS), which is a support system for eastern Demonstration Preschool Projects and State Implementation Grants. TADS provides technical assistance to designated projects and states when it is requested and needed. TADS is located at 500 NCNB Plaza, Chapel Hill, NC 27514.

*Emphasis* is distributed pursuant to contract number 300-77-0507 from the USOE. Contractees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent Office of Education position or policy. The enclosed selections are presented for information purposes only; no endorsement or claim of accuracy is made. TADS assumes that proper release forms have been completed for all photographs that may be included in this publication.
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Physician Training Course developed in N.Y.
First-year projects, new eastern SIGs highlighted
United Nations

International Year
of Disabled Persons

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Editors: Daniel Assael, Pascal Trohanis
OSE Project Officer: Gary Lambour
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Emphasis is a quarterly newsletter for Demonstration and Outreach Projects, State Implementation Grants, and Research Institutes of the Handicapped Children’s Early Education Program (HCEEP) administered by the Office of Special Education, OSERS, U.S. Department of Education.

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SIG activities spawn Physician Training Course

by Priscilla Fullington
Christine Burns
Stanley Novak

An accredited continuing medical education course designed to give physicians information and skills related to early identification of young handicapped children was developed and field tested by the New York State Education Department in cooperation with the University of Rochester Medical Center.

Ongoing contact with families gives the physician a unique and important position with respect to young children who need early intervention. As a result, the physician’s role is expanding beyond medical management.

The Physician’s Training Course, developed as a result of 1979-80 State Implementation Grant (SIG) activities, includes important components such as:

- special education services;
- techniques for screening;
- rationale for early intervention;
- specific community resources;
- definitions of terms.

This last component is vital; new federal and state definitions of a variety of handicapping conditions can cause confusion to physicians who use medical terminology.

Since funding for special services is often contingent upon verification of a handicapping condition by a physician, early identification is clearly a necessity.

Health-care professionals too frequently believe nothing can be done for children with major disabilities, or they believe mild developmental delays may be outgrown. These attitudes can delay treatment of children with handicaps and, in some cases, may seriously interfere with the eventual effectiveness of remediation efforts.

More and more families are asking the physician to make the best choice regarding services for young handicapped children. At the same time, the discriminating physician is asking for specific documentation regarding the value of early enrichment programs for these children. It is for this reason the Physician’s Training Course includes a review of research related to intervention programs. The review describes various interventions and their importance, outcomes, and demonstrated gains for children and their families.

The N.Y. State Education Department believes health and education cannot be separated in planning services for the young handicapped child. In order to maximize federal, state, and local resources available to this population, professionals of all disciplines must give up their exclusive domains and become involved in cooperative planning efforts with parents.

The Physician’s Training Course was field tested using three instructional methodologies: a didactic approach; a case study approach; and a combination of the two. Since practicing physicians from urban, rural, and suburban areas participated in the field testing, the training effort examined the relative effectiveness of the instructional methodologies while looking at the influences of demographic variables.

A unique feature of the training is the role of special educators and physicians as co-trainers, each providing information and resources from their special area of expertise. This model demonstrates the interdisciplinary cooperation crucial to the continuity of care necessary for handicapped infants and preschoolers.

This effort has received the support and encouragement of both medical and educational professionals, and it is anticipated that this State Implementation Grant activity will have a major impact on the number of young handicapped children identified and referred for early intervention services.

Final revisions of the Physician’s Training Course will be completed in March, 1981. A replication plan is being developed so the revised course materials can be made available to all major medical universities in New York State.

Priscilla Fullington is the Coordinator of Early Childhood Programs for the Handicapped, New York State Education Department.

Christine Burns and Stanley Novak are the Co-trainers for the Physician’s Training Course at the University of Rochester Medical Center.

Piaget dies

Jean Piaget, Swiss psychologist and pioneer in the field of child psychology, died September 23 in Geneva at the age of 84.

Known as “the giant in the nursery,” Piaget filled more than 30 volumes (published in seven languages) on child development. His work is often compared with the work of Freud in its influence on the study of human intelligence.

In 1955, Piaget established in Geneva the International Center of Genetic Epistemology, an organization for the exchange of ideas between psychologists and philosophers.
Most projects focus on infants, involve parents

TADS welcomes first-year projects

This year's new, first-year, eastern HCEEP demonstration projects point to OSE's continuing focus on handicapped/high-risk infant programs and services. Children from birth are targets for service by almost all the new projects. Several projects target education and health professionals, and three new projects focus on minority children. Two projects seek to integrate handicapped and nonhandicapped children, while another provides pregnancy counseling to parents. Parental involvement is stressed by virtually all the projects; one program requires it for admission.

The short descriptions that follow are condensed from information provided by the projects for the 1980-81 HCEEP Overview & Directory.

Perkins Infant/Toddler Program
Direct services are provided to visually handicapped (blind or severely impaired) infants (birth to three) and their families.

The project stresses parental involvement through a home-teaching program, a center-based infant and parent group experience, support services, information exchange, and planning and evaluation.

Activities for learning utilize the child's natural environment — home, neighborhood, family, community.

Contact: Director Charles Woodcock; 175 North Beacon Street; Watertown, MA 02127.

Project Welcome
Handicapped or high-risk infants admitted to hospital intensive care units, and their families, are served by this project.

A Family Support component includes needs assessment, a parent-to-parent program, an extended contact program, and parent education classes. The Transition Component links the family, community hospital, and community agencies into a coordinated system of continuous service. The Outreach/Liaison Component disseminates information, conducts referral consultations, and provides continuing education for health-care professionals.

Contact: Director Linda Gilkerson; 333 Longwood Ave.; Boston, MA 02215

Hospital Based Model Infant Education Project With Community Follow-up
Designed to serve minority, innercity, handicapped and at-risk infants (birth to three) in both the home and clinic, this program focuses on providing stimulation activities selected from the EMI programs, Portage materials, and other developmental curricula.

Parental participation is a requirement for admission into the program.

An additional goal of the project is to develop the Comprehensive Resources Identification and Referral Service, an instrument to determine services to best meet the needs of the infant after the program is terminated.

Contact: Director Eva T. Molinar; Howard University Hospital; 2041 Georgia Ave., N.W.; Washington, D.C. 20060.

Bilingual/Multicultural Early Education Program for Mildly Handicapped Children
The purpose of this project is to develop and evaluate a bilingual/bicultural, center-based program serving mildly handicapped children (three to five) from minority families.

The multifaceted project includes programs in educational, health, social, and nutritional services.

Parents are involved in all aspects of the project and receive training in relevant skills.

The project intends to develop four products during their first year of funding: 1) a package of instruments for screening and assessing mildly handicapped urban minority children of lower social-economic status; 2) a culturally relevant early education curriculum for mildly handicapped children from low-income Hispanic communities; 3) a staff training packet particularly for teacher aides; and 4) an educational curriculum for parents.

Contact: Director Richard Terry; 3rd Floor, 2253 Third Ave.; New York, NY 10035.

Preschool Conductive Hearing Impairment Language Development (CHILD)

Preschool CHILD serves children (birth to five) who are linguistically handicapped by recurrent otitis media.

Services offered include medical intervention/treatment, supportive parent education, and individualized child language development. Three preschool options are available: 1) play group; 2) preschool language stimulation; and 3) community preschool-resource model.

The project also seeks to promote awareness within the medical community of the cause and effect relationship between recurrent otitis media and linguistic educational handicaps.

Contact: Director Carol Quick; McKesson School, 1624 Tracy; Toledo, Ohio 43605.

A Least Restrictive Kindergarten Model for Handicapped Students
This project provides an alternative to self-contained special education classes and regular kindergartens with insufficient support services.

Children who come to this project are assigned to a kindergarten class with a regular teacher, a special education teacher, and an aide. Morning sessions include both handicapped and nonhandicapped students; the afternoon session includes only handicapped pupils.

Family members are trained as instructional aides to the children.

Contact: Coordinator Ann Barrick; Rm. B2, Stevens Administration Center, 13th and Spring Garden; Philadelphia, PA 19123.
Hampton Institute Mainstreaming Model for the Integration of Preschool Handicapped Children

This project serves developmentally delayed children (two to five); emphasis is placed on minorities and the disadvantaged.

The purpose of the Hampton Model is to bring about a greater degree of social competence in children by enhancing school success through the acquisition of developmentally appropriate skills. Critical to the model is the integration of handicapped and nonhandicapped children. The developmental-interactional approach to learning is adhered to, and parental involvement is stressed.

Contact: Director James Victor; Special Education Program, Hampton Institute; Hampton, VA 23668.

Unisensory Project in Early Childhood

Four basic elements make up this program for hearing-impaired infants and children (birth to two): 1) weekly demonstration/therapy sessions in the unisensory approach; 2) parent teaching on a daily basis; 3) mainstreaming in local nursery schools; and 4) comprehensive audiological management.

Parents act as co-therapists in the unisensory approach, carrying out the daily activities demonstrated in the weekly therapy sessions and collaborating with the staff in audiological management and mainstreaming. Demonstration/therapy sessions are home- and center-based, depending on the age of the child.

Contact: Director Ellen Rhoades; P.O. Box 95025; Atlanta, GA 30347.

Early Childhood Intervention: A Model School/Home-Based Program for Handicapped Infants and Toddlers and their Parents

Services are directed toward developmentally disabled and high-risk infants and toddlers (birth to three) and their parents.

The model home-to-school early intervention strategy includes school-based demonstration and training center and a voluntary home-based component.

A transdisciplinary team approach emphasizes behavior modification techniques and observation strategies.

Parents, considered the most important members of the teaching team, and children attend the school-based program at least one day a week. Each parent/child pair also has one weekly home visit.

Contact: Director Maureen Metakes; Salisbury Center, Valentines and The Plain Roads; Westbury, NY 11590.

Early Aid Demonstration Model for Preschool Handicapped Children

High-risk mildly handicapped, and developmentally delayed preschoolers (two to five) are served in demonstration classes in a local day-care setting, a Head Start setting, and on a university campus.

In addition to direct services for children, the project provides: 1) a model training package to increase the awareness of preschoolers to the dangers of early pregnancy and its relationship to the birth of handicapped children; 2) preservice training in the needs of young handicapped children; 3) extensive training to day-care workers and Head Start teachers in the state and region; and 4) a consortium effort between the project and two other traditionally black colleges.

Services to parents are determined by a needs assessment.

Contact: Principal Investigator Octavia Hawley; North Carolina Central University; Durham, NC 27707.

Severely Handicapped Communication Program

Severely/profoundly handicapped children (three to eight) are served through the techniques of active stimulation programming (a multihandicapped child controls environmental events with special switching or assistive devices and response-contingent stimulation) and augmentative communication (ideas are expressed through assistive devices rather than normal body functions).

A home-based training program prepares parents to plan and carry out (on their own) project-oriented activities coordinated with classroom goals.

The program involves children from both the community and a residential facility.

Contact: Director Edmond S. Zuromski; P.O. Box 64; Foster, RI 02825.

Child-Family-Community (C-F-C)

Services are targeted to high-risk handicapped, abused handicapped, or moderately to severely/profoundly handicapped children (birth to five); families of handicapped children; and community human- and child-service agencies. The project maintains a zero-reject policy.

C-F-C provides community referral services (concurrent with the project's own home-based program and/or follow-up or tracking) as well as direct services to parents and children through home- or center-based programs (or a combination of direct service and referral).

An Individual Family Plan, or IFP, is formulated following a project-conducted family needs assessment.

Contact: Director Jerri Patterson; P.O. Box 1999; Thomasville, GA 31792.

Early Education for Down's Syndrome Infants and Children

This project serves Down's syndrome children (birth to five). Each child attends one of three public-school-based classes — according to chronological and developmental age.

The program for parents has three elements: 1) the Parent-to-Parent Program provides peer support; 2) the Parent Education Program provides general information about Down's syndrome; and 3) the Parent Training Program gives guidance in teaching children and assessing progress.

An additional goal of the project is to accumulate longitudinal data on the progress of Down's syndrome children in three intervention conditions.

Contact: Director Joyce Paul; Hills Annex, 3819 Bardstown Road; Louisville, KY 40218.
**Brazelton to keynote**

T. Barry Brazelton, Associate Professor of Pediatrics at the Harvard Medical School, will be the keynote speaker at a March topical workshop planned by TADS and WESTAR.

The focus of the workshop will be unique issues and experiences HCEEP projects encounter when working with preschool children in healthcare settings. The purposes are:

- to identify issues of common concern;
- to facilitate communication and cooperation among professionals from healthcare and education disciplines;
- to exchange information and ideas on best practices.

The workshop will be held March 16-18, 1981, in New Orleans, for all staff from the HCEEP network. Participants are expected to attend at their own or at their project's expense.

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**New staff**

TADS welcomes to its staff: Daniel Assael, new Publications Coordinator; Joy Cooper, new TA to States Coordinator; Margaret Cox, Secretary; Brenda Hardee, Secretary; and Pam Bailey and Rose Etheridge, part-time Program Assistants.

A hearty thank you and goodbye is extended to: Elouise Jackson, former TA to States Coordinator; Dave Lillie, former TADS Early Childhood-Parent Specialist; Ruth Meyer, former Publications Coordinator; and Mary Watkins, former TADS Secretary.

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**Emphasis evaluated**

The editors of *Emphasis* are pleased to report the encouraging and valuable results of a recent *Emphasis* evaluation survey conducted by the TADS evaluation staff: Tanya Suarez and Pat Vandiviere.

The survey was mailed in early July, 1980, to 63 randomly selected Demonstration Projects, all SIGs, and 24 active Outreach Projects (total: 113 surveys). Since *Emphasis* is sent to programs in both east and west TA service areas, programs from the entire nation were included. Responses were received from 63 percent of those surveyed.

Here are some of the results:

- On a six-point scale, respondents gave all content areas a mean rating of 4.19.
- "Research Notes" and "BEH Perspectives" were rated the most useful (4.52 and 4.43, respectively)—a finding consistent with data from previous evaluations.
- Other "very useful" content areas were "Dates of Emphasis" and "Media and Materials."
- Mean ratings were above "of some use" for all areas.
- Sixty percent of the respondents contacted other programs as a result of information they read in *Emphasis*—an encouraging finding in view of *Emphasis* primary effort: to link resources within the network and facilitate the sharing of useful practices.

The editors of *Emphasis* are using these survey results (as well as the extremely useful comments many of you added) to plan future issues.

Thank you for your cooperation.

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**OSE Perspectives**

**Continuation, Application Deadlines**

- SIG applications and continuations are due April 3, 1981.
- Outreach Project applications are due March 2, 1981.
- Demonstration Project continuations are due January 7, 1981.

**Personnel Changes**

- Herman Saettler, long-time staff member of OSE's Personnel Preparation Division, was named Acting Director of the Division of Innovation and Development (DID), the organizational home for the Handicapped Children's Early Education Program.
- Ed Sontag, former Acting Director of DID, was named Acting Director of the Assistance to States Division in OSE.
- Gary Lambour, OSE Education Program Specialist, has replaced Dave Rostetter as Project Officer for TADS and WESTAR.
- Tom Behrens, six-year veteran of OSE's Division of Personnel Preparation, was named Acting Director of that division.

**HCEEP, DEC Conference**

The 11th annual gathering of all HCEEP grantees and contractors will be held at the Sheraton Hotel in Washington, D.C., December 1 through 4.

The meeting will be divided into two portions. Part one (most of the first two days) will focus on exclusive material and information for the HCEEP personnel, directors, and coordinators. Part two (evening of December 2 through noon December 4) will focus on general topics under the rubric of children and families.

Additionally, a potpourri of discussion topics will be available along with opportunities for in-depth workshops.
TADS welcomes new eastern SIGs

The thirteen 1980-81 eastern State Implementation Grant (SIG) projects are off and running. And TADS is keeping pace with eight completed needs assessments and several technical assistance services already delivered.

The SIG Orientation Workshop held in Washington, D.C., September 15-17, 1980, gave new eastern and western SIGs the opportunity to share plans and perspectives. The major task of the workshop was to review the draft of the Comprehensive Statewide Planning Reference Guide developed over the summer by a joint SIG/OSE/TA-agencies task force.

Following are abstracts of new and continuing eastern SIGs. We encourage demonstration and outreach projects to contact their SIGs to obtain further information and explore potential areas of collaboration.

Alabama
Goal: to develop EC/SE training kits for LEA inservice training providers; conduct four regional inservice training workshops; and develop a resource exchange to provide technical assistance to LEAs.

Connecticut
Goal: to develop a state plan that identifies available resources and services. An interagency early intervention committee will develop the plan, formulate action plans, and identify two regional pilot sites to implement the action plans. Connecticut intends to concentrate on better utilization of existing resources.

District-of Columbia
Goal: to communicate, cooperate, collaborate, and plan with other agencies, citizens groups, parents, and community members a design for a comprehensive, qualitative, and cost-effective service delivery system to meet the individual needs of three-to-five-year-old handicapped children.

Georgia
Goal: to stimulate interagency coordination at the local level; develop a state interagency council; conduct a statewide survey of EC/SE services and resources; assess the needs of LEAs and public and private agencies; and develop a comprehensive EC/SE information system. In addition, the Georgia SIG will provide technical assistance to LEAs, revitalize the statewide Child-Find program, and coordinate pre-education, inservice training programs.

Maine
Goal: to establish an EC/SE major program with the state university system; develop written agreements among three major state departments; develop standards and guidelines; and establish a discretionary grant program for LEAs to begin providing programs for three- to five-year-old handicapped children.

Maryland
Goal: to facilitate the implementation of educational programs for handicapped children (birth to age three) by formulating a state plan and set of procedures for service delivery. An interdisciplinary consulting group of national, state, and local experts will provide recommendations regarding the plan and procedures. The SIG will also institute a pilot test of model programs based on the comprehensive state plan and procedures.

Massachusetts
Goal: to establish six regional planning groups for early childhood interagency coordination. Building on the experience of the Brockton field test site, the planning groups will implement A Plan for Coordinated Interagency Services for Children with Special Needs in Massachusetts. Sites will develop screening and assessment systems, facil-
New SIGs

Continued from page 7

- Establish child placement in least restrictive environments, coordinate technical assistance and inservice training efforts, develop formal interagency agreements, and conduct comprehensive public awareness campaigns.

New York
Goal: To develop a comprehensive statewide plan for handicapped children (age three to five) and to develop interagency agreements to link handicapped infants to medical, social, and educational services through Regional Early Childhood Direction Centers. The latter effort will join the medical expertise of Regional Perinatal Clinics with the educational expertise of local education agencies.

North Carolina
Goal: To establish a comprehensive plan for coordinating services to handicapped children (birth to four), including standardization of guidelines, regulatory procedures, and service delivery options; and to develop teacher education standards and certification requirements for personnel working with preschool handicapped children.

Ohio
Goal: To develop inservice training modules; develop interagency agreements; conduct a statewide EC/SE conference; and implement an information retrieval system.

Virginia
Goal: To plan comprehensive EC/SE programs through interagency coordination, train early childhood personnel, including day care, Headstart, social services, and private providers, in child development and techniques for mainstreaming preschool handicapped children; and provide training and counseling for parents of preschool handicapped children.

West Virginia
Goal: To establish regional interagency teams to continue field testing the participatory planning process for stimulating interagency coordination; develop a state plan for preservice EC/SE personnel development; disseminate EC/SE curricula and materials to LEAs; and develop a document to assist LEAs improve their programs for preschool handicapped children.

Research

Affect studied as monitor of cognitive change

by Joan Anderson, TADS

Folklore has it that a baby's smile means he or she is suffering from gastric distress, but a growing body of literature indicates the smile may reflect cognitive processing of events in the baby's environment. The Carolina Institute for Research in Early Education of the Handicapped (CIREEH) is conducting a series of studies to document the relationship between positive affective responses (smiles and laughter) and cognitive development of multihandicapped infants. The researchers' goal is to establish affect as a monitor of cognitive change in handicap-
capped infants.

Developmental changes in affective expression have been described by several authors. Sroufe and Wunsch (1972) devised a set of stimulus items divided into four categories: auditory; tactile; social; and visual. They reported that younger infants (4- to 6-months-old) were more responsive to auditory and tactile stimuli — repetitive noises, tickling, jiggling — while older infants (7- to 12-months-old) were more responsive to social and visual stimuli — tug of war, mother with a mask, mother walking like a duck. Further, the older infants smiled or laughed more frequently than the younger. Cicchetti and Sroufe (1976) found the same pattern of affective responses in a group of Down's syndrome infants.

The younger Down's syndrome infants first smiled or laughed to the auditory and tactile stimuli and later, with increasing age, to the social and visual stimuli. Although this pattern of response was the same for both Down's syndrome and nonhandicapped infants, a delay was seen in the age at which Down's syndrome babies responded to the specific groups of stimuli; this was consistent with delays in cognitive development in these youngsters.

Interesting within-group differences were reported by Cicchetti and Sroufe (1978). Down's syndrome infants who smiled and laughed least and laughed at a later age also had lower Bayley Mental Scale scores than their peers.

The CREEHE studies, based on the above findings, support the notion that affective expression to specific stimuli is related to cognitive development.

Gallagher's (1979) investigation of positive affect in 14 physically handicapped, mentally retarded infants of mixed etiology resulted in findings similar to the studies of Down's syndrome babies. When the affective responses of two groups of infants (divided into "developmentally older" and "developmentally younger" than 8 months) were compared, significant differences were found. The developmentally older infants gave significantly more positive responses to the presented stimuli than did the younger group. Significant positive correlations were achieved between total smiling responses and developmental age as determined by performance on the Bayley.

A subsequent study by Anderson (1980) produced similar results. In a sample of 20 multihandicapped infants, similar to that studied by Gallagher, significant positive correlations were found between the number of stimuli at which the infants smiled and their developmental ages. With increasing cognitive maturity, the infants respond to more of the stimuli, including those which are more cognitively demanding.

Determinants of affective expression may include muscle tone as well as cognitive maturity. Cicchetti and Sroufe (1979) found that the most hypotonic Down's syndrome infants displayed less intense affect than those infants with more normal tone. Their positive responses tended to be smiles rather than laughter. Gallagher (1979) found that deviations from normal tone, either hypotonia or hypertonia, resulted in less intense affect.

The implications of these studies concern the monitoring of developmental progress in handicapped infants. Affective responses to specific stimuli may be useful developmental markers for handicapped infants unduly penalized by an inability to demonstrate cognitive functioning through typical pointing- or manipulation-type infant tests. However, the effect of muscle tone on the intensity of expressed affect must be taken into consideration.

Complete references may be obtained upon request from Joan Anderson, TADS.

**Ethnic-Cultural Perspectives**

**Consortium continues focus on HCEEP personnel, projects**

*by Wilhelmina Taylor*

The Minority Leadership Consortium (MLC) Steering Committee and its support contractor, International Business Services, Inc. (IBS), are developing plans and strategies to accomplish complementary Consortium goals of increasing the minority professionals' participation in funded projects and increasing the quality and quantity of HCEEP services provided to minority handicapped children. Over the past two months, leaders of the Consortium and representatives from OSE, IBS, TADS, and WESTAR mapped a course of action for IBS consultants engaged in providing support and assistance to HCEEP minority projects.

Additionally, the MLC will produce a compendium of resources and information targeted to the needs and...
Family Care highlighted... Family Care of Developmentally Delayed Members: Conference Proceedings is a collection of the major presentations of a 1978 University of Minnesota conference. Family care topics include: needs of families; social and psychological factors; allocation of resources; barriers to a family subsidy program; implications for research; and planning and provision of services. An appendix of family support programs is included. Available postpaid ($3 per copy) from: Information and Technical Assistance Project in Deinstitutionalization; 207 Pattee Hall, 150 Pillsbury Dr., S.E.; University of Minnesota; Minneapolis, MN 55455.

Medicaid funds available... EPSDT: A Guide for Educational Programs is a how-to guide for public schools and other appropriate agencies that wish to become Medicaid service providers under the Early and Periodic Screening, Diagnosis, and Treatment Program. For more information, see this issue of Emphasis, page 11. The guide is available free from your state's Medicaid office, or contact: Robert Heneson-Walling; Rm. 4117 Donohoe Bldg., 400 Maryland Ave., S.W.; Washington, D.C. 20202; or call (202) 245-2727.

Exercise... A handbook of simple exercises and motor development skills (many put to music) designed to show how ordinary people can help handicapped children improve their capabilities and follow instruction, has been published. Modern Miracles is available from: M.S. Paquin Co.; P.O. Box 178235; San Diego, CA 92117. Cost: $9.95 per copy plus $1.25 shipping and handling (California residents add 6 percent tax).

Legal decisions compiled... Access to legal decisions pertaining to education of handicapped individuals is now available through the five-volume publication, Education for the Handicapped Law Report. Included in the volumes are the facts of major statutes and regulations, major documents, and major decisional materials. Available for loan from your state's P.L. 89-913 consultant.

Programs spotlighted... Educational Programs that Work is a comprehensive resource of exemplary educational programs in the National Diffusion Network. The

Continued on page 11

Ethnic-Cultural Perspectives

Continued from page 9

Special interests of its members. IBS is conducting a needs assessment survey of minority project managers to determine high priority subjects for this handbook and for training programs to be conducted later in the IBS contact implementation period. A two-pronged effort has been launched to increase the involvement of minority professionals in funded HCEEP projects.

The first thrust involves the formation of a talent bank of minority professionals. The Consortium is engaged in a campaign to identify minority professionals qualified to serve as consultants to MLC projects. This talent bank will foster exchange and networking among minority projects and provide minorities with greater visibility in the HCEEP program. Candidates for the consultant cadre should be referred to the HCEEP Minority Leadership Consortium; c/o IBS; Suite 616, 1010 Vermont Avenue, N.W.; Washington, D.C. 20005

The second thrust is aimed at identifying prospective minority applicants to the HCEEP program. Interested organizations or individuals should be referred to the above address for information.

The MLC is planning other activities to advance the minority initiative within the HCEEP program; they include producing informational materials, conducting presentations at national conferences, managing training workshops for Consortium members, preparing exemplary minority projects for validation by the U.S. Department of Education Joint Dissemination Review Panel, and providing technical assistance to Consortium projects.
Media, materials
Continued from page 10

Funding
Medicaid funds still available through EPSDT

Editor's note:
The editors of Emphasis have initiated a new feature department, "Funding," to serve as a forum for discussion and sharing. Since collection and dissemination of information is the focus of this column, we will rely on our readership for content. Please respond to James Cox, TADS TA Coordinator, with your own fund raising tips, ideas, or successful practices and strategies, as well as your general feelings about the value and potential direction of this new column. Please respond by January 19, 1981, for publication in the next issue of Emphasis.

Following is a brief description of one source of funding you may not have considered:

Schools can play a vital role in providing health-care services for needy children, and in the process receive funds from a traditionally overlooked source, according to a recently compiled HHS report.

The funds are provided through the 1967 'federal Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT), designed to give states responsibility for providing comprehensive health care to Medicaid-eligible children from birth to age 21.

Although the EPSDT program addresses public schools as potential Medicaid service providers, they have qualified that concentration to include education agencies and other potential users. In fact, HHS is encouraging states to make use of all types of providers; regulations prohibit restrictions on the type of practitioners participating in the EPSDT program.

At the recent SIG Orientation Workshop held in Washington, D.C., Robert Heneson-Walling, Program Analyst for the Office of Special Education and Rehabilitative Services, urged special education professionals to explore this school/health collaboration.

For more information about the EPSDT program, or to obtain a copy of the how-to guide, EPSDT: A Guide for Educational Programs, contact your state's Medicaid office or Heneson-Walling, Rm. 4117 Donoho Building, 400 Maryland Ave., S.W., Washington, D.C. 20202, call 202-245-2727.

Help offered to communicators

Two funding sources are available in the area of communication:

The Film Fund is offering grants to independent filmmakers who wish to produce and distribute films, slide shows, and video productions on social issues. Applications for funding are due January 31, 1981. For more information, contact: The Film Fund; 80 E. 11th St.; New York, NY 10003.

The Public Telecommunications Center, Inc. (Pubtelecom), offers public relations and advertising consultation, audiovisual production, and script writing services at cost to charities, public agencies, and other nonprofit organizations. For more information, contact: Pubtelecom; 666 Fairway Dr., Suite 100; San Bernardino, CA 92402; (714) 825-4822.

Dates of Emphasis

March 1
Deadline for applications for minigrant and scholarship awards through the Foundation for Exceptional Children. For more information send a self-addressed stamped envelope to the foundation: 1920 Association Drive; Reston, VA 22091

March 16-18
TADS, WESTAR Topical Workshop, New Orleans (see page 6). Contact: Sonya Prestridge, TADS, for more information.

April 12-17
CEC 59th Annual Convention, New York City. Contact: Convention and Training Unit, CEC; 1920 Association Dr.; Reston, VA 22091.

June 14-19
International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven, Tel Aviv, Israel. Contact: Dr. E. Chigier; P.O. Box 394; Tel Aviv, Israel.
Inside:
Demonstration projects continue services after HCEEP funding
New infant assessments need standards
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Most demonstration projects continue after HCEEP funding

by James O. Cox, TADS, and Denise Taylor-Herschel, WESTAR

During December 1980 and January 1981, TADS and WESTAR conducted an informal, voluntary telephone survey of the 53 HCEEP demonstration projects which completed their three-year cycle of OSE funding on June 30, 1980. The two major questions asked for the survey were: Are there any activities which were initiated during and with the three years of HCEEP funding that are still operational, and if so, approximately how much and what? And: What sources of funds were used to support the activities that were continued?

Since this was an informal survey, approximate figures on program activities, percentages, and dollar amounts were accepted. The projects' responses reflect estimates, and the authors did not verify the information. All 53 projects responded to the survey.

Forty-four of the 53 projects continued at least some portion of their program (see Figure 1, page 4). Thirty-five of these continuing projects (80 percent) were able to find support for almost all of their activities. Three programs were able to continue at more than 100 percent.

Table 1 shows the average continuation percentages for each of the six HCEEP model program components of the 44 projects that were continued. Responses indicate that 14 projects continued one or more of the model components (total of 27) at more than 100 percent of previous levels. The "Demonstration and Dissemination" component had the lowest average continuation percentage, however, it was the component most often continued at levels over 100 percent (10 of the 14; no other single component was continued at levels over 100 percent by more than four of the 14 projects). This situation is probably caused by the eight continued projects that received HCEEP outreach project funds designated for activities typically classified as "Demonstration and Dissemination."

Figure 2 indicates percentages and general sources of continuation funding. The individual sources listed in Tables 2, 3, and 4 were assigned to one of the five general categories in Figure 2 according to the agency deciding allocation of the funds, not by origin of the funds. For example, Preschool Incentive Grant monies (a part of P.L. 94-142) originate from the federal government, however, State Education Agencies (SEAs) decide through a...

Continued on page 4

Bell, Goldberg assume new posts

Terrel Bell was sworn in as Secretary of the Department of Education on January 23, 1981. Shortly after assuming the post, Bell named Herman R. Goldberg as Acting Assistant Secretary of Special Education and Rehabilitative Services (OSERS).

Bell pledged to review existing regulations aggressively in an effort to simplify and "slenderize the rulebook"; check the federal control of education programs; seek alternatives to a cabinet-level Department of Education; and cut the number of Under Secretary positions.

Goldberg, 62, will oversee the Office of Special Education, the Rehabilitative Services Administration, and the National Institute of Handicapped Research. Former Deputy Assistant Secretary, Office of Educational Support in the Department of Education, he joined the Office of Education in 1971 as Associate Commissioner for Elementary and Secondary Education. He has served as Associate Commissioner for Equal Educational Opportunity Programs and Associate Commissioner for State and Local Educational Programs.

Goldberg has extensive special education classroom teaching experience and special education and general education administrative experience at the local school district level. He was Director of Special Education, Coordinator of Instructional Services, and Superintendent of Schools in Rochester, New York.

O'Flaherty to head federal IYDP efforts

Harold O'Flaherty, former Director of Evaluation, Bureau of Community Services, U.S. Public Health Service, has taken a leave of absence to serve as Executive Director of the Secretariat, Federal Interagency Committee, International Year of Disabled Persons (IYDP) '81.

He will direct activities of the federal effort in commemoration of IYDP, with support from governmental departments and agencies in Washington, DC.

O'Flaherty, who is blind, received the Public Health Service's Outstanding Handicapped Employee Award in 1979.
Table 1
Average Continuation of HCEEP Model Components

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<th>Model Components</th>
<th>Average Continuation</th>
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<tr>
<td>Services for Children</td>
<td>90%</td>
</tr>
<tr>
<td>Services for Parents</td>
<td>76%</td>
</tr>
<tr>
<td>Administration and Management</td>
<td>73%</td>
</tr>
<tr>
<td>Staff Development</td>
<td>66%</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>63%</td>
</tr>
<tr>
<td>Demonstration and Dissemination</td>
<td>60%</td>
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Figure 1
Continuation Percentages for HCEEP Demonstration Projects Completing 3 Years of Funding on June 30, 1980 (N=53)

Continued from page 3
plan who will receive those funds. Therefore, Preschool Incentive Grants are an SEA source and are listed under the “State” category in Figure 2.

Tables 2 and 3 show the particular sources the 44 continuing projects used and the percentage each source contributed to its category (State or Local in Figure 2). Table 4 shows the sources for the other three categories (Federal, Private, and Special) in Figure 2.

The number of sources for continuation funding also was compiled for the survey. Of the 44 continuing projects, 14 (32 percent) used a single source. Thirteen projects (29 percent)
Figure 2
Five Categories of Funding

Local 50%
State 41%
Other
Private 5%
Federal 3%
Special 1%

Table 3
State Sources Percent of Percent of State Total Sources Sources
State Education Agency (includes special and regular education) 42 17
Other state agencies/departments (e.g., Dept. of Human Services, Dept. of Health, Div. of Mental Health/Mental Retardation, Dept. of Economic Stability, Developmental Disabilities, etc.) 58 24
Total 100% 41%

Table 2
Local Sources Percent of Percent of Total Local Sources Sources
Local Education Agencies (public schools) 62 31
Project's fiscal agency 25 13
Contracts with other local service providers (e.g., Head Start, Day Care, etc.) 8 4
City and county government 5 2
Total 100% 50%

Table 4
Other Sources*

Private
Foundations, trust fund, local associations (e.g. Easter Seals)

Federal
Indian Health Services, HCEEP, Handicapped Personnel Preparation, Maternal and Child Health, National Institute of Mental Health

Special fund raising activities
Direct mail campaign, fees for services

used one major (providing at least 70 percent of funding) source in combination with one or more other sources. The remaining 17 projects (39 percent) used two or more sources with no major source. Of the 30 projects using multiple sources, half used only two sources; half used three or more.

Finally, success in continuing services, according to many project personnel, was due to the HCEEP funding that allowed them to document the local need for services, establish parent and community support, develop and implement demonstration services for children and families, and develop a good reputation. Many at the projects wished to acknowledge the dedication and enthusiasm of their teachers and other staff as they pursued continuation resources.
New infant assessments need standards, quality assurances

by Janette Rutberg

The last decade has seen a literal explosion in the number of infant screening and assessment measures available to the professional clinician. In 1970 only a handful of these tests existed, today there are well over 100. These tests — they range from brief screening techniques to detailed, standardized assessments of infant performance — are used for diagnosis and research, for assessment, for evaluation of intervention procedures, and to monitor infant progress.

In some ways, this recent proliferation of infant tests is linked to the passage of P.L. 94-142. Although the law was directed to older handicapped children, it also influenced the expansion of intervention programs for infants. This precipitated an increased need for developmental testing. Unfortunately, assessment problems surfaced almost immediately.

The classic tests (Bayley, Cattell, Gesell and Amatruda, and Griffiths) posed various problems in evaluating infants with handicapping conditions. These tests were not designed for use with such infants, did not include them in their standardization samples, and offered few guidelines for adapting the test administration to children with special sensory or motor problems. Discounting these inherent problems, the classic tests still could not be used by many infant intervenors who had not received prior training in the administration of developmental tests nor had access to tests of a psychological nature.

So the pressing need for assessment tools that could be used by intervenors in the intervention setting accelerated the proliferation of new infant tests. However, it was the nature and number of tests rather than the dramatic increase in available tests that caused concern among intervenors.

To meet the present need for information on contemporary measures, Claire B. Kopp and Kim L. Johnson of Project REACH compiled A Bibliography of Screening and Assessment Measures for Infants. This bibliography provides descriptive and evaluative information on 78 measures currently in use, including information about the kind of population for which the measure was intended, the purpose of and rationale for the measure, the specific areas addressed, and number of items within that area. It also includes information on user instructions, standardization, reliability, validity, and test reference.

In their evaluation, Kopp and Johnson concentrate on quality and standards. They feel that all tests, regardless of focus, should conform to certain guidelines of administration and scoring and should meet standards for reliability and validity. These are stated in the APA/AERA/NCME Standards for Educational and Psychological Tests (1974). "The Standards are intended to promote excellence by detailing the information required by test users. Using the Standards as criteria, the 78 infancy measures were evaluated as a group with respect to their strengths and weaknesses.

Kopp and Johnson found the majority clear in their descriptions of their intended population, purpose, and rationale. Most of the infancy measures specified appropriate age range and type of infant for which they were developed. Virtually all included information on general purpose, and many provided details on more specific purposes.

However, many of the measures fell short in essential areas. For example, the majority were weak in user instructions; test setting and type of administration were not defined. Moreover, the tester in a number of instances had to devise administration and scoring procedures. Few of the measures were standardized or provided any information about reliability or validity.

Although failure to meet test standards does not necessarily render a measure useless, these findings indicate caution when users select and use infancy tests. In many cases, a burden is placed on the potential user and interpreter of the test.

"Perhaps it would be helpful," Kopp says, "if infant specialists from both research and clinical practice worked together to strengthen and refine tests and assessment measures for handicapped infants that could be used by people who do not have advanced training in infant development, but nevertheless provide services to infants." Kopp feels this kind of collaborative effort could yield a number of valid and reliable measures that would permit test users to select a test from among a small number of comprehensive and sound measures.

For information on obtaining copies of A Bibliography of Screening and Assessment Measures for Infants, write to Project REACH, Graduate School of Education; 126 Moore Hall, University of California; Los Angeles, CA 90024.

Janette Rutberg is Project Manager, Dissemination of Project REACH at the UCLA Early Childhood Research Institute, Los Angeles, California.
Consortia

Consortia have flourished in the HCEEP network during the last couple of years - at a national level and within several states. The Rural Network, the Minority Leadership Consortium, INTER-ACT (which focuses on birth to 3 concerns), and an emerging Urban Consortium are currently organized on a national level.

In order to help you keep up with the efforts of these and other groups Emphasis introduces this new, regular feature department to report the latest consortium news. This first article will focus on national consortia. Future articles in the new feature department “Consortia” will also highlight consortium efforts in particular states.

If you have consortium news to share, or if you have any comments or suggestions concerning the content or direction of this column, please contact Tal Black, Associate Director, TADS.

— Ed.

National consortia flourish

by Tal Black, TADS

Rural Network

The HCEEP Rural Network provides a voice for rural America’s young handicapped children. The network was organized at the 1978 HCEEP Projects Conference.

During 1979-80, the network helped TADS and WESTAR conduct the first HCEEP Rural Workshop. Following up on ideas generated at that workshop, the network’s policy committee later developed a set of preliminary recommendations for federal policy on education of young handicapped children in rural communities; the network plans to continue developing recommendations. A “how-to” manual also was developed to influence state and local decision makers to support rural programs.

The Rural Network plans a second rural conference on June 10 to 12, 1981, in either Tulsa or Oklahoma City. An interest survey shows over 70 people already making plans to attend. For more information on the conference, contact Corrine Garland; 731 Wax Myrtle; Houston, Texas 77079; or call (713) 461-3200.

The network’s task force for developing state-of-the-art monographs is headed by Patti Hutinger and has several publications in production. The following papers are scheduled to be finished by June:
  - Cost Analysis in Rural Programs
  - Transportation Issues

INTER-ACT

INTER-ACT: The National Committee for Very Young Children with Special Needs and Their Families focuses concern on infants birth to aged three years.

Bibliographies of infant assessment instruments and parent assessment instruments have been compiled by INTER-ACT as resources for infant projects. During 1980, INTER-ACT developed a paper supporting the value of early intervention and the need for comprehensive services to infants and their families (dissemination plans are incomplete).

In the coming year, INTER-ACT’s efforts will involve four task forces: Advocacy, State Networking, Training/Personnel Preparation, and Issues.

The INTER-ACT committee chairperson for 1981 is Geneva Woodruff, Quincy, Massachusetts. Earladeen Badger, Cincinnati, Ohio, is chairperson-elect, and Ron

Continued on page 8
Schmerber, Maywood, Illinois, is treasurer.

The INTER-ACT Committee encourages anyone interested in receiving their newsletter to contact Ron Schmerber; Loyola University, Stritch School of Medicine, Department of Pediatrics; 2160 South First Avenue; Maywood, IL 60153. Please include $10 to cover costs of mailing and production. INTER-ACT reminds those who received the newsletter in 1979-80 that their subscription has expired, and they need to renew.

For any other information on INTER-ACT activities, contact Geneva Woodruff, Project OPTIMUS Outreach, South Shore Mental Health Center; 77 Parkingway; Quincy, MA 02169; or call (617) 471-0350.

Urban Consortium

The HCEEP Urban Consortium developed during this past year and is the newest of the current consortium groups. The objectives of the urban consortium are:

- To identify critical issues unique to preschool programs for handicapped children and their families in urban settings;
- To outline available exemplary practices; address these critical issues;
- To implement various strategies to increase quality programs in urban settings;
- To develop appropriate forums for sharing and problem solving across urban programs;

Information gathered from a worksheet mailed to HCEEP urban projects interested in the Urban Consortium will be used to plan a workshop scheduled for June 4 to 5, 1981, in Dallas, Texas.

In addition to the workshop itself, some interesting preconference activities on June 3 to 4 are planned. Those activities include:

- Meeting with W. Robert Beavers, Director of the Southwest Family Institute, to review a special study of families of preschool handicapped children. Beavers is recognized internationally for his research and treatment of families in health and distress;
- Program site visits to the Callier Center for Communication Disorders, which has programs for deaf and hard of hearing children birth to 3 years and 3 to 5 years, and to Project KIDS, the Dallas Public Schools' home-to-school transition program for handicapped infants, toddlers, and preschool children and their families.

- Demonstrations of the two successful teaching techniques of meal-time programming as a facilitator for the development of communication and socialization, and communication development with non-speaking students.

- A program evaluation mini-session for projects to get practical help in planning program evaluation efforts, conducted by the Research and Evaluation Department of the Dallas Independent School District.

The chairperson of the HCEEP Urban Consortium is Ruth Turner, Dallas, Texas.

For more information on the Urban Consortium and the June workshop, contact Ruth Turner or Ruth Wilson; 3700 Ross Avenue; Dallas, Texas 75204; or call (214) 824-1620 ext. 342, or (214) 526-0999, respectively.

MLC

The Minority Leadership Consortium (MLC) represents a network of HCEEP minority leaders who strive to produce creative answers to the special problems of minority handicapped children. The Consortium's two interrelated goals are to improve and increase services to minority handicapped children and to increase the quantity and quality of minority professionals involved in the Handicapped Children's Early Education Program.

The MLC was formed at a May 1979, Minority Leadership Workshop; a second workshop was held in June 1980. Both workshops were provided by OSE through TADS and WESTAR and addressed identified needs of minority leaders. The workshops also generated several recommendations and future plans.

Currently, the MLC has five major thrusts:

- Talent Search and Brokering. The MLC maintains a talent bank of minority professionals who can consult with HCEEP projects;

- Leadership Training. MLC provides staff development which consists of ongoing technical assistance and an annual workshop. Plans are underway to develop packaged self-instructional resource materials;

- Communication. Through publications, mailings, and conferences, MLC seeks to promote information exchange.
among its network of people, programs, and organizations.

- **Resource Development.** MLC helps minority leaders identify existing resources, especially for program support.
- **Grantee Development.** MLC actively seeks out projects which demonstrate interest in, and potential for, meeting OSE/HCEEP funding requirements and provides support in the development of competitive plans and proposals.

A special OSE contract with International Business Services, Inc. (IBS), a Washington-based organization, is supporting the further work of the Minority Leadership Consortium. IBS Coordinator Wilhelmina Bell-Taylor is working closely with the Minority Leadership Consortium Steering Committee.

A third Minority Leadership Workshop is planned for July 22 to 24, 1981. Minority leadership development and social-emotional needs and development of culturally diverse young handicapped children are identified as general workshop topics.

For further information on the MLC and its activities, contact Wilhelmina Bell-Taylor; HCEEP Minority Leadership Consortium, c/o International Business Services, Inc.; Suite 1010, 1010 Vermont Avenue, N.W.; Washington, D.C. 20005.

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**Research**

**Attention documents development**

by Joan Anderson, TADS

Low predictive validity of infant intelligence tests, which rely heavily on motor responses by the infant, has prompted researchers to look for other indicators of cognitive behavior in infants. Studies of attention and information processing — eye contact, pupil expansion, slowed heart rate, and reduced motor activity — in nonhandicapped infants are yielding data useful in understanding cognitive development in handicapped infants.

An infant's attention to a stimulus is interest related to the novelty of the stimulus (Kagan, 1971; McCall, 1972). With repeated presentations of the stimulus, the infant ceases to attend and habituation occurs. This habituation indicates the infant has constructed a cognitive representation of the stimulus. When the habituated stimulus is altered slightly, the novelty again attracts the infant's attention.

Researchers report two outcomes of this study. First, early attentional behavior relates to intelligence scores at ages 3 to 4 years (when such scores become more consistent). Second, specific patterns of attention and reaction to stimulus events appear in the first year of life. This pattern may be useful to document cognitive development in handicapped infants.

Researchers at the Educational Testing Service, studying infant attention with visual, auditory, and tactile stimuli (Lewis, 1980), found that "infants who become bored quickly and recover their interest quickly score higher on intelligence tests at 36 and 44 months of age ... than others who react more slowly."

Kagan, Kearsley, and Zelazo (1978), in a longitudinal study of infants' learning of sequential events, employed a stimulus event consisting of a toy train which rolls down an incline to hit a small snowman. On the first series of trials, the snowman falls over. The snowman remains standing in the second series. Finally, the original series is repeated. Infants react differently at 71/2, 91/2, and 11 1/2 months. The youngest infants visually track the movement of the train, and their heart rates slow as the snowman is hit and falls. After several trials these infants may become restless or turn away. By 9 1/2 months the infants display sustained attention throughout the entire episode. The most dramatic changes occur in the older infants; smiling, pointing, and vocalizing note their recall of the sequence. By the second or third trial, the infants at this age will shift their gaze from the train to the snowman in anticipation of the collision.

Zelazo (1980) suggests that studying development of expectations and reaction to unexpected events may be more relevant to information processing and problem solving than items on infant intelligence tests. (Jens and Johnson of the Carolina Institute for Research on Early Education for the Handicapped currently are piloting Zelazo's procedures to apply to high-risk and handicapped infants.)

Complete references may be obtained upon request from Joan Anderson, TADS.
Over 500 professionals from across the nation attended intensive workshops, family and child symposiums, and other topical sessions during the four-day conference dedicated to the United Nations' International Year of Disabled Persons (IYDP).

Herman Saettler, Acting Director, DID, urges special educators to "develop an aspect of caring in your curriculum."

Bill Swan (far right), Acting Chief, OSE Program Development Branch, fields questions from audience and panel.

Funding alternatives are discussed at topical session moderated by Veronica Payer, Ohio SIG Director.

Jim Cox, TADS TA Coordinator, and Mary Vernaccia, Project CLIP Director, meet for informal TA consultation.
Theme set for topical workshop, Brazelton to keynote

About 70 participants are already registered for the topical workshop, "The Health-Care/Education Relationship: Services for Infants with Special Needs and their Families." The workshop, sponsored by TADS and WESTAR for HCEEP projects, will be held in New Orleans, March 16 to 18, 1981.

T. Berry Brazelton, Associate Professor of Pediatrics, Harvard Medical School, will open the two-day workshop with a keynote presentation that will focus on the workshop theme: "How to create support for educationally oriented programs in medical settings." Other presentations will focus on initiating support, sustaining support, and replicating that model of creating support for educationally oriented programs in medical settings.

Other high interest topics to be addressed by HCEEP project personnel and consultants in the medical and educational fields are:

- Methods of intervention in health-care/educational settings;
- Effects of educational intervention in ICU's and newborn nurseries;
- The role of educational specialists in ICU's;
- Assessment of preterm and postterm infants;
- Appropriate evaluation: clinical vs. educational;
- Facilitating bonding/attachment;
- Working with families: assessment, communication, and range of support.

Full coverage of the workshop will highlight the spring issue of Emphasis; a proceedings document available to HCEEP projects will follow.

Funding

Funding opportunities discussed at Projects Conference

by James O. Cox, TADS

The HCEEP Projects Conference in Washington, D.C., December 1980, spawned several excellent panel discussions about funding opportunities.

Jane DeWeerd, Early Childhood Section Chief, moderated a panel of 11 federal agencies or programs that provide support for services to young handicapped children through service, research, or training projects. The Office of Special Education programs were: Division of Personnel Preparation, Division of Media Services, Office of Gifted and Talented, State Implementation Grants, Research Projects Branch. The agencies were: Administration for Children, Youth, and Families; Maternal and Child Health; Developmental Disabilities; National Institute for Handicapped Research; Office of Indian Education; and National Endowment for the Arts. For additional information about these sources see the Catalogue of Federal Domestic Assistance, or contact your HCEEP project officer.

At another funding session, Veronica Payer, Ohio SIG Director, moderated a presentation about building mutually beneficial relationships with the retail business sector. Some important strategies to approach private businesses and types of projects that may appeal to them were discussed. Also, a case study on the design and implementation of the Cherry Preschool/Burger King promotional project was presented. If you were unable to attend this session, most of the key ideas that were discussed are captured in a printed document titled: "The Funding Maze" or Tapping Retail Business as a Funding Alternative, available at no cost (while supplies last) from Veronica Payer; Division of Special Education, State Department of Education; 933 High Street; Worthington, Ohio 43085. The process discussed in this document can be easily adapted to a cooperative fund raising venture with a variety of private retail businesses.

Note: For a list of funding sources successfully used by previously funded HCEEP demonstration projects, see page 3 of this issue of Emphasis. Please share your successful fund raising practices with other HCEEP Projects. Send ideas, tips, and strategies to James O. Cox, TADS. Please respond by April 21, 1981 for publication in the next issue of Emphasis.

Thanks

TADS and WESTAR extend a thank you to all projects that responded to our survey and abstract forms for the 1980-81 HCEEP Overview and Directory.

The books will be distributed to projects in April, 1981.
Memo clarifies IEP, autism regulations

A Department of Education memorandum distributed to OSE professional staff on January 13, 1981, reports that documents on autism and IEP requirements under the EHA-B regulations were signed by the Secretary and forwarded for publication in the Federal Register. Two other items also are highlighted in the memo.

- **Autism Regulations.** A technical amendment to the definition of "handicapped children" deletes "autistic" (children) from the definition of "seriously emotionally disturbed," and adds "autism" as a condition under the definition of "other health impaired."

- **IEP Requirements.** This document clarifies and interprets the IEP provisions, answers frequently asked questions about those provisions, and provides technical assistance. The memorandum states that the Secretary "regards the clarifications and interpretations in the document as legally binding . . . ." A differentiation is made between the mandatory and nonmandatory language used throughout the document.

- **Insurance Proceeds.** A "Notice of Interpretation" prohibits public agencies from requiring parents, where they would incur a financial cost, to use insurance proceeds to pay for services that must be provided to a handicapped child under "free appropriate public education" requirements.

- **Notice of Intent.** This document describes seven areas where policy may be developed or clarified and calls for comments on those areas.

California preschool programs cost effective

Preschool education programs are cost effective, according to Wilson Riles, California Superintendent of Schools, because it is cheaper to nurture the needs of the young than to pay the cost of rehabilitation.

Riles told preschool educators attending the annual meeting of the National Association for the Education of Young Children, that in his state it costs $1000 annually per child for preschool education compared to $20,000 annually to keep delinquents in a state institution and $11,000 annually to house a prison inmate. "We must make a case for cost effectiveness," he said. "These figures are valid."

Preschool education can help society "prevent the waste of human resources," Riles said.

Project Officers

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Sontag named

Edward Sontag, former Acting Director of DIDD and the Assistance to States Division in OSE, was appointed Acting Deputy Assistant Secretary for the Office of Special Education.

San Francisco, CA 94103-1060
Ph 415/554-2251 Fax 415/554-1503
LINC available for product dissemination assistance

Every year the Office of Special Education awards hundreds of contracts and grants to provide project services to the handicapped. Helping to get materials resulting from these projects to learners with handicaps and those who work directly with them is the responsibility of the Market Linkage Project for Special Education (LINC). This year, a new contract was awarded to LINC.

LINC services that could aid your project are:
- Analysis of market readiness of materials;
- Verification that project products comply with all legal requirements necessary for public distribution;
- Taking of products to the commercial sector and promoting their adoption by publishers;
- Provision of marketing technical assistance to current OSE product developers;
- Publication and distribution of promotional materials of OSE products with a limited market.

For further information on LINC services and activities, contact: LINC Services Inc; Suite 225, 1875 Morse Road; Columbus, OH 43229; or call (614) 263-5462.

Champion named

Richard Champion, State Plan Officer in the Division of Aid to States, has joined the Early Childhood Program, DID. Champion will serve as Project Officer for the states of Alabama, Florida, Georgia, Illinois, Mississippi, New York, North Carolina, and South Carolina.

Champion maintains a special interest in the area of education of the visually handicapped. He is interested in the expansion of services to young handicapped low-incidence children in rural areas.

Study points to 'uphill struggle' for black children

Statistics culled from recent federal and private-sector studies reflect "a winding, uphill struggle" for black children, according to a new book published by the Children's Defense Fund (CDF).

Portrait of Inequality: Black and White Children in America, written by Marian Wright Edelman, CDF president, with research by Paul Smith, contains the latest information on black and white family income and structure, employment, education, health, foster and institutional care, child care, and crime.

Edelman asserts that the struggle begins before birth: twice as many black as white women lack prenatal care at every stage of pregnancy.

According to Edelman, statistics show these findings:
- One in two black children will be born into poverty;
- A black child is twice as likely as a white child to lack a regular source of health care, to suffer malnutrition, and to die before his or her first birthday;
- A black child's chance of being labeled educable, mentally retarded is three times greater than a white child; the black child is half as likely to be labeled academically gifted.

Edelman suggests specific steps for action and urges advocates to get the facts, set strict priorities, and trace funds coming into their communities. "Whoever controls the budget controls policy," says Edelman.

Portrait of Inequality: Black and White Children in America is available ($5.50 includes postage and handling) from CDF Publications Department; 1520 New Hampshire Avenue, N.W.; Washington, DC 20036.
Alabama SIG links special, regular, university educators

by Michael Woodard, TADS

Can a special education program find a place in a regular education family?

"Some said it couldn't be done," said Bill Ward, Director of Alabama's State Kindergarten Program and their state's State Implementation Grant (SIG).

The cooperative effort began last winter when a hiring freeze left the special education program in Ward's hands. Regular educator Ward hired special educator Nell Kilpatrick as SIG Coordinator, and together they fostered the SIG's development.

The SIG proposal had foreseen the cooperative spirit: a one-day conference had been planned (and was held last spring) to convene Alabama's special and regular education administrators, teachers, teacher trainers, therapists, parents, advocates, and consumers. The goal of the conference was to elicit, through nominal and other group process techniques, the training needs of school personnel.

One hundred fourteen conference participants representing nearly 50 percent of Alabama's school districts generated a list of 440 needs before the first coffee break. Throughout the day, a troop of typists churned out newer and shorter versions for the participants' inspection. A list of 25 needs finally emerged, and this list was subsequently mailed to participants for a final ranking of the top 15 needs.

The conference cemented the special/regular educator relationship, and the early childhood community benefited in several ways. First, the conference gave field personnel a sense of initiative regarding early childhood education for the handicapped. Second, participants compared their perceptions of need and gained both confirmation and exposure to the various perspectives that make up the "big picture" of services to young handicapped children in Alabama. Lastly, the conference sent participants back to the field ready for action and primed to take advantage of future SIG assistance.

They didn't have to wait long. Last summer, the SIG commissioned a group of Alabama professors to develop and conduct a Staff Development Conference. The presenters offered a model process for school system supervisors and inservice trainers to enhance the competencies of early childhood staff. Elements of the model included needs assessment, shared decisionmaking, delivery strategies, and continuous evaluation. "Awakening the full potential for staff development" is a major responsibility of the SIG, Ward said, thus, this "inservice on inservice."

Early SIG objectives relied heavily on the expertise and resources of the state's major institutes of higher learning. Ward had some initial reservations about the extent of university participation slated for the SIG; he wasn't clear on the professors' motivation nor assured that a spirit of cooperation and partnership would prevail. These early concerns have been laid to rest, and he now regards the university role in planning and implementation as a "good precedent." In fact, the SIG is now an important link between the state's universities and school systems. Ward and Kilpatrick intend to expand this linking function as they institute the SIG's technical assistance system, the Resource Exchange.

Linking has become the SIG's modus operandi, and Ward and Kilpatrick especially stress contacts and alliances between regular and special early educators. Regional workshops were held at special education facilities so regular educators could learn something of these unique worlds. Furthermore, Ward sees an increase in the sensitivity of special educators to the problems regular teachers encounter in mainstreaming.

The affiliation of regular and special early educators in Alabama is flowing naturally from the wellsprings of each group's philosophy of education. The Alabama State Kindergarten Program serves the whole child through a developmental approach; the special educators emphasize individualized assessment and programming; and all are committed to early detection and remediation of handicaps. Through the SIG, all of Alabama's educators are discovering that their goals are mutual and that they have knowledge and skills to share.

The greatest challenge, Ward says, is to nurture this healthy, robust relationship between state level special and regular education divisions. The best chance for young handicapped children seems to lie in the collaboration of these parties. Ward envisions ongoing communication between the divisions to differentiate program responsibilities, avoid duplication of effort, and coordinate activities. Until then, the job of the SIG is to facilitate this climate of cooperation at the local level. Perhaps the tide will roll all the way to Montgomery.

Loreta Holder, Chairman of the Multidisabilities Department at the University of Alabama, conducts small group session with workshop participants at Montgomery Children's Center.
Abstract collection available from CIREEH

Papers and reports on subjects of interest to people involved in early education for the handicapped are available from CIREEH. Infant assessment, parent/child interactions, language intervention, maternal health, and learning games are just some of the areas outlined in a collection of abstracts of publications available from CIREEH.

For a copy of the abstract collection, or for information on the publications, contact: Communications Office, CIREEH, Frank Porter Graham Child Development Center, Hiway 54 Bypass West, 071A, Chapel Hill, NC 27514.

Organize advocates... How to Organize an Effective Parent Advocacy Group and Move Bureaucracies is a handbook for parents and outlines how to organize an advocacy group, choose leaders, lobby, use the media, recruit volunteers, and obtain funding. Contact: Coordination Council for Handicapped Children, 407 South Dearborn, Room 680, Chicago, IL 60605, or call 312/939-3513.

Two of First Chance Series available... Social and Emotional Development: The Preschooler, edited by Norbert Enzer with Kenneth Goin, $8.95 (includes postage and handling), is one of the First Chance Series for Early Education of the Handicapped published by Walker and Company, New York City. The book deals with social and emotional development, psychopathology, assessment, and disturbances and treatment of the handicapped preschooler.

Also from the First Chance Series, Early Education in Spanish-Speaking Communities, edited by Pascal Trohanis, $10.95 (includes postage and handling), focuses on preschool children, parents, and the community.

These two books are available directly from TADS. Send payment (payable to FPG Center—TADS) to: Publications Office, TADS; 500 NCNB Plaza; Chapel Hill, NC 27514.

Hotline... Infant nutrition questions are answered by the manufacturers of Beech-Nut baby foods. Call toll free 9 a.m. to 4 p.m. EST, Monday through Friday: 800/523-6633.

Guide geared for providers with limited formal training

When You Care for Handicapped Children is an informational guide written for providers with limited formal training in special education. Information in the guide is applicable to handicapped children in any setting.

Developed under the direction of Joyce Evans, Director of the Special Projects Division of Southwest Educational Development Laboratory under contract with the Texas Department of Human Resources (TDHR), the 500-page guide contains an overview section on interagency cooperation and individual development plans, followed by sections on screening, referral, assessment, and individual plans. The second part focuses on specific handicapping conditions, including sections on health, motor, visual, hearing, speech, language, learning, and emotional problems. Each of these sections includes an explanation of the problem, identification techniques, referral methods, questions to ask, and classroom adaptations. The third part, "Special Considerations," includes sections on adapting the environment, self concept, behavior, infants, and involving parents.

The guide is illustrated with color photographs and line drawings and includes clear subheadings for easy reading. A series of 24 pamphlets (12 in English, 12 in Spanish) which summarize selected guide topics is also available.

Copies of When You Care for Handicapped Children and a catalog of other materials developed by the Child Development Program of TDHR are available free to Texas child-care personnel. The guide is available to non-Texans for $11 (cost of printing).

To order, or for more information, contact: Texas Department of Human Resources, Development Materials; Child Development Program 510-A; P.O. Box 2960; Austin, TX 78769.
TADS, WESTAR Topical Workshop, New Orleans (see page 11). Contact: Sonya Prestridge, TADS, for more information.

March 18-21
32nd Annual SACUS Conference (Southern Association for Children Under Six). Biloxi, MS. Featured speakers: Urie Bronfenbrenner, Cornell University; Brian Sutton-Smith, University of Pennsylvania; Barbara Bowman, Erikson Institute, Chicago. Contact: SACUS; Box 5403, Brady Station; Little Rock, AR 72215.

March 23-26
Fifteenth offering of "Infant Enrichment Through Mother Training" short course. Contact: Shirley Sizemore, Infant Stimulation/Mother Training Program; U.C. College of Medicine, Department of Pediatrics; 231 Bethesda Ave.; Cincinnati, OH; or call 513/872-5341.

March 26-28
Major conference on Serving the Handicapped Child Birth to Aged 3 Years. Continental Regency Hotel, Peoria, IL. To speak: Alice Hayden, University of Washington; Shirley Behr, Washington, DC; Dale Gentry, University of Idaho. Contact: Lynn Barnett, UCP Northwest, Peoria 0-3 Project; 320 E. Armstrong; Peoria, IL 61603; or Mary Beth Norton, UCP Illinois; 309 S. 3rd St.; Springfield, IL 62701; or call 217/789-0390.

April 1-3
Symposium on the Early Education and the Exceptional Child. Northern Hotel, Billings, MT. To speak: Norris Haring, University of Washington; Merle Karmes, University of Illinois; Bud Fredericks, Teaching Research, Monmouth, OR. Contact: Project Sunrise Outreach; Eastern Montana College; Billings, MT 50101; or call 406/657-2250.

April 8-11

April 12-17

June 14-19
International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven. Tel Aviv, Israel. Contact: Emanuel Chigier; P.O. Box 394; Tel Aviv, 61003, Israel.
Inside:

TADS/WESTAR topical explores health care/education relationship

Researcher-parent tells how to keep child's bilingual heritage
Emphasis is a quarterly newsletter for Demonstration and Outreach Projects, State Implementation Grants, and Research Institutes of the Handicapped Children's Early Education Program (HCEEP) administered by the Office of Special Education, OSERS, U.S. Department of Education.

This newsletter is published by the OSE-funded Technical Assistance Development System (TADS), a support system for eastern Demonstration Preschool Projects and State Implementation Grants. TADS provides technical assistance to designated projects and states when it is requested and needed. TADS is located at 500 NCNB Plaza, Chapel Hill, NC 27514. Our phone number is (919) 967-9221.

Emphasis is distributed pursuant to contract number 500-80-0752 from the U.S. Department of Education. Contractors undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view and opinions do not, therefore, necessarily represent Department of Education position or policy. The enclosed selections are presented for information purposes only; no endorsement or claim of accuracy is made. TADS assumes that proper release forms have been completed for photographs included in this publication.
Braze Iton keynotes TADS/WESTAR topical

Participants explore health care/education relationship

by Sonya Prestedge, TADS

"We have to have our own conviction that grief is not the only thing parents have available to them when they have a baby at risk. If you can use all that energy that's been generated in pregnancy and put it to work around that baby and that baby's particular kind of organization, then we are already in pay dirt. The longer we wait, the more of that energy we allow to disperse — the more grief takes over. We have to turn all that energy around and put it to work."

With these remarks addressed to a standing-room-only audience, T. Berry Brazelton, Chief of the Division of Child Development at the Children's Hospital Medical Center of Boston and Associate Professor of Pediatrics at Harvard Medical School, opened the two-day workshop, "The Health Care Education Relationship: Services for Infants with Special Needs and Their Families," held March 16 to 18, 1981, in New Orleans, Louisiana. TADS and WESTAR sponsored the workshop.

A planning committee of five HC EEP project directors (including an INTER-ACT consortium member), TADS, and WESTAR focused the workshop on unique issues and experiences projects must deal with when working with infants at risk and their families in hospitals, neonatal intensive care units, newborn nurseries, clinics, and in the home.

A preliminary survey regarding workshop topics clearly showed one of primary concern: "Building Relationships: Creating Support in Medical Communities for Educationally Oriented Programs" was chosen as the theme of the workshop, and all of the topics presented related to this theme in some way. Also, three speakers (Linda Gilkerson, Director of Project WELCOME, Boston; Jennie Swanson, Director of PRE-START, Maywood, Illinois; and Earladeen Badger, Director of Infant Stimulation Mother Training Program, Cincinnati) whose HC EEP projects were in different stages of building relationships addressed the theme.

Participants chose four topical sessions from a field of sixteen. Content of these sessions included methods of intervention in newborn nurseries, appropriate evaluation of infant intervention programs, assessment of family needs, the role of educational specialists in the intervention, and continued on page 4
continued from page 3

sive care nursery, dilemmas in neonatal intervention, and bonding and attachment.

Heidelise Als, Director of Clinical Research at the Child Development Unit, Children's Hospital Medical Center of Boston and Assistant Professor of Pediatrics, Harvard Medical School, discussed the behavior of the fetal newborn and offered considerations and practical suggestions for the use of the Assessment of Premature Infant Behavior instrument.

Als commented on the results of her research: "We are very encouraged by results from our pilot work, since they indicate that it is indeed possible to identify behavioral patterns of competence which have continuity and which cut across medical variables such as prematurity and full-term status. The identification of such patterns will make the diagnosis of an individual infant's developmental issues more succinct and will give us a handle on how to structure appropriate early support and intervention and how to measure the effect of such support and intervention."

Workshop planners incorporated a synthesis session into the agenda for all presenters to relate their topics to the theme of the workshop and to provide formal closure to the topical workshop.

Ellen Khokha, McLean, Virginia captured the planners' intended goal for the workshop in her synthesis statement: "This conference gave us the opportunity to do more than just talk about building relationships," Khokha said. "We have been able to experience what it means to connect — and even become attached — to others by listening, watching, and, most important, interacting with people from many different backgrounds, with different perspectives, using different approaches in their intervention models."

Earladeen Badger, Director of Infant Stimulation/Mother Training Program, Cincinnati, discusses organizing network for birth to three programs
Sontag assumes acting post at OSE

Ed Sontag has been Acting Deputy Assistant Secretary for the U.S. Office of Special Education since February, 1981. In that position he manages programs authorized by the Education for All Handicapped Children Act of 1975 (P.L. 94-142) and other federal legislation designed to enhance the educational opportunities of the nation's handicapped and gifted and talented children and youth.

Sontag's years of experience in OSE, formerly the Bureau of Education for the Handicapped, have given him firsthand knowledge of the programs he administers. He worked in the Division of Personnel Preparation, was Acting Director of the Division of Innovation and Development, and prior to his present position, was the Director of the Division of Assistance to States.

Sontag taught handicapped children and monitored state-supported programs for deaf and blind children and private school programs for all handicapped children in New York. In Madison, Wisconsin, he administered the public school program for handicapped children.

Sontag's most recent award was the Distinguished Professional

IYDP Speakers’ Bureau formed

Rehabilitation International, a world organization working on all aspects of mental and physical disability, announced the establishment of an international Speakers’ Bureau to function during the United Nations’ International Year of Disabled Persons (IYDP) in 1981. Individuals in all parts of the world who are experienced in the problems of disability will be available to speak on subjects related to IYDP.

If your organization wishes to obtain a skilled and informed speaker for meetings related to IYDP, contact Rehabilitation International and receive a list of available speakers and additional material about IYDP.

For further information contact Rehabilitation International; 452 Park Avenue South; New York, N.Y. 10016.

New name, address for ARC

The National Association for Retarded Citizens has a new name, street address, and mailing address. The new name is The Association for Retarded Citizens of the United States (or ARC); 2501 Avenue J; Arlington, Texas 76011. Address mail to Association for Retarded Citizens, National Headquarters; P.O. Box 6109; Arlington, Texas 76011.

Whelock College offers new master programs

Wheelock College, Boston, Massachusetts, will offer two new master degree programs this summer.

Early Intervention: Infants and Toddlers with Special Needs will prepare professionals as child development specialists for children with special needs birth to aged three years. The program includes coursework in infant and toddler behavior and development, assessment, developmental curriculum planning, family support, program development, medical issues, and a practicum in an early intervention setting. The 40-credit program is open to educators, nurses, physical therapists, occupational therapists, speech and language therapists, social workers, and psychologists.

Children in Health Care Settings will prepare graduate students for careers as child life specialists at direct service and administrative levels. Coursework includes child development, clinical issues, effecting change in health care settings, and research and practicum experiences in hospitals and alternative health care settings. An advanced program includes work in leadership and administration, and practice requiring the performance of a leadership role in a health care setting. The Children in Health Care Settings programs are open to persons with experience with children and background in child development and health care settings.

Both master programs are open to full- and part-time students. Graduate Assistantships are available.

For more information, contact: Judith Brown, Assistant Dean of Admissions, Wheelock College Graduate School, 617/734-5200 extension 198.

Grants aim at understanding

The U.S. Department of Education awarded $3 million for 58 ethnic heritage studies grants. The grants are aimed at improving cultural understanding in schools and communities.

The Council for Exceptional Children at Reston, Virginia, received their grant to “develop teaching materials to help educable mentally retarded persons to learn about their cultural heritage as well as the heritage of their classmates.”
The following article was written by a High/Scope researcher with a bicultural (Colombian-American) family background. It provides many insights into how both parents and teachers can help bilingual children maintain their dual-language heritage.

When our family returned to the States after several years in Colombia, our son was only two-and-a-half, and our daughter was just four months old. Neither child had been exposed to spoken English because our family spoke only Spanish at home. We wanted our children to maintain both Spanish and English as primary languages. In other words, we wanted to make our children fully bilingual.

We chose to do this by creating distinct social environments in which the two languages were spoken. Since the only thing we could strictly control was our home setting, we decided that only Spanish would be spoken at home. Our second decision was to send our son to an English-speaking preschool. This seemed a big step at the time, even though there was a Spanish-speaking teacher at the school, even though there was no bilingual program. We also decided to permit relatively large amounts of English-language television watching.

Our son’s initial reactions were interesting. He found himself in an attractive setting in which he could not communicate verbally with other children, though he could speak to the teacher. It must have been a stressful time for an active, highly verbal and social child, and he spent the first few days involved with materials and expressing occasional aggression toward the other children.

But his English went from zero to near-complete fluency in four months. And by the end of the first school year, his accent in English was faultless, his English production close to normal for a three-year-old.

The teacher helped his adjustment in several ways. First, she corrected his attempts to speak Spanish to her, after the first few days. If our son talked to her in Spanish, she would ask in English, “What do you want to say? Could you say that in English?” If there was a Spanish word that he could not say, she would provide it, and then ask for the English translation. She also helped by recognizing our son’s language as an important skill and making the class aware of it. She explained to the other children that our son had other ways of naming and describing objects, and she made up cards with both Spanish and English names for common classroom objects.

Many of the children, especially the older ones, would sight-read the cards and learn the Spanish words. As an unexpected bonus, the non-readers also showed much interest in learning these words.

But the most helpful thing the teacher did was to further our son’s overall adjustment to the class. She focused on the total range of his abilities, just as she would for any other child, and our son soon was enthusiastic about preschool. He did the language learning mostly by himself, using what he picked up at the preschool and from the television set, with no help from us.

Maintaining two or more separate languages is easy for preschoolers, if they can speak the different languages consistently in separate, clearly defined settings. From our own experience, we would like to summarize those things which we feel might be of use to other parents or teachers of bilingual children.

The different “settings” I have mentioned need not be areas; they can be two different people. I remember one occasion when our daughter, then about one-and-a-half, was trying to get my attention, tugging at my pants leg and saying something in Spanish. When she got no response she walked over to a family friend who speaks only English, tugged at his pants leg and spoke to him in English.

From the earliest stages of speech development, children can keep two linguistic codes (dialects or languages) separate and use them appropriately — if there are firm cues to help them do so. Teachers can do much to help. Indeed, such language adjustment is almost impossible if the teacher does not help. For our son, having a Spanish-speaking teacher was vital for the first few days but of decreasing importance later. I would guess that having one of his parents in the classroom over those first few days also might have helped close the communication gap.

Encouraging other children to see our son’s apparent handicap as a resource was another vital component of continuing importance to our child’s adjustment. We feel that our son learned English by himself — but that the teacher created a climate and setting within which he could learn.

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Virginia consortia

link early intervention
projects

by Tal Black, TADS

Virginia's special education legislation mandates services down to age two years. Since this law has been on the books since the early 1970's, networking in early childhood/special education has been going on in Virginia for several years. Currently, there are two related consortium efforts: The Virginia Association of First Chance Projects (VAFCP) and The Virginia Infant Programs Consortium.

The VAFCP is composed of projects funded by the Handicapped Children's Early Education Program (HCEEP). There are now six HCEEP projects in Virginia, including two demonstration, three outreach, and one SIG. VAFCP's general purposes are:

- To coordinate HCEEP efforts in Virginia, especially outreach training activities;
- To support planning and development efforts at the state agency level;
- To support advocacy efforts in behalf of the special needs of young children and their families.

The VAFCP meets monthly in Richmond with the support of the state's Office of Early Childhood, Division of Special Education. Susan Hastings, Charlottesville, is chairperson and Sharon Kiefer, Lightfoot, is secretary.

A VAFCP-developed needs assessment index for programs serving handicapped preschool children provides a structure for a comprehensive review of all aspects of an early intervention program. The index, developed for the Virginia Division of Special Education and used to conduct a self study by a program or a site visit team external to the program, identifies program strengths and areas of need. For copies of this index, contact: Division of Special Education, State Department of Education; Post Office Box 60; Richmond, Virginia 23216.

VAFCP plans for this year include a series of regional conferences that will bring early childhood people together in order to broaden the base of the association's efforts. They also are exploring, with the Virginia Division for Children, an advocacy and watchdog agency tied directly to the governor's office and the possibility of sponsoring a workshop on the needs of young children, especially the handicapped. The workshop is projected for early fall and would be geared for state-level personnel from agencies like Maternal and Child Health, Mental Health and Retardation, and Education. Some state legislators and their staff would also be invited. For more information on the VAFCP, contact: Susan Hastings, EMI-Outreach Project, University of Virginia Medical Center, Department of Pediatrics; Box 232; Charlottesville, Virginia 22908; or call 804/924-5161.

The Virginia Infant Programs (VIP) Consortium is made up of about 70 programs across the state, including handicapped and high-risk infant programs and programs for adolescent mothers. The group meets four times each year for a business session and a professional workshop. All activities and meetings are planned and coordinated by a steering committee chaired by Wanda Elder, Director of the EMI-Outreach Project.

The VIP consortium has several task forces on topics and issues of interest. These include:

- Public education and awareness,
- Research issues,
- New program development,
- Services to high-risk infants,
- Information exchange and resource sharing (this task force has produced a Directory of Resources in Virginia).

For more information on VIP, contact Wanda Elder at the EMI-Outreach Project (use address above for Susan Hastings).

MLC update

Dates changed for workshop

The dates for the summer workshop of the MLC have been changed. The workshop will be held July 13 to 15, 1981, at the Sheraton National Hotel in Arlington, Virginia. Those invited to participate in the workshop include all current and former MLC members, directors/coordinators of HCEEP projects serving predominantly minority families, prospective HCEEP grantees, staff and administrators who support the implementation of programs, and other MLC affiliates.

The workshop will provide training to develop leadership and management skills and to meet the social/emotional needs of handicapped minority children. Leadership management training will focus on time management, supervision and motivation of personnel, and communication. The social/emotional needs track will emphasize parent involvement and helping to develop strong self-concepts. Both areas will focus on the unique aspects of working with minority populations.

If you want to attend the workshop or for more information about MLC, contact MLC's coordinator, Wilhelmina Bell-Taylor. Her new address and phone number are: HCEEP Minority Leadership Consortium, c/o International Business Services, Inc.; 1090 Vermont Avenue, N.W.; Washington, D.C. 20005; 202/789-5200.
Urban Consortium update

June workshop slated

The Urban Consortium of the Handicapped Children’s Early Education Program will sponsor a workshop on June 3 to 5, 1981, at the Sheraton-Dallas Hotel in Dallas, Texas. The purposes of the workshop include:

- To discuss critical issues unique to preschool programs for handicapped children and their families in urban settings;
- To develop strategies to encourage increased quality programs for handicapped preschool children and their families in urban settings;
- To provide a forum for sharing current expertise in critical areas.

The major feature of the workshop is a series of “Action-Planning Sessions” that will address areas identified through a survey of urban-based HCEEP projects as high interest topics. Areas include: efficacy of preschool programs, staff training and support systems, parent involvement, availability of funds, essential quality program standards, and interagency cooperation. Each half-day strategy development session will look at the state of the art and outline a plan for future directions focusing on the urgency of the needs of preschool handicapped children and their families in urban settings.

General sessions are also scheduled to direct the attention of the participants to the impact of the elements of an urban setting on the lives of preschool handicapped children and their families. One session will include a panel of representatives from the Council of Great City’s Schools.

A full day of selected pre-workshop activities (described in Emphasis Vol. 4, No. 2) is scheduled for June 3, 9 a.m. to 3 p.m. These optional activities precede the official opening of the workshop.

Registration for the workshop remains open until June 1. Contact Ruth Wilson (214/526-0999) right away if you wish to register. There is a $20 registration fee which includes lunch on Thursday. For hotel reservations, call the Sheraton-Dallas Hotel (214/748-6211). Identify yourself as a participant in the Urban Consortium Workshop and get special room rates.

INTER-ACT update

WESTAR to publish monograph

INTER-ACT: The National Committee for Very Young Children with Special Needs and Their Families met in New York during the CEC Convention.

At the convention, it was announced that WESTAR will publish an INTER-ACT monograph on the effectiveness of early intervention. The publication will be mailed in early June to all HCEEP projects, SIGS, research institutes, and to the director of special education in each state. An additional 250 copies will be distributed by the INTER-ACT Advocacy Committee. Some of these copies will be sent to INTER-ACT members who are not HCEEP projects.

INTER-ACT is compiling a list of competencies needed for infants and young children through its personnel preparation task force. Anyone interested in contributing to this effort contact: Shirley Zeitlin, Task Force Chairperson; DIPHH Project; Room 341; Kingsbrook Jewish Medical Center; Rutland Road and East 49th Street; Brooklyn, New York 11203; or call 212/756-9700.

INTER-ACT also initiated a liaison relationship with the Division for Early Childhood (DEC) of CEC, and will serve in an advisory capacity to DEC.

For more information on INTER-ACT activities, contact Geneva Woodruff; Project OPTIMUS Outreach; South Shore Mental Health Center; 77 Parkingway; Quincy, Massachusetts 02169; or call 617/471-0350.

Rural Network update

Date set for annual workshop

The HCEEP Rural Network’s second annual workshop is set for June 10 to 12, 1981, at the Sheraton Century Center Hotel in Oklahoma City. The workshop is open to all persons within and outside the HCEEP network interested in serving young handicapped children living in rural areas. The purposes of this year’s workshop are:

- To provide a forum for communication among rural projects;
- To allow projects to share successful practices;
- To encourage mutual development of solutions to common problems and the building of regional networks.

Distinguished guest speakers include: Barbara Zang, Opening, Children’s Defense Fund, Washington, D.C.; Everett Eddington, Keynote, Director, ERIC-Cress, Las Cruces, New Mexico; Hon. Wes Watkins (D-Oklahoma), Closing, Chairman, Congressional Rural Caucus.

The workshop agenda goes beyond the standard presentation format. Small group sessions will include group problem solving, workshops, and opportunities to build and strengthen rural networks. The program also offers a unique opportunity for a limited number of individual consultations, by appointment, with persons having expertise in areas of specific concern.

The workshop registration fee of $35 which includes Friday’s luncheon is payable at the workshop. If you wish to attend the workshop contact: Corrine Garland, Coordinator of the HCEEP Rural Network; 731 Wax Myrtle; Houston, Texas 77079; or call 713/461-3200.
Self recognition marks infant development

by Joan Anderson, TADS

Self recognition is one manifestation of the knowledge of self. And, it is a particularly relevant milestone in the development of handicapped youngsters. The awareness of “self” as distinct from “other” is a prerequisite for viewing oneself as an active controller of the environment.

Mirror play with infants is universal in our culture. Most parents find it cute when their infant smiles or laughs at his or her image in a mirror. However, studies show this behavior is far more complex than cute. Logic dictates that the awareness of self must coincide with the existence of other. Hence the child’s demonstration of self recognition implies the acquisition of object permanence.

Mirror self recognition in the absence of verbal labeling is illustrated by the infant acting coy and averting his or her gaze (Dixon, 1957). Self-directed behavior studies (Amsterdam, 1972) show that infants under 15 months of age reach for a mirror image when rouge is applied to their noses before they are placed in front of a mirror; by aged 18 months they touch their own noses. This self-directed behavior of the older infants implies recognition of self.

Bertenthal and Fischer (1978) studied the responses of 48 six- to 24-month-old infants to a series of mirror-related tasks designed to correspond to the Piagetian stages of sensorimotor development. The researchers concluded that the tasks were developmentally sequenced and that self recognition develops in an orderly progression.

More recently, Lewis and Brooks-Gunn (1979) differentiated dimensions of self recognition. Mirror self recognition involves contingency cues the infants use to determine “acts like me.” Photographic self recognition or feature recognition indicates an awareness of “looks like me.” Contingency recognition may occur as early as five months of age (Papousek and Papousek, 1974), and by nine months of age infants reach for objects or people located behind them but visible in the mirror. By fifteen months of age infants recognize photos of their mothers and can distinguish between photos of themselves and other infants.

The study of development of self recognition and self concept in handicapped children should be encouraged in light of these findings. A handicapped child's demonstration of knowledge of self may enable a fuller appreciation of that child's perception of environmental contingencies by those who structure the child's life experiences. Since self recognition occurs at predictable ages in nonhandicapped children, it may be used as yet another developmental marker in handicapped youngsters. Further, using self-representative stimuli (slides, photos) for instruction may encourage attention and thereby enhance intervention efforts.

Complete references may be obtained upon request from Joan Anderson at TADS.

OSE Perspectives

The U.S. Office of Special Education reports the following HCEEP applications and continuations for the coming year:

- 80 new Demonstration Project applications,
- 61 Demonstration Project continuations,
- 28 new SIG applications,
- 6 SIG continuations,
- 69 new Outreach applications.

The HCEEP Project Directors Conference will be held the week of December 7, 1981, in Washington, D.C.

Watch the next issue of Emphasis for further information. For immediate answers to any pressing questions, contact Sheila Friedman, 202-245-9722.

Littlejohn evaluates HCEEP

The Roy Littlejohn Association, Inc., was named by OSE to analyze HCEEP’s impact over the last 10 years. Roy Littlejohn will determine the extent of projects' continuation after HCEEP funding, analyze factors affecting impact, and collect descriptive and analytical information on some exemplary projects with the greatest impact. About 360 agencies and organizations have received demonstration or outreach funding since the inception of HCEEP.

Two third-party evaluations, by Abt Associates and continued on page 10
continued from page 9
the Battelle Institute, studied and reported on the impact of selected projects. The Office of the Secretary, DHEW, tracked the extent to which the program met its milestone objectives during FY 1974.
OSE feels that the scarcity of services for young handicapped children and infants and their families dictates a great importance to use the limited funds available in the most effective way and to develop information to guide future investments. OSE expects this study to provide needed data on the results of the federal investment in this demonstration program for use in future decisionmaking.

Funding
Contingency plans urged
Effects of Fed proposals still unclear

by James O. Cox, TADS

Q. What are future funding prospects?
A. This question is difficult to answer during the best of times. Given the proposed fiscal cutbacks at the federal level and the uncertainty of the effect of block grants, there seems to be more doubt now than ever about funding. Many state governments are so uncertain about federal funding that they are planning special budget allocation sessions in late summer and early fall 1981.

Since the U.S. Congress is still in the process (as of May 1, 1981) of determining the exact amounts and nature of funding rescissions for fiscal year 1980-81, funding prospects cannot be accurately predicted. Still, it seems certain that there will be some reduction in federal funds for supporting preschool and infant programs for the handicapped.

Q. What can be done to improve funding prospects?
A. Given the probable reality of increased competition for funds due to some reductions in funding levels for fiscal year 1981-82, efforts to maximize budgets should be strengthened and highlighted. Most early childhood programs use volunteers and are making efforts to find private funds and "in-kind" contributions to support some portion of their programs. Along with these efforts, projects should provide information to state and federal legislators about the cost savings realized by investing in early intervention contact your technical assistance coordinator — TADS.
grant proposal. $3. Available from CEC, Publications Sales; 1920 Association Drive; Reston, Virginia 22091; or call 800/336-3728.

State of the Art: The National Review of Child Development Services: A Project of National Significance, directed by Ronald Wiegerink of the Frank Porter Graham Child Development Center, Chapel Hill, North Carolina, completed a study intended to broaden the vision of concerned individuals about the facts, issues, and problems concerning early childhood services. Copies of the project's final report, Review of Early Childhood Services: A State of the Art Series, are available from the National Review project, Frank Porter Graham Child Development Center; Suite 300, NCNB Plaza; Chapel Hill, North Carolina 27514. The project was funded by a grant from the U.S. Administration on Developmental Disabilities.

Inventories Use Mother's Observation... The Minnesota Preschool Inventory is a standardized instrument that uses the mother's observations to assist in the evaluation of her child's readiness to enter kindergarten. The inventory provides a profile of functioning on seven developmental scales and four adjustment scales and detects symptoms in four areas. The Minnesota Child Development Inventory is a standardized instrument that uses the mother's observation to measure the development of her child. The inventory is intended for use with children aged one to six years and should provide a concise picture of the child's current development on a profile of eight developmental scales. Since both inventories require only yes or no answers from the mother, only clerical personnel are required for administration and scoring. The inventories were developed by Harold Ireton and Edward Thwing and are distributed by Behavior Science Systems, Inc.; Box 1108; Minneapolis, Minnesota 55440.

Head Start Report... Single copies of the report, The Status of Handicapped Children in Head Start Programs, are available from: Project Head Start; Administration for Children, Youth, and Families; P.O. Box 1182; Washington, D.C. 20015.

New Test Detects CMV... An effective new screening procedure for newborns to detect cytomegalovirus (CMV), a virus infection believed to be the leading cause of sensory or neural hearing loss in children, was developed at the University of Alabama Medical Center; University Station; Birmingham, Alabama 35294.

Multimedia Training Materials Available... Training materials are available on loan from the Organizational Development and Support Systems Developmental Training Center (DTC). Materials include: "Diana: One Family's Experience," a video or slide/tape illustration of a family's experience as they discover they have a handicapped child; "Impact — Allocating Regional Resources," a filmstrip/sound cassette of a planning board's reallocation of fiscal resources; and "Interdisciplinary Planning in the Schools," six booklets describing role-playing of a group of professionals organizing to become an interdisciplinary planning team in a program for children. Contact: DTC; 2853 East Tenth Street; Bloomington, Indiana 47405. Available free (one only) from DTC is the publication Books to Use for Teaching the Concept of Disability to Preschoolers: An Annotated Bibliography.

New ERIC additions... Policy Options Related to the Provision of Appropriate Early Intervention Services for Very Young Exceptional Children and Their Families, by Barbara J. Smith, may be ordered by calling the ERIC Clearinghouse on Handicapped and Gifted Children (800/336-3728, ext. 207). The publication's interim EC number is 131 706.

Also available from ERIC is the TADS/WESTAR publication The State Implementation Grant Program: Three Years in Perspective (1976-78). ED number is 198 875.

Videotape... A four-part videotape series dealing with common upbringing and discipline tactics for parents is available for rental or purchase. The series was produced for parents of children with mental or physical disorders. However, the tapes are general enough to be applied to all child-rearing situations. Contact: Northwest Media project, Inc.; 925 N.W. 19th Avenue; Portland, Oregon 97210; of call: 503-223-5535.

Exercise... A handbook of simple exercises and motor development skills (many put to music) designed to show how ordinary people can help handicapped children improve their capabilities and follow instruction, has been published. Modern Miracles is available from: M.S. Paquin Co.; P.O. Box 178235; San Diego, CA 92117. Cost: $9.95 per copy plus $1.25 shipping and handling (California residents add 6 percent tax).

Legal decisions compiled... Access to legal decisions pertaining to education of handicapped individuals is now available through the five-volume publication, Education for the Handicapped Law Report. Included in the volumes are the texts of major statutes and regulations, major documents, and major decisional materials. Available for loan from your state department of education's P.L. 89-313 consultant.

ACYF update... Application information for ACYF grants and contracts can be found in a new publication, Obtaining Grants and Contracts from the Administration for Children, Youth, and Families. The booklet describes ACYF's major funding areas and the types of grants and contracts awarded in each area. It also contains information on access and use of other funding sources. Single copies are available free (specify publication OHDS 79-50227) from: LDS: Dept. 76-D: Washington, D.C. 20401
June 3-5
HCEEP Urban Consortium Workshop. Sheraton-Dallas Hotel, Dallas, Texas. Purposes: to discuss critical issues; to develop strategies to increase quality programs; and to provide a forum to share expertise. For more information, see “Consortia” feature department in this issue of Emphasis or call Ruth Wilson at 214/526-0999.

June 10-12
HCEEP Rural Network’s second annual workshop. Sheraton Century Center Hotel, Oklahoma City. Purposes: to provide a forum for rural projects and to encourage sharing and networking. $35. See “Consortia” feature department in this issue of Emphasis for more information.

June 14-19
International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven. Tel Aviv, Israel. Contact Donna Heiner, HVI, Inc.; 1975 Rutgers Circle; East Lansing, Michigan 48823.

July 13-15
HCEEP Minority Leadership Consortium summer workshop. Sheraton National Hotel, Arlington, Virginia. Workshop leaders will train participants to develop leadership and management skills and to meet the social emotional needs of handicapped minority children. See “Consortia” feature department in this issue of Emphasis for more information.

September 11-16
SIG Orientation. Channel Inn Motel, Washington, D.C. Contact Mike Woodard, TADS, for more information.

October 1-3
Evaluation Network Evaluation Research Society Joint Conference. Austin, Texas. Contact Bob Ingle; E.Net Program Chair; 571 Enderis Hall; University of Wisconsin, Milwaukee, Wisconsin 53201.

October 8-10
Inside:
First-year projects,
new eastern SIGs highlighted
Pediatric journals examined
TADS recently gained access to a cost-saving long-distance telephone system. The change of operation forced a change of our telephone number. Please note our new number:

962-2001

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New projects focus on infants, integrate children, involve parents

TADS welcomes first-year projects

This year's new, first-year, eastern HCEEP Demonstration Projects are diverse in setting, intervention strategy, and target population. Half of the new projects direct services to infants (under age 3 years) and most of those include children from birth. Two projects direct services to the family, and two projects concentrate on children from ethnic/cultural minorities. Half the new projects involve children in mainstreaming or integration activities; two projects have mainstreaming as a main objective.

Several projects are located in rural areas; others are set in cities; still others serve children in suburban communities. Parental involvement is stressed by all the projects.

Following are synopses of abstracts prepared by the projects for publication in the 1981-82 HCEEP Overview & Directory.

Infant-Parent Training

This project serves 30 children birth to aged 5 years with identifiable handicaps or severe developmental delay in two or more areas.

The program shifts from a transdisciplinary approach to an interdisciplinary approach with three levels of service: an Infant Parent Program for children birth to aged 2 years; a Developmental Learning Program I for children aged 2 to 4 years; and a Developmental Learning Program II for children 4 to 5 years old.

Parent IEPs are based on parent needs as assessed by the Minnesota Childhood Development Inventory and by observation by project staff.

Infant-Parent Training maintains close ties with two neonatal units to facilitate an early and comprehensive referral system.

Contact: Director Linda Dyk; 2050 Versailles Road; Lexington, Kentucky 40504.

ERIN

ERIN serves 15 to 20 children from bilingual families. The children are aged 3 to 7 years and have mixed handicaps (but not severe/profound).

The center-based program has some mainstreaming and some specialized classes and uses its own ERIN Preschool Screening System among other measures of child progress.

Parents communicate regularly with the project, and parent groups are held for education and support.

ERIN encourages parents to observe classroom activities.

Contact: Director Peter Hainsworth; 376 Bridge Street; Dedham, Massachusetts 02026.

EIC/EDUC Urban Consortium Training to Autistic Studies families

Ten autistic children aged 3 to 5 years are served using a behavioral methodology to present all facets of the project. The curriculum model focuses on individual skill sequence development to promote the autistic child's ability to communicate (expressive and receptive language skills) and daily living skills (self-help).

Families participate in home visits, workshops, and parent observation.

Contact: Associated Directors; Marjorie T. Goldstein; 210 East 15th Street; New York 10003.

V.I.V.A.

V.I.V.A.'s 20 children are aged 3 to 8 years and are targeted to be mainstreamed into less restricted environments. V.I.V.A.'s objective is to make this transition easier for the child, the parents, and the teachers.

The children have mixed handicaps.

A natural classroom setting is used for assessment and individualized curriculum development.

Home and group training for parents addresses available educational programs and support services.

Contact: Co-Directors Ruth Gold or Phoebe Lazarus; Special Education Program, Department of Education, Adelphi University; Garden City, New York 11530.

Birth to Three Seriously Handicapped

A precision-teaching instructional approach is incorporated into a center-based program for 20 children birth to aged 3 years. Children meet 3 criteria: medical diagnosis of a condition associated with mental retardation; cognitive abilities delayed at least moderately; and moderate to severe delay in two of the five developmental areas — cognitive, language, gross motor, fine motor, personal-social.

Parents participate in the classroom and on an advisory board. The project also assists parents to establish respite care arrangements.

Contact: Director Jerome Morton; LTVEC; Route 9, Box 315; Lenoir City, Tennessee 37771.

Cognitive Education for Preschool Handicapped Children: A Curriculum Development Project

The project serves 24 children aged 3 1/2 to 5 years who meet specified psychometric and high-risk criteria.

The curriculum is process oriented; teacher-mediated learning experiences teach precognitive and cognitive functions. Children are taught to think and learn.

Parent Trainers develop parent activities consistent with the project's curriculum and expect parents to implement the activities at home and record their child's responses. The project advises parents of counseling, social, and educational services. Parents serve on an advisory committee.

Contact: Principal Investigators H. Carl Haywood or Penelope

Continued on page 4
First-year projects

Continued from page 3.

Brooks, or Project Director Sue Burns; George Peabody College, Vanderbilt University; Box 40; Nashville, Tennessee 37203.

Training and Intervention to Multi-handicapped Mothers and Infants (TIMMI)

TIMMI serves 20 infants birth to aged 2 years with varied disabilities. About half of these children have handicapped parents. An additional 30 to 40 high-risk infants are screened periodically.

The project uses a transdisciplinary approach and acknowledges the parent as the primary therapist. Individualized services are home and center based. Project staff coordinate with a child development clinic to provide a complete diagnostic evaluation (medical, psychological, and social) for each handicapped child.

TIMMI adapts infant curricula activities for use by handicapped parents and develops service plans to meet individual parent needs. Monthly parent group meetings are held.

Contact: Director Stephanie Parks; 2008 Wakefield Street; Petersburg, Virginia 23803.

Branching Out

The project targets service to 9 children aged 2 months to 12 years with varied mild to moderate handicaps. The children are from working families that require day-care services.

Branching Out mainstreams children and provides supportive special education and therapy services. A cognitive learning curriculum model uses nonhandicapped peer modeling and imitation techniques to help the handicapped child acquire developmental skills.

The project involves parents in developing IEPs for their children, in parent education programs, and in progress evaluations. The center has an open visitation policy for parents and encourages them to join their children for lunch.

Contact: Director Joan Hanson; Child Development Center; 71 North Park Place; Painsville, Ohio 44077.

Social and Academic Integration of Autistic and Normally Developing Preschool Children

This project integrates 6 autistic children and 6 normal children, all aged 3 to 5 years. The autistic children are integrated gradually into the program; 12 will be served by the end of the first year.

Children are served in a center-based program with home-based follow-up, and normal children are trained as intervention agents for the autistic children. Specific target behaviors, settings for instruction, and methods of instruction are based on the characteristics of successfully adjusted older autistic children. The medical school provides supplemental educational, psychological, and psychiatric services.

A home program requires the center four mornings per week for instruction on handling behavior problems. The preschool provides in-home training, cohesiveness, and strong parent networks is assessed.

Contact: Director Sheila Strain; Department of Psychiatry, School of Medicine, University of Pittsburgh; 3811 O'Hara Street; Pittsburgh, Pennsylvania 15261.

Project Child

Project Child serves 24 families. Each family consists of least one child birth to age 5 who is at risk for continued emotional problems and has a history of severe psychological problems.

Project Child uses a therapeutic intervention strategy, and services are home and center based. Mothers are involved in a day-treatment program which includes individual therapy, family counseling, and parent education groups. Staff videotape mother and child interaction every three months to document change.

Contact: Pam Rubovits; 160 Broad Street, 3rd floor; Providence, Rhode Island 02903.

Rural Infant-Family Education Project

This project views parents as the central figures in the child's growth and education, and they support and educate the parent through modeling, curriculum presentation, discussion, support groups, and evaluation. The project serves 25 children under aged 3 years with a mixed range of handicaps.

The project provides home visits, mainstreamed playgroups, parent-child activities, and parent groups. Communication skills are considered vital to both child and family; a speech/language pathologist works with children and conducts parent training.

Parents can participate in classes in child development, home management, and assertiveness training. Parent support groups are ongoing and a parent cooperative helps parents share babysitting, baby equipment and clothes, and experience. Parents also benefit from the project's strong community service network.

Contact: Co-Directors Cheryl Mitchell and Sue Harding; Box 646, 11 Seminary Street; Middlebury, Vermont 05753.

Early Childhood Special Education Program

The project serves children aged 3 to 5 years with diverse handicaps. The children represent cultures of most of the islands of the West Indies.

Families receive weekly parent counseling and training sessions and direct child service in the home. Depending on the child's need, he or she is served in a self-contained classroom, a mainstreamed classroom, or a combination of the two.

Parents participate in either individual or group counseling in addition to the home training program. The project encourages parents to visit the centers and participate in program activities.

Contact: Coordinator Ellie Hirsh; Post Office Box I; Learning Resource Center; Christiansted, St. Croix; U.S. Virgin Islands 00820.
Pediatricians consult journals for view of early intervention

by Eva T. Molnar and Selerya O. Moore

Pediatric practice has changed during recent years. Immunizations and medications combat many infectious diseases, and other advances in the medical care of newborns have resulted in higher survival rates for impaired children.

Parents often consult pediatricians for recommendations concerning care of their handicapped child. Though recommendations can depend on experience, the pediatrician often will consult available information. Following is a view of early intervention gleaned from articles published in the professional pediatric journals Pediatrics and Journal of Pediatrics.

History and Concepts

Denhoff (1981) presents a brief historical background of the concept of risk and of intervention programs for infants. And, he defines the role of the pediatrician as a source of referral for programs, as a support person, and as a realistic appraiser of the infant’s progress. Denhoff also reviews the findings of a United Cerebral Palsy Association study and various enrichment programs for children with developmental disabilities.

Reports On Two Early Intervention Studies

Brown (1980) and others evaluated attempts to improve the mother-infant interaction of 41 healthy, premature babies. They assumed that mothers respond easier to alert, active babies than they do to lethargic, inactive ones. And, they assumed that the improved mother-infant interaction would have beneficial effects on the infants’ development. Therefore, they aimed intervention at infants to make them more active and alert and at mothers to teach them to respond appropriately.

The program, based at Grady Memorial Hospital in Atlanta, randomly assigned each infant-mother dyad to one of three different groups. Only the mother received intervention in one group; only the infant in another group; both received intervention in the third group. The program used various measures at the time of discharge and again one year later to evaluate short- and long-term effects of the experiment. Researchers concluded that intervention did not result in short- or long-term differences among the three groups. And, mothers that received training visited their babies more frequently only while both were in the hospital.

While intervention showed no scientific evidence of positive effects, neither did it cause harm to the infants or mothers.

A multimodal, sensory enrichment program appeared to enhance the quality of development of high-risk, preterm infants in a Midwestern regional neonatal intensive care unit (Leib, Benfield, and Giubaldi, 1980). Twenty-eight infants (all white and mostly middle class) were assigned randomly either to a treatment or a control group. Infants in the treatment group received a prescribed enrichment program and a standard preterm nursery procedure. The control group received only the standard nursery procedure.

The program used the Bayley Scales of Infant Development to evaluate the infants at aged 6 months. During their hospital stay, infants in the treatment group appeared to use calories more efficiently than the control group, though there was no significant difference in rate of growth or total weight gain. At aged 6 months, the infants in the treatment group showed significantly higher developmental status than control infants on both the mental and motor scales, according to the Bayley.

This study suggests that it is indeed appropriate to investigate further the reciprocity between infants and caregivers, the impact of the intensive-care environment on the infants, and parent and staff participation in early intervention programs.

Methodological Questions of Program Evaluation

Ferry (1981) raises this question from the point of view of the pediatric neurologist: Can neurologically impaired human infants grow new neurons, and thus compensate for inflicted neurological damage?

In experiments, laboratory animals responded positively to enriched environments or were able to compensate for inflicted neurological damage. However, the question concerns human infants.

Continued on page 6
Texas mandates services from birth

by Jane DeWeerd, OSE

Beginning September 1, 1981, new legislation mandates early intervention services for handicapped children from birth to aged 3 years throughout Texas. $15.2 million is earmarked for a two-year period.

Two years ago, efforts to mandate these services failed, and the legislature created an Interim Study Committee on Early Childhood Intervention to examine the situation. A comprehensive report following the two-year study contained 22 recommendations that convinced the legislature (including fiscal conservatives) that early intervention pays. In fact, proponents like the Texas Association for Retarded Citizens used the cost-effective factor as a major thrust.

The legislation takes a new approach. A coordinated early childhood intervention system assigns various specific responsibilities to a number of departments and agencies. An interagency council and an advisory committee of parents, professionals, and advocacy groups have central roles. All the departments and agencies involved in implementation will follow identical guidelines.

The Texas Education Agency and the Department of Mental Health and Mental Retardation contract with and allocate funds to the existing projects and public intervention programs. The Department of Health takes responsibility for early identification, follow-up, case management and reporting to councils. If the Department of Health is unable to place a child in an approved program, they will arrange for intervention and will contract with new programs as directed by the interagency council.

Observers think that dividing cost and responsibility among agencies was an instrumental factor of the law's passage. As Texas moves into the implementation phase, this new approach will be watched with a great deal of interest; it may be a feasible approach for other states as well.

Copies of the legislation and the study committee's report may be obtained from the office of Senator W.E. Nelson; State Capitol; P.O. Box 12068; Austin, Texas 78711.

Pediatric

Continued from page 5

mat infants and remains unanswered. Ferry contends that the complex neurological structure of humans probably has less plasticity than the simpler structures of other animals.

The authors acknowledge the thoughtfulness of Antoine K. Fomufod, Neonatologist, and Melvin E. Jenkins, Professor and Chairman, Department of Pediatrics and Child Health, Howard University Hospital, Washington, D.C., for bringing these journal articles to their attention.

References used to prepare this article are available from TADS. Call Daniel Assael, 919/962-2001.

Eva T. Molnar and Selvary O. Moore are Director and Assistant Director, respectively, of the Training and Infant Intervention Program (TIIP), Howard University Hospital, Department of Pediatrics, 2041 Georgia Avenue, N.W., Washington, D.C. 20060; call 202/745-1595.

Emphasis seeks information

Emphasis seeks expertise, articles, or products dealing with advisory boards. Perspective can be from project staff (how to use advisory boards) or from board members (how to get involved despite resistance from project staff). Information will be used to prepare an article for a future issue of this newsletter.

Please contact Daniel Assael at TADS.

Twelve receive fellowships

The National Center for Clinical Infant Programs awarded 12 fellowships in the field of child mental health and development.

Fellows will focus on specific aspects of clinical infant social and emotional development and cognitive and neurological growth. They will increase their demonstrated potential for teaching and leadership in the field and address the need to work with babies and their families.

Lester will continue as ANA Commissioner

A. David Lester, a Creek Indian from Oklahoma, will stay on as U.S. Commissioner of the Administration for Native Americans (ANA).

Drawing heavily on his community background, Lester established a funding policy for the agency which encourages a locally determined balance between social and economic development: Under his leadership, ANA has initiated or entered into more than 30 interagency agreements in employment, energy resource development, and environmental health. And, Lester encourages ANA tribal and off-reservation grantees to make similar linkages in the public and private sector. "The ultimate goal is self-sufficiency, but the decisions have to be made at the local level," Lester said. "Federal programs exist only to help local decision makers."

Lester holds a BA degree in political science from Brigham Young University. He has received numerous local, state, and national awards and recognitions. In 1970, he was appointed by the President to the National Advisory Council on Minority Enterprise; in 1972, he was appointed by the President to serve on the National Council on Indian Opportunity.
TADS welcomes new eastern SIGs

Connecticut
Objective: to launch an interagency planning effort to recommend legislative and policy changes; regional committees will continue to advise the Interagency Early Intervention Committee on implications of that group's plans.

Maryland
Objective: to expand the plan drafted in 1980-81 to include guidelines for in-service personnel preparation, parent involvement, and interagency service delivery.

New Jersey
Objective: to develop a comprehensive state plan for provision of educational services to handicapped infants birth to aged 3 years; planning will involve the departments of education, health, and human services; parents; and local and regional service providers.

North Carolina
Objective: to develop EC/SE certification requirements and interagency plans for delivering services.

Ohio
Objective: to develop mechanisms to identify key issues regarding the provision of services to handicapped preschoolers, analyze the adequacy of the current service delivery system, identify constraints on and resources available for developing plans, and identify potential participants of a planning group.

Virgin Islands
Objective: to plan for EC/SE personnel development, parent training, and community awareness.

Virginia
Objective: to revise the state plan for handicapped preschoolers through state-level interagency planning and through interagency planning at three local sites.

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Virginia
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Mary Patten-Elsesser 804/225-2873

The last issue of Empathy (Vol. 4, No. 3) incorrectly reported the number of new Demonstration Project applications. The correct number of applications is 280.
MLC holds third workshop

For the third consecutive year, HCEEP minority leaders gathered in Washington, D.C., for a workshop designed to address issues related to minority programs. On July 13 to 15, forty participants explored two topic areas: "The Professional Minority Manager" and "Meeting the Social and Emotional Needs of Minority Handicapped Children." Each workshop participant chose one topic and participated in three related sessions.

"The Professional Minority Manager" topic dealt with staff communication strategies, time management, and supervision and management of personnel. The social/emotional needs topic addressed parenting skills, strategies for serving minority parents, and creating home and school environments that foster the development of positive self images and concepts. Invited speakers provided overview information and served as resources to teams of four or five workshop participants.

Gaynelle Henderson-Wofford, International Business Services, Inc. (IBS), and Ronald Lewis and Donald Clark, Pennsylvania Department of Education, led the minority manager topic. The social/emotional needs topic was led by Teresa Brito, University of New Mexico, LaDelle Olion, University of Arkansas, James M. Patton, Virginia State University, and Sam Chan, Children's Hospital, Los Angeles.

After each general session, the teams examined specific problems and generated solution strategies. On the final day of the workshop, all the teams from each topic area reported the results of their efforts. These results and the speakers' presentations will be disseminated in a workshop proceedings document.

The MLC workshop was organized and conducted by IBS, under the leadership of Wilhelmina Bell-Taylor, as a part of its contract with OSE. The MLC steering committee met at the close of the workshop.

INTER-ACT monograph published, OSE funds conferences

The monograph, *Early Intervention for Children with Special Needs and Their Families: Findings and Recommendations*, has been published by WESTAR. INTER-ACT members researched and wrote this paper with a threefold purpose:

* to document the importance and efficacy of comprehensive early intervention services;
* to serve as a resource to a wide range of agencies, organizations, and individuals;
* to advocate at all government levels for support for accessible, continuous, high-quality services beginning at birth.

WESTAR is distributing advance copies to HCEEP projects and to every state director of special education. INTER-ACT's Advocacy Committee encourages active dissemination to local, state, and federal decision-makers. Copies are available from WESTAR for $2 each. Write to WESTAR, University District Building JD-106, Suite 215, 1107 N.E. 45th Street; Seattle, Washington 98105.

INTER-ACT reports that OSE has funded three national infant conferences for the coming year. These conferences are on state networking, competencies for early intervention staff, and comprehensive programming for parents in early intervention programs.

Each conference will have a different format and goal. The State Networking conference will concentrate on skills for working with people in local, regional, and state agencies. The Staff Competencies conference will be a working conference and will attempt to compile the discussions into a document to address the need for and the kinds of standards for staff in infant programs. The Comprehensive Programming for Parents conference will present speakers who have a strong orientation toward parent involvement in their programs and who work with parents and their children in a variety of settings. Specific dates and locations have not been set for the conferences.

Past and present MLC steering committee members confer at third annual MLC workshop (l. to r.) Octavia Knight, Durham, North Carolina; Leonard Flits, Voorhees, New Jersey; Beverly Johnson (Chairperson), Detroit; Sekaya Moore, Washington, D.C.; Richard Terry, Yuki Okuma, New York City.
Rural Consortium meets

Over fifty educators from across the country attended the second HCEEP rural workshop at Oklahoma City, June 10 to 12, 1981. Participants represented over 40 HCEEP Demonstration, Outreach and SIG programs. Representatives of the National Rural Project, ERIC-CRESS, the Rural Coalition, and the Children's Defense Fund also participated.

The workshop agenda presented a combination of topical sessions and featured speakers. The opening speaker, Barbara Zang from the Children's Defense Fund, Washington, D.C., provided an array of practical strategies for affecting state and federal policy. Keynote Everett Edington, Director of the ERIC-CRESS (Clearinghouse for Rural Education and Small Schools), talked about effective change in rural schools and communities. Steven Wilson, a network developer with the Rural Coalition (a Washington, D.C.-based advocacy agency), spoke on developing networks in rural areas. Workshop participants also were encouraged by the remarks of the closing speaker, The Honorable Wes Watkins, Chairperson of the Congressional Rural Caucus. Topical sessions explored high-interest issues for rural-based, early childhood special educators. Topics included transition into public schools, interagency coordination, staff training, securing funds, recruiting personnel, parent involvement, and rural transportation.

On the closing day of the workshop, participants divided into geographic regions and developed specific plans for strengthening networking efforts in each region.

Workshop participants received four monographs developed this past year by the Rural Network:

- Reaching Rural Handicapped Children: The Transportation Situation in Rural Service Delivery
- What's Rural? An Overview of Successful Strategies Used by Rural Programs for Young Handicapped Children
- Let's Go Rural: Influencing Decision Makers
- Effective Strategies in the Collection and Analysis of Data

Continued on page 11

Urban Consortium holds first workshop, report to come

The first Urban Consortium workshop was held June 4 and 5 at Dallas, Texas, and addressed a collection of major themes identified as priority areas of concern for urban-based programs. The workshop agenda featured nine extended (2½ hour) action/planning sessions on demonstrating the efficacy of early intervention, developing staff training and support systems, interagency coordination, family involvement, and factors affecting funding. Each session's leader and resource person encouraged the expression of a wide range of perspectives, each of the 100 participants was seen as a valuable resource.

Though most of the workshop participants were from the Dallas area or other Texas cities, representatives from Los Angeles, New Orleans, Milwaukee, Seattle, Oklahoma City, Tulsa, New York City, Providence, Pittsburgh, and Washington, D.C., also attended.

A panel discussion moderated by Jerry Gross, Director of Special Education for the New York City Schools, highlighted the workshop. Bill Malloy, Assistant Superintendent of the Milwaukee Public Schools, William Renn, Director of the Division of Exceptional Children of the Pittsburgh Public Schools, and Gross shared their perspectives on serving the handicapped under PL 94-142.

The closing speaker, Allen Sullivan, Assistant Superintendent of the Dallas Independent School District, spoke of the challenges that the ethnic and cultural diversity of urban families presents to educators of young handicapped children.

Ruth Turner, Director of Special Education for the Dallas Schools, and her staff organized and conducted the workshop with the help of a planning committee of HCEEP projects. A proceedings report is being prepared for dissemination.
A Successful Fund-Raising Event

The Child Development Resources (CDR) Outreach Project at Lightfoot, Virginia, conducted a very successful fund-raising event on May 9, 1981. The event, called "Bid'n Buy," was a combination sale and auction and raised about $10,500 after expenses. Costs (about $1500) were held to a minimum; local merchants donated most items and volunteers planned and conducted the event.

The planning committees—parents, CDR's Board of Directors, concerned citizens, and project staff—began work about eight months in advance, but their most intense work came during the last two months. The planning committees included a publicity committee, a gifts solicitation committee, a decorations committee, a raffle committee, an auction committee, a party pantry committee, a great buys committee, a country kitchen committee, and a boutique committee.

The publicity committee arranged for coverage by local radio and press. On the day of the event, a local radio mobile unit broadcast live from the scene.

Bid'n Buy staff auctioned about 100 items—some of the more expensive items included jewelry, a trip to New York City, and a life membership to Nautilus body-building program—and sold 1600 one-dollar raffle tickets for a microwave oven, $100 in cash, and two season passes to Busch Gardens. Gift certificates for cocktail hostesses for home parties, buy-now-dine-later gift certificates, home-baked goods, almost-new boutique items, and a great buys sale also raised funds. A local sandwich shop provided an assortment of sandwiches and CDR paid only for the ingredients. A local balloon vendor donated a 20 percent commission on his sales, and a local distributor donated all proceeds from the sale of soft drinks. A local bank gave CDR permission to accept Visa and Master Card and waived the normal merchant’s fee.

Enthusiasm and hard work by volunteers, excellent publicity (the catalog of auction and sale items seemed particularly effective), and generous contributions by local business were the keys to success for Bid'n Buy. If you would like more details about this fund-raising event, please write Holly Priest or Barbara Kniest, Child Development Resources; P.O. Box 299; Lightfoot, Virginia 23090.

A Cost Reducing Strategy

The Regional Demonstration Program for Preschool Handicapped Children at Yorktown Heights, New York, developed and implemented a parent volunteer system that reduced operating expenses by decreasing the number of paid teacher aides. Parents, grandparents, or older siblings as classroom volunteers also increased the adult-pupil ratio, gave the volunteers an opportunity to learn about individualized educational needs of children, taught them new skills for working with children, and provided an opportunity to see and learn about their child outside the home.

Interested parents helped develop the volunteer system which was pilot tested in the spring of 1979. During the 1979-80 school year, an additional three classrooms field tested the system. Experiences were captured in two manuals:

The Parent Volunteer System manual provides a step-by-step training program for teachers to follow—from introducing parents to the system, to the feedback/thank you session at the end of the year. The time commitment for the teacher is not excessive; it includes one hour to read the manual and become familiar with the system; about 10 minutes a day (five minutes before and after each class) to choose activities for the parents, evaluate these activities, and set up the parent participation plan; two hours five times a year to prepare and lead parent training sessions; and two to three hours for a breakfast or luncheon at the end of the year to thank the volunteers for their help.

The Parent Activity Catalog, developed to supplement the manual, is divided into two major sections. The first section lists activities suitable for parent volunteers to implement on a one-to-one or two-to-one ratio. The catalog lists activities in developmental order for children aged one to five years in the three areas of development: cognitive/language, fine motor/art, and gross motor.

Parent Volunteer System (34 pages, $5) and Parent Activity Catalog (22 pages, $4) are available from Amy L. Toole or Kathleen Petisi, Preschool Program, Board of Cooperative Educational Services, Putnam/Northern Westchester; French Hill School; Baldwin Road; Yorktown Heights, New York 10598. Make checks payable to: BOCES Preschool Program.

Tax information

For free information on tax deductions and credits available to parents of handicapped children, contact: Arthur J. Sauter, CPA; Deloitte, Hasins, and Sells; 424 West Diamond Road; Minneapolis, Minnesota 55419.

Please contact Jim Cox at TADS if you have any successful practices or ideas for reducing operating expenses or raising funds.
LINC says —

Easy-to-read pages are good enough

LINC — OSE’s Market Linkage Project for Special Education — helps projects publish and disseminate materials. In a recent issue of their newsletter, UPDATE, LINC offered projects this advice.

All publishers ask authors to meet certain manuscript submission standards. However, a company will not make a publishing decision on the basis of whether a manuscript is single or double spaced. In other words, when money and time for retyping is scarce, LINC asks developers to exercise good judgement.

Several conditions bear on that judgement. First, most publishers will edit and typeset all manuscripts; the clean, white pages will be marked on and transformed in any case. The publisher asks only for a copy that is easy to read and to edit (mark on). A smattering of single-spaced or even hand-corrected pages will not negate this objective.

Second, any available time and money should be spent on ways that will influence the publishing decision. Money spent for professional editing time, for example, usually is more profitable, than money spent for retyping. Consider holding potential retyping money, tell LINC that this money is available, and thereby allow LINC to offer a publisher the enticement of a bit of developer money that could go toward editing, typesetting, or art.

For further information on LINC services and activities, contact; LINC Services Inc.; Suite 225, 1875 Morse Road; Columbus, Ohio 43229; or call 614/263-5462.

Media & Materials

ERIC additions ... The following publications are now available in hard copy or microfiche from the ERIC Clearinghouse on Handicapped and Gifted Children, CEC: A Practical Guide to Institutionalizing Educational
Continued on page 12

Maine project materials help parents grow; ‘group’

by Michael Woodard, TADS

Good news from Downeast! Maine’s Washington County Children’s Program Outreach Project recently developed two practical additions to HCEEP’s literature on involving parents.

Helping Parents Grow aims to persuade parents that, just like their children, they are learning and growing, and that they too have needs which must be met if they are to be good parents and people.

The book is a combination self-help guide and parent journal. Separate chapters look at the individual, spouse, and parental roles. And fathers and single parents are warmly included in the family of caregivers. The issue of abuse enters naturally into a discussion of the shock of parenthood. Materials on setting priorities and organizing time are useful.

A Handbook for Helping Parents “Group” distills four years of mother-support group experience. Chapters address group initiation, dynamics, leadership, and planning. Fifteen activity plans in the areas of self-esteem, effective parenting, and nutrition are included, along with leaders’ reflections on the strengths and drawbacks of each activity. Helpful checklists and forms are scattered throughout; bibliographies are excellent.

The model this book proposes has several virtues. The first is practicality. Mothers focus on concrete changes like losing weight, preparing healthier snacks, and communicating their feelings more effectively. The grief process of the handicapped child’s parent is not an agenda item. The pointers for running parent groups similarly are straightforward. Many HCEEP projects hold parent groups, although few have on staff an experienced group worker. This book could save someone a lot of trouble.

There is a refreshing candor in the book—quips and cartoons highlight the unexpected in group work. This is a book about real people doing important work—together.

Helping Parents Grow and A Handbook for Helping Parents “Group” can be ordered ($2 each) from Washington County Children’s Program Outreach, P.O. Box 311; Machias, Maine 04654.

Rural

Continued on page 9

of Cost Data in Rural Programs

Copies of these and other monographs in this series are available from Patricia Hutinger, Western Illinois University; Macomb, Illinois 61455. A proceedings document of the Oklahoma City workshop is being compiled.

The HCEEP Rural Network board met after the workshop and reviewed activities planned for the coming year. Corinne Garland, Houston, Texas, will continue to coordinate the network’s efforts with OSE support through an Outreach grant to the FIT project, Vanderbilt University.
Innovations: The Young & Exceptional Child: Providing Programs and Services; 1980-81 HCEEP Overview and Directory; and A Case Study of Technical Assistance to Demonstrate Programs for Young Handicapped Children: Part I. Call ERIC at 800/336-3728; Virginia residents call collect 703/620-3660.

Wheelchair Maintenance for the Non-Mechanical Consumer, by Dennis English and William Bird, includes illustrated instructions; an equipment summary; and weekly, monthly, and yearly maintenance schedules. $1. Contact: ARCH Center for Independent Living; 1506 Whitesboro Street; Utica, New York 13502.

SIG document distributed. The California State Implementation Grant project recently distributed to the HCEEP network the document Interstate Conference on Consortium Development; A State Implementation Grant Conference.

If you haven't received a copy, or if you would like any additional copies, a few are still available. Contact: Nancy Obley, California SIG Project Director; State Education Building, 721 Capitol Mall; Sacramento, California 95814; or call 916/322-5038.

New address for slide tape. The TADS/WESTAR slide tape presentation "Starting At The Beginning ... An Update on Early Education for Young Exceptional Children" is available free of charge from the Handicapped Learner's Materials Distribution Center. Please note this new address for the Center: 624 Walnut Street; Indianapolis, Indiana 46204.

Sesame Street for Mom ... The producers of "Sesame Street" are publishing a monthly newsletter for parents of their 2- to 8-year-old viewers. Sesame Street Parents' Newsletter contains parent-discussions (some issues include discipline, sibling problems, working mothers), a fathers' page, medical information and advice, first-person accounts of parenting problems, and regular polls of parents.

Clinical Interviewing ... The Clinical Interview of the Child, by Stanley I. Greenspan with Nancy Greenspan, offers guidance in observing children birth to aged 10 years in different areas of functioning. Patterns of adaptive and maladaptive functioning in each age group are also described. About one-quarter of the many case examples in the book involve children from birth to aged 3 years. $17.95. McGraw Hill, New York City.

For parents ... Parents Can Be the Key, a 28-page booklet from PACER, describes parents' rights and responsibilities in special education. The booklet includes information on parent involvement in assessment and IEPs, questions parents frequently ask, and lists of advocacy agencies and legal services. Available free to parents of handicapped children in Minnesota. Others: $1 each; 2 to 10 copies cost $.75 each; 11 to 25 copies cost $.50 each; 26 to 50 copies cost $.40 each. Send orders prepaid to PACER Center, Inc.; 4701 Chicago Avenue South; Minneapolis, Minnesota 55407.

TADS has new phone

TADS recently gained access to a cost-saving long-distance telephone system. The change of operation forced a change of our telephone number. Please note our new number:

962-2001

Dates of Emphasis

November 12-13 USEP-Ohio Fourth Annual Statewide Conference. Sponsored by the United Services for Effective Parenting. Houston Woods State Park Lodge, College Corner, Ohio. Theme: Building Relationships. Contact: Shirley Sizemore, Earleadeen Badger, or Donna Burns at the University of Cincinnati, 913/872-5341.

December 2-4 CEC/TAG National Topical Conference on the Gifted and Talented Child. Hyatt Orlando, Orlando, Florida. Contact: Jeffrey H. Orloff, Department of Field Services, CEC; 1920 Association Drive; Reston, Virginia 22091.

December 4-6 Indicators of Mental Health Disturbance in the First Eighteen Months of Life, a training institute sponsored by the National Center for Clinical Infant Programs. Capital Hilton Hotel, Washington, D.C. Contact the center at 733 15th Street, N.W., Suite 912; Washington, D.C.

December 7-10 HCEEP-DEC Early Childhood Conference. Washington, D.C. Contact: Sheila Friedman at OSE.
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Advisory boards can stimulate growth ... or disrupt goals

by Robert R. DeVoid

While management generally is an accepted and understood role of an organization, the role of advisory boards in management is often unclear. Recently, however, there has been a trend to use advisory boards more, to include board members in decision making, and to hold the board more responsible for decision outcomes. This trend has given boards greater visibility, and so has created some problems. But, by and large, the meaningful involvement and responsibility of advisory boards have provided programs with a more stable atmosphere for sound, long-range planning and continuity in program management.

Why an Advisory Board?

An organization's advisory board can stimulate growth or render the organization impotent. So it is vital that the board be well-organized and understand its role. A board with these qualities becomes an effective channel to and from the community its organization serves. A board can be a treasury of expertise, attitudes, and connections that a program manager alone cannot provide. An effective advisory board also allows an organization to remain dynamic.

In my experience, few board members fully understood their role, and even fewer program managers understood the board's role. This atmosphere often led to mistrust, an ineffective board/management relationship, and a waste of energy and manpower. Eventually, the organization's goals were disrupted.

What Are Some Criteria for Organizing Effective Advisory Boards?

The following criteria can be used to test whether a board is performing well:

- Does the advisory board represent a cross section of the community? A narrow service orientation does not take advantage of the wide range of expertise that can be found in most any community. And, the narrow philosophy of a board whose members' expertise and orientation are similar can't produce the diversity of ideas, experiences, and associations essential for broad community support and interest.
- Is the advisory board a "paper tiger," or does it address program finances, progress, future plans, and other pertinent issues? Recently I sat in on a board discussion that centered on the purchase of pencil sharpeners. This is not a legitimate board function. Board members want to deal with board issues — issues that pertain to the program's goals and objectives. If an advisory board is directed to discuss office supplies and other low echelon activities, valuable members will lose interest and resign.
- Is your advisory board membership always changing? Good board members are hard to find. And, most potentially good board members already are sitting on other boards. The better the board member, the more often he or she is asked to participate. Thus if your organization has an ineffective, high-turnover board, a potentially good member will steer clear of your organization. In time, an ineffective and nonfunc... Continued on page 4

WISP—Outreach has constructive board/management relationship

Project WISP—Outreach, Laramie, Wyoming, reports an effective, interested advisory board and a constructive board/management relationship. Thomas C. Flamboe, Project Coordinator, cites three ideas that are working.

WISP—Outreach identified potential board members from the medical, political, parental, and university areas. The present board includes a physician, dentist, optometrist, nutritionist, pediatric nurse, hospital librarian, legislator, state department officials, several parents of handicapped children, the director of the Association of Retarded Citizens, the president of the local Parent/Childbirth Education Association, day-care directors, Lamaze instructors, researchers, and media people.

"It may sound like a large unruly board," Flamboe says, "but schedules often conflict, and many members are unable to attend meetings, so the final count usually is easy to manage."

WISP—Outreach gives each board member a job description that includes reasons why they are on the board (interest, position in the community, expertise, etc.), what they can expect from the project, and what the project expects from them.

At board meetings, questions asked by sites are relayed to board members. Questions might involve fund raising, public relations, or how to approach the politicians or the medical community. The board members break into appropriate discussion groups and address specific questions. At the end of the session the board writes a paper that offers to the sites the answers and comments of the discussion groups.

Flamboe says this approach adds a new dimension to the board: "They feel that they are giving something more than just..."
Coffee for Congress

The Division of Early Childhood (DEC) of the Council for Exceptional Children held a coffee for members of Congress and their aids on December 8, 1981 on Capitol Hill. Over 150 advocates of early education for exceptional children gathered in the Gold Room of the Sam Rayburn House Office Building to meet their congressional representatives and discuss early childhood issues.

DEC organized the coffee to thank personally senators and representatives for supporting the federal role in the education of exceptional children and to provide them and their aids with the latest information on the importance (including cost-effectiveness) of early intervention with handicapped children.

The reception was well attended by congressional staff. Most early education advocates were able to meet at least one elected representative or aide from their state. Impromptu speeches were given by Rep. Brian Donnelly, D-Mass., who hosted the reception for DEC; Austin Murphy, D-Penn., Chairman of the House Subcommittee on Select Education; and John, Doyle, Staff Director of the Senate Subcommittee on the Handicapped chaired by Sen. Lowell Weicker, R-Conn. Fred Weintraub, head of CEC Governmental Relations, introduced the congressional speakers. DEC member Geneva Woodruff, Quincy, Massachusetts, and DEC President-Elect Talbot Black, Chapel Hill, North Carolina, led planning efforts for the coffee with help from Barbara Smith of CEC Governmental Relations. Registration was coordinated by Trudy Zappolo at CEC.

Advisory boards

Continued from page 3

Does the advisory board participate actively in programmatic issues? Programmatic issues include project continuation and evaluation, budget and financial planning, public relations, personnel, and community involvement. These are legitimate issues for boards. However, involving management and board at this level can be time-consuming, and sometimes confounding, especially for the manager who works best alone.

Managing alone is easy and non-threatening, but problems may develop when funding or other difficult matters arise. Active board-management involvement can diffuse a problem before it becomes a crisis.

Does the advisory board rubber-stamp the director's actions? Advisory board members should understand that their participation is not mere window dressing for the organization. They need to understand their philosophical and financial board responsibilities. A board member can walk away from a blundered project, but not from a lawsuit involving financial mismanagement. In recent years, board members have been held responsible by courts for damages for rubber-stamping financial activities beyond simple management errors (The State of New Hampshire vs. Kelley; 1980).

Board activities need regular review. And, board and management activities need to be kept separate. However, the two groups should always communicate. Each board function is also a management function. Only the perspectives should differ. For example, the advisory board should view program evaluation in terms of philosophy and policy — long-range planning and development, future funding, and overall program goals. The program manager should view program evaluation in terms of daily staff effectiveness, environmental influences, funding, cash flow, and general program quality. Both approaches to evaluation are necessary. Thus, management and boards must cooperate. To avoid serious problems, advisory board members and the program manager must examine the issues discussed above. Remember, if the board serves the program only in a crisis, as is often the case, and if the program manager seldom communicates with board members on issues germane to program success, then the organization is not functioning as it should, and a great deal of human energy is wasted.

Robert R. DeVoid is Executive Director of the Winston L. Prouty Center for Child Development, a diagnostic treatment center in Brattleboro, Vermont. DeVoid has served as a consultant to several boards of directors, and he wrote A Manual to Assist a Board to Organize into an Effective Body. Marilyn Benson, Administrative Director of the Winston L. Prouty Center, helped in the preparation of this article.
International group meets, discusses ECSE issues

A small invitational International Symposium for Young Disabled Children, their Parents and Families was held at Washington, D.C., December 6 to 11. The symposium was sponsored by the U.S. Department of Education's National Institute of Handicapped Research and HCEEP in cooperation with UNESCO. The major purpose of the symposium was to exchange information among UNESCO member nations concerning strategies for improving educational, health, and social services for handicapped young children, particularly in developing countries. Representatives of 12 foreign countries attended.

Anne Sanford of the Chapel Hill Outreach Project and John Turner, Chairman of the Department of Social Services of the University of North Carolina, described the LAP and how the instrument and curriculum materials were adopted for widespread use in Egypt. Mohie Hussien of Egypt discussed his translation of the materials and the work that made them culturally relevant. George Jessien of the Portage (Wisconsin) Project described the use of that project in rural areas and showed a slide presentation on the use of the model in an experimental project serving the poor in Peru.

Jean Tufts, U.S. Assistant Secretary for Special Education and Rehabilitative Services, and Virginia Knauer, White House Consumer Affairs Director, addressed the conference. Eloiza de Lorenzo of Uruguay was general chairperson.

For more information, contact: Naomi Karp, Room 3424, Switzer Building, NIHR; or Jane DeWeerd, 3113 Donohoe Building, Washington, D.C. 20202.

Attendees

Following is a list of attendees of the International Symposium for Young Disabled Children, their Parents and Families, held at Washington, D.C., December 6 to 11.

Cameroon: Sister Cecile Cussen
Denmark: Skov Jorgensen, Ministry of Education
Egypt: Mohie Hussein, Replicating Chapel Hill Project
Ghana: David Aryee, Training College - Deaf Education
India: H. Singh, Ministry of Social Welfare
Jamaica: Joyce Brown, Replicating the Portage Project
Japan: H. Oguno, Professor of Special Education
Great Britain: Duncan Guthrie, Institute of Child Health
Mexico: Isabel Farha Valenzuela, Office of Special Education
Nigeria: E. Caulcrick, Federal Ministry of Education
Pakistan: Mike Miles, Mental Health Center
Uruguay: Eloiza de Lorenzo, Director of Special Education
United States: Anne Sanford, Chapel Hill Project; John Turner, University of North Carolina at Chapel Hill; George Jessien; Portage, Wisconsin
UNESCO: Lena Saleh, Special Education Department
1981 HCEEP-DEC Conference

Ed Sontag, SES Director, addresses conference

Jean Tufa, Assistant Secretary of Education, advises project directors to respond to realities of current economic situation

The Vermont delegation...

Informal "roundtable"...
Conference Suggestions:
Plans are underway for a 1982 National Early Childhood Conference. Your help is requested to assure a wide range of input to develop the conference program. If you attended the 1981 conference, what changes do you think should be made in content and format? If you did not attend, what information would you like to have presented at a 1982 conference? Do you have suggestions for speakers and presenters? Please send general or specific comments and suggestions to Warren Umansky; 570 Aderhold, University of Georgia; Athens, Georgia 30602 (404/542-1685).

Call for papers:
Papers are being solicited for consideration for the 1982 National Early Childhood Conference to be held at Washington, D.C., in December. Papers may be on any topic concerning young handicapped children and their families. Reports of original research on efficacy of intervention with children and families are encouraged. Other topics may consist of theoretical models, documented practices, and philosophical discussion. Presentations which propose to describe a service delivery or training program will not be considered. Original papers will be given preference, though papers recently published or presented elsewhere may be accepted.

Deadline for abstracts is July 1, 1982. Abstracts must be no more than 400 words, but should include information on population, methods, materials, analysis of results, and interpretation and implications. Do not submit a full manuscript.

Announcements will be made by September 30, 1982. Papers will be considered for publication in the Journal of the Division for Early Childhood. Submit abstracts to Warren Umansky; 570 Aderhold, University of Georgia; Athens, Georgia 30602 (404/542-1685).
Editor's note:
This new column describes activities and products of HCEEP Outreach projects. A goal of the column is to encourage HCEEP project staff to share ideas and products. To highlight your outreach project please send descriptive material to Pat Vandiviere at TADS.

Following are descriptions of three projects — one in its first year of outreach funding (Project CLIP, Montclair, New Jersey) and two which have been funded for several years (Child Development Resources, Lightfoot, Virginia, and the Rutland Center, Athens, Georgia).

Three projects describe activities, products
by Patricia Vandiviere, TADS

Project CLIP Outreach Training
The Montclair, New Jersey, Public Schools' Cognitive Linguistic Intervention Program (CLIP) assists personnel to replicate the CLIP model in several school districts, day-care centers, and nursery schools. The CLIP staff offers five full-day training sessions to staff members in 18 participating agencies. Trainees also visit the project demonstration site and receive on-site consultation visits.

CLIP provides participants with these products developed by the project staff:
- Criterion Referenced Inventory of Developmental Tasks (CRIDT). A screening instrument for 4- and 5-year-olds in areas of readiness, cognitive-language, visual-motor performance, gross-motor coordination and body awareness.
- CLIP Activity Guide. Language-learning activities designed for regular classroom teachers of pre-kindergarten and kindergarten youngsters.
- Parent Handbook. Suggested techniques and activities for parents to develop language and learning skills for 4- and 5-year-olds at home.

CDR Outreach
- Child Development Resources (CDR) is a private, nonprofit agency at Lightfoot, Virginia, near Colonial Williamsburg. CDR Outreach works with agencies that serve handicapped or at-risk infants. The project has five major goals for 1981-82:
  - To stimulate replication sites with particular emphasis on Virginia's rural communities and to provide them with training and technical assistance.
  - To develop, refine, and distribute products which inform target audiences about the CDR Infant Program and Outreach Project, assist in the replication of the CDR program components, and help other agencies to initiate new or improved services.
  - To coordinate the activities of the CDR Outreach Project with state, regional, and national agencies and networks and to impact on state and federal legislation.
  - To continue to assist the State Education Agency in the implementation of the State Plan and P.L. 94-142.
  - To increase understanding and support for early education for handicapped children.

The project staff provide training and technical assistance to four large replication sites. Each site has received 30 to 50 hours of core training in the CDR model and will receive additional training during the year. Another goal for CDR Outreach is to create a lively statewide interdisciplinary early childhood network that includes all agencies and groups that work with infants.

These products are available from CDR Outreach:
- Skills Inventory for Teachers (SIFT). An evaluation instrument for planning staff development programs.
- Skills Inventory for Parents (SIP). 115 items to measure changes in parental skills.
- Teaching Activities for Parents (TAP). Over 400 activities for teaching infants. Activities correspond to items on the Early LAP (Learning Accomplishment Profile) or the REEL (Receptive and Expressive Emergent Language).
- Child Find: A Manual. Techniques include community education, use of the media, involving the medical profession, surveys, interagency relations, and Project Check (a community screening activity).
- A Parent's Guide to the Child Development Resources Infant Program. Provides a rationale for a home-based program for families of handicapped infants and describes services.

The Rutland Center — Developmental Therapy Model
The Rutland Center (Athens, Georgia) provides Outreach services through its National Technical Assistance Office. The center is a community-based psycho-educational program that combines special education and mental health personnel in a cooperative program of services to emotionally disturbed children, their families, and their teachers. The model includes identification and referral, intake and diagnosis, Developmental Therapy classes with parent and school services, and termination
and tracking.

The center's overall goal is to increase specialized, high-quality services to seriously emotionally disturbed or handicapped preschoolers. Approved by the Joint Dissemination Review Panel in 1975, the model served as the prototype for 24 community-based centers in the Georgia Psychoeducational Center Network and has been replicated by 47 programs in 20 states. The National Technical Assistance Office disseminates information and assists in program planning and design, staff development, and evaluation.

These products are available from University Park Press, Baltimore:
- Developmental Therapy Sourcebook
- Developmental Therapy
- The Developmental Therapy Objectives
- Music in Developmental Therapy
- Developmental Art Therapy
- Developmental Therapy for Young Children with Autistic Characteristics

Several booklets and film strips are available from the project.

Research

Otitis Media is 'hidden handicap'

by Joan Anderson, TADS

Middle ear disease is so common in young children and its effects so subtle that it could be referred to as the "hidden handicap." Otitis media can be present with no observable symptoms such as pain, fever, touching the ear.

The Preschool Conductive Hearing Impairment-Language Development Project (Preschool C.H.I.L.D.) reviewed the literature relevant to screening, medical aspects, and educational ramifications of otitis media. The results are contained in The Hidden Handicap, an annotated bibliography of approximately 60 entries from 1969 to the present.

Though it is estimated that two-thirds of all children will have at least one episode of otitis media before age six, children who are particularly at risk for the disease are children with cleft palate, Eskimos, Native Americans, children with upper respiratory infection or respiratory manifestations of allergy, children with Down's syndrome, and children with Down's syndrome. One in eight children will have six or more episodes of otitis media before six years of age.

A diagnosis of otitis media is made by determination of

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Research

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fluid in the middle ear. This can be done by tympanometry and otoscopic examination. Antibiotics are used in treatment, but sometimes, small tubes are inserted to release the fluid which has accumulated behind the tympanic membrane, or eardrum. It is this fluid accumulation that results in hearing loss (usually temporary). Recurring otitis media may result in rupturing and subsequent scarring of the eardrum, and more seriously, sensorineural hearing deficits.

Hearing impairment during the early stages of language acquisition may have psychocducational consequences. Children with severe otitis media have been shown to be delayed in speech and language development, possess auditory processing deficits, present disturbances in auditory visual integration, and have reading disorders and poor spelling skills. One study reviewed reported that a group of learning disabled children had a higher incidence of otitis media than their non-afflicted peers.

Copies of the bibliography are available for $1.50 each (cost of reproduction and mailing). Mail request to: Ruth Johnson, Preschool C.H.I.L.D. Project, McKesson School, 1624 Tracy, Toledo, Ohio 43605 (419/666-5180).

Urban Network planning committee meets

An expanded HCEEP Urban Network Planning Committee met at New Orleans in late October to formulate current and long-range plans for the Urban Network. Several new members were added to the committee in part to replace members no longer available to serve. Joining Patsy Poche (New Orleans), Richard Liguori (Boston), and Ruth Turner (Dallas) were new members Bea Gold (Los Angeles), Marjorie Goldstein (East Orange, New Jersey), Marlene Holler (Houston), Richard Terry (New York), Lee Walsh (Washington, D.C.), and Daphne Thomas (Louisiana SIG). Patsy Poche is chairperson for this year.

- Major goals for the HCEEP Urban Network are to assist in the development of organizations and consortiums in urban areas which will support services to young handicapped children and their families and to help implement interagency coordination in urban settings.
- The group currently is developing plans to identify specific urban communities that are ready and interested in holding a workshop for collaborative planning in services for young handicapped children.
- The HCEEP Urban Network also plans to produce a newsletter that will focus on the special problems of urban areas and promote awareness of network activities. They also plan to help link urban service providers with model HCEEP urban projects.

Many urban-based programs attended the Urban Network's meeting at the HCEEP/DEC Conference at Washington, D.C., December 9, 1981. A proceedings document from the Urban Network's Workshop, held last June at Dallas, was distributed.

For more information on the HCEEP Urban Network, contact Patsy Poche, Children's Center, LSU Medical Center, 1100 Florida Avenue, Building 119, New Orleans, Louisiana 70119 (504/948-6881).

Rural Network adds board members, schedules workshops

Three new board members were elected to the executive board of the Rural Network at their December meeting at Washington, D.C. Ena Harris (West Pittsburgh, California), Jackie Walker (Toppenish, Washington), and

Bulletin Board

A new emphasis feature, "Bulletin Board," will publish announcements and answers to questions related to early education of the handicapped. Send announcements of product publications, experiences, research, or information-identical notices, to professional orgs for Emphasis; 500 NCNB Plaza; Chapel Hill, NC 27514.

The fourth annual Special Education Summer Study tour will take place June 25 to July 20, 1982. Sponsored by the University of Georgia, tour participants spend the first nine days in Great Britain, lectures, workshops, and visits to special education programs are scheduled. Optional travel afterwards to the European continent and to Greece is available.

Prominent British educators serve as guest faculty for the tour. Lecture topics include: creative auditory education, early intervention strategies with severely handicapped children, and management of the handicapped child. Visits are scheduled to special schools, hospitals, training centers, and residential hospitals and other special education and residential centers. Special needs of parents visits also are planned for early childhood special education, counseling, and genealogy.

Participants will stay in rented houses. Travel arrangements and other guides, modern hotels, and inn are arranged by the tour sponsor. Cost of tour for the University of Georgia is $425 per person. The cost of the tour will be paid by the sponsor and other funding agencies.

For further information, contact: Pat Emery, Children's Hospital, 1200 16th Street, Northwest, Washington, D.C., 20005.
Marilyn Johnson (Jamestown, New York) will begin their one-year terms in July 1982.

- Two regional workshops are scheduled for spring. A New England regional workshop will be held at Keene, New Hampshire, April 5 to 6, 1982. The Kansas/Nebraska region will meet in Grand Island, Nebraska, April 29 to 30, 1982. Each of these workshops is co-sponsored by the HCEEP Rural Network and state agencies (in those regions) with major responsibilities for young children. The goal of both workshops is to help rural programs and agencies related to young handicapped children and families become aware of models for effective rural service delivery. Projects interested in being involved in either workshop should contact Corinne Garland, HCEEP Rural Network Coordinator, 14942 Bramblewood, Houston, Texas 77079 (713/496-2876).

- A third annual national workshop for the Rural Network will be held at Salt Lake City, Utah, May 5 to 7, 1982. More information on that workshop will be published in the Rural Network Newsletter.

- The proceedings document from the Second Annual Rural Network Workshop held last June at Oklahoma City, is being distributed. The book features speeches by Barbara Zang from Children's Defense Fund: "Affecting State and Federal Policy," and by Everett Edington, Director of the ERIC Clearinghouse on Rural Education and Small Schools: "Effective Change in Rural Schools and Communities."

- The Rural Network resource bank is being developed to help link rural programs needing assistance with appropriate resources. A survey of outreach and third-year demonstration projects has been conducted to gather information on each program's rural model and technical assistance capabilities.

**MLC holds training workshop**

The Minority Leadership Consortium (MLC) in conjunction with International Business Services, Inc., held a training workshop for consortia members on December 8, 1981 at the Washington (D.C.) Sheraton Hotel. The workshop was part of the Handicapped Children's Early Education Program's annual conference. The one-day, two-part workshop focused on "Effective Writing Techniques for Minority Special Education Professionals" and "Evaluation Strategies for Managers of Programs Serving Culturally Diverse Handicapped Children."

Ronald Braithwaite and Leo Hendricks from the Institute for Urban Affairs and Research at Howard University addressed the following evaluation topics:

- the importance of setting goals and objectives
- the use of qualitative models for evaluating human service programs
- how to present an evaluation report

Daniel Assael, TADS Publications Coordinator and Gaynell Wofford, International Business Systems, Inc., conducted the writing workshop and addressed these topics:

- writing effective proposals
- writing for publication

The MLC Steering Committee met at the conference to develop plans for the coming year. The group adopted a new mission statement and goals for 1982. (see page 12 in this issue of Emphasis).

**INTER-ACT to develop by-laws, hold conferences, produce monograph**

The annual meeting of INTER-ACT was held at Washington, D.C. on December 9, 1981. Members heard reports on activities planned for 1982 and generated suggestions for future goals and activities.

- In early February 1982, INTER-ACT's executive committee will develop a set of by-laws to distribute (prior to adoption) to the membership for comment.

- Two topical conferences are planned for spring. A conference on state networking, co-sponsored by INTER-ACT and the Infant Stimulation/Mothering Training Program, Cincinnati, will focus on working with people in local, regional, and state agencies. The conference will be held at Cincinnati, April 27 to 29, 1982, and will be based on a successful state networking effort in Ohio called United Services for Effective Parenting (USEP). For more information, contact Shirley Sizemore or Donna Burns at 513/872-5341.

- Through project Optimus/Outreach, INTER-ACT is organizing a conference on working with parents of infants at risk for or developing handicaps. One area of focus will be parents who have serious problems such as drug addiction, alcoholism, mental illness, or imprisonment. The conference will be held at Boston University's George Sherman Union June 7 to 8, 1982. A call for papers is being organized.

- An INTER-ACT task force will develop a monograph that describes staff competencies for working with handicapped infants and their families. The task force, chaired by Shirley Zettlin, DPHH Project, Brooklyn, New York, will meet in early February to develop a first draft that will be reviewed at a planned INTER-ACT meeting at Houston, Texas, during the CEC Convention in April. The final draft will be completed at the parent conference at Boston.

- For more information on INTER-ACT activities, contact Geneva Woodruff (617/471-0350).
At December meeting of MLC

Minority leaders adopt new mission

The Minority Leadership Consortium (MLC) of the Handicapped Children's Early Education Program adopted a new mission statement at its business meeting, December 9, 1981, at Washington, D.C. The new mission of the group is: To address key issues, to improve the quality of services, and to provide information and training that will improve services to young, culturally diverse handicapped children.

- In addition to the new mission, the consortium outlined its workscope for the coming year. However, implementation and completion of the group's 1981-82 objectives depends on continuation funding. International Business Services, Inc., an agency funded by U.S. Special Education Services (SES) to help MLC achieve its goals will not have the funds to serve the consortium after March 1982. The steering committee is investigating other funding sources.

- Three needs were identified and adopted by the group as its major focus for this year: To incorporate multicultural sensitivity training and evaluation into In-service and preservice programs; to promote the inclusion and adaptation of culturally sensitive curricula in programs serving culturally diverse children; and to promote increased involvement of culturally diverse parents in their child's education program.

Concerning multicultural sensitivity training, the consortium workscope for this year includes compiling state-of-the-art information, surveying HCEEP programs to determine their need and interest in sensitivity training, and matching resources (information, consultants, training, etc.) to identified program needs.

To promote the inclusion or adaptation of culturally sensitive curricula in programs serving handicapped children, the consortium would like to compile state-of-the-art information, hold a conference on the subject, and produce a proceedings document from the conference.

To gather information to help programs involve culturally diverse parents in their child's education program, MLC will conduct a survey of HCEEP programs' needs and will attempt to match needs with available resources.

- Membership eligibility also has been influenced by MLC's new focus. Any person interested in promoting the consortium's mission is invited to become part of the effort. For more information on membership, please contact any member of the steering committee: Beverly Johnson, Detroit City School District, Room 1010, 5057 Woodward Avenue, Detroit, Michigan 48202, (313/ 494-1634); Selsey Moore, Howard University Hospital, 2041 Georgia Avenue, N.W., Washington, D.C. 20060, (202/ 745-1595); Richard Terry, 3rd Floor, 2253 Third Avenue, New York, New York 10035, (212/289-6650); Octavio Knight, North Carolina Central University, Durham, North Carolina 27707, (919/683-6509).

Funding

Fund raiser can help tap private sources

by James O. Cox, TADS

Over the past decade funds for services to young handicapped children and their families has come increasingly from public tax revenues. Given the direction of the current federal administration — reducing government spending and emphasizing private sector funding for human services — we must begin to cultivate and solicit more support from private sources: donations from concerned individuals; client payment for services; support from civic, fraternal, and special interest organizations; private foundation grants; and donations by the business sector. A number of different approaches can be used for each source of private support (e.g., door-to-door solicitations, targeted or general direct-mail campaigns, special fund-raising events like bazaars or walk-a-thons, person-to-person appeals to wealthy persons, etc.).

How can you decide which private sources offer the best potential and which method of solicitation is best matched with which source? If you lack experience in private-sector funding, then the professional fund-raiser can help. Usually a professional fund-raising firm or individual will have an initial meeting at no charge. In this first meeting, you can discuss charges for various services.

If you need only a short-term planning consultation, anticipate fees from $300 to $1,000. If you plan to conduct a comprehensive fund-raising campaign, a feasibility study to determine your area's giving potential probably will be necessary. This type of study, depending on size and complexity, can cost from $1,500 to $10,000. If the professional fund-raiser will be involved in extensive planning and implementation of the fund-raising campaign, the cost will range from 5 percent to 15 percent of the amount to be raised. (Ethical standards require that
the professional fund-raiser not work for a percentage. Rather, a set fee for specific services and other expenses should be negotiated.)

Two organizations that can provide information about selection criteria, ethical standards, and names and addresses of professional fund-raising organizations are: American Association of Fund-Raising Counsel, Inc., 500 Fifth Avenue, New York City 10036 (212/354-5799) and National Society of Fund-Raisers, Suite 831, 1151 K Street, N.W., Washington, D.C. 20005 (202/638-1393). For information about private foundations, contact: Foundation Center, 88 Seventh Avenue, New York City 10019 (212/489-8610) or 1001 Connecticut Avenue, N.W., Washington, D.C. 20036 (202/331-1400).

*Note: The author does not advocate the idea that the private sector should be the main or only source of funds for special education programs.*

Cost analysis yields cost saving

In 1979, the Children's Center, Louisiana State University Medical Center School of Allied Health Professionals at New Orleans, received a contract to develop and implement a model for the assessment and evaluation of handicapped infants and severely handicapped preschoolers. As part of this work, an extensive cost analysis for conducting the educational assessments was completed. Since personnel costs account for most of the costs for child assessments, each member of the multidisciplinary team kept an accurate record of all time spent with each child during the evaluation process. Accurate time and cost figures were recorded for each assessment, and a realistic projection of costs for conducting child evaluations was accomplished. The estimate prior to the study was from $500 to $1,000 per child. The average established by the study was $250 to $350. This difference represents a substantial savings.

While the cost-analysis study did not account for all the savings realized, it did provide the impetus for investigation and subsequent change. Most of the savings can be attributed to reduced time of the evaluation team by setting up specific questions in advance, eliminating noneducational questions, and reducing over-evaluation (e.g., if child is mobile, then a physical therapy evaluation would be unnecessary).

For more information about the child assessment/evaluation model and the cost-analysis study, contact: Patsy Poche; Children's Center, LSU Medical Center, 1100 Florida Ave., Building 119; New Orleans, Louisiana 70119 (504/948-6881). For more information about savings that may be realized through cost analysis, contact your TADS technical assistance coordinator (919/962-2001).

**State News**

**States vary approach to classification**

by Michael Woodard, TADS

The dilemma presented by classification is clear: the categories that speed resources and focus teaching and therapy also can foster stereotypical treatment of individuals. The labels young children receive influence caregivers' attitudes and behavior, even though they may have only temporary validity. Yet it is axiomatic that "the earlier the intervention, the greater the potential impact on development." Labels can expedite services. So parents and professionals are reluctant to label young children, and reluctant not to label them.

States struggle with this issue when they plan services for young handicapped children. Classification procedures affect the character of services provided, funding, professional training and certification, and eligibility and placement decisions. As policy makers, states must balance the personal and pragmatic considerations discussed above. A TADS informal telephone survey (October 1981 and January 1982) of the 21 states with preschool mandates showed a broad spectrum of approaches to classification of young handicapped children. At one end of the continuum, eight states have a policy of non-categorical classification. Children in these states receive either no label or a generic label (e.g., 

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**NJ mandates services**

Gov. Brendan Byrne of New Jersey signed legislation to phase in mandated early childhood services for handicapped children from birth, beginning in September 1983. Services will continue for children now served, plans call for 1,000 children to be served in fiscal 1982, 2,000 in fiscal 1983, and 4,000 the following year. Funds are provided. The legislation states that services will be provided collaboratively through the State Department of Education and the State Health Department. Operational plans were not spelled out in the legislation.

With passage of this law, New Jersey becomes the third state within the last two years to mandate services from birth. (The other states are Maryland and Texas.) Parents and advocates put forth much effort in the past decade to achieve this goal. Patricia Hill, State Implementation Grant project director for New Jersey, will take an active part in planning the implementation of the new legislation.
States

Continued from page 13

developmentally delayed or preschool handicapped). Four states have categorical classification leading to
categorical services. The categories used are largely those
in Public Law 94-142. Several variations were identified
between these positions. Five states classify children
categorically, but actual services are either non-categorical
or cross-categorical. Two states classify categorically, but
they use predominantly “nonthreatening” categories (such
as learning disabled, speech impaired, and other health
impaired). Two states give local education agencies the
option to classify children either categorically or non-
categorically as best suits local needs. Specific information
on each state surveyed follows:

Alaska classifies categorically, after P.L. 94-142.
California classifies non-categorically.
Connecticut classifies categorically, but LEAs have the
option (and are encouraged) to report young handicapped
children non-categorically.
Delaware classifies categorically but anticipates moving
toward non-categorical classification, i.e. developmental
delay.
District of Columbia classifies categorically, after P.L.
94-142, but services are non-categorical.
Illinois classifies non-categorically, using early, child
education.
Iowa classifies categorically but has a “deferred
diagnosis” option (a child of indeterminate classification
may receive services for one year without a classification).
Louisiana classifies mostly non-categorically using
preschool handicapped. Categories exist for the severely
sensorially or physically handicapped, autistic, and
gifted/talented.
Maryland classifies categorically, after P.L. 94-142,
but services are non-categorical.
Massachusetts classifies non-categorically.
Michigan classifies non-categorically, using pre-
primary impaired, unless an obvious handicapping
condition exists.
Minnesota classifies non-categorically up to age four.
Nebraska classifies categorically for eligibility, but they
also require that “school districts shall describe programs
in a manner which emphasizes the functions performed
and de-emphasizes the specific handicapping conditions
of the children served. Such descriptions may include
groupings such as sensory impairments or development
delay.”
New Hampshire classifies categorically, after P.L.
94-142.
New Jersey classifies non-categorically, using preschool
handicapped. LEAs report categorically to the state to
receive equalization aid.
Oklahoma classifies categorically for eligibility and
reporting, but approximately 80 percent are classified
into “nonthreatening” categories. Services are cross-
categorical.
Rhode Island classifies categorically for reporting, but
local practice is predominantly non-categorical.
Tennessee classifies categorically, but services are either
cross-categorical or non-categorical.
Texas classifies categorically, after P.L. 94-142, but
most are classified as speech impaired or learning dis-
abled. Texas has an inclusive “multiply handicapped”
category which accounts for 10 percent of handicapped
young children.
Vermont classifies non-categorically.
Virginia LEAs may classify either categorically, after
P.L. 94-142, or non-categorically, using developmentally
delayed.
Brain damage, development

Report gives concise medical perspective

Can a subject as complex as the human brain and the manifold causes of damage to it be adequately addressed in a 23-page monograph? Yes. That is, if the audience for such a document is the array of professionals associated with intervention services for young handicapped children. Persons having some knowledge of the etiology of developmental disabilities, and perhaps frustrated by their lack of in-depth understanding, will welcome this concise yet sophisticated treatise on brain damage and development, Medical Perspective on Brain Damage and Development, by Marcia Q. McRae. The monograph is a product of the Family-Centered Resource Project, Reading, Pennsylvania.

After a foundation review of etiological factors, the document focuses on brain development and mechanics of brain damage. The author relates the causes of damage to specific stages of brain development with a casual writing style that communicates the complex with clarity. An example is, "Baby brains are very susceptible to external compression which obstructs blood vessels and causes hemorrhage... In the very tiny premature, just the tape holding an oxygen mask, or the back pressure from prolonged bottle sucking in a supine position can cause cerebellar hemorrhage."

The discussion on assessment of brain damage emphasizes in plain language the inclusion of functional behavior observations in conjunction with laboratory tests and the presentation of findings. Available laboratory tests are described. The author advocates that parents be given constructive interpretations of test results so they can be "effective advocates-allies" to their children.

Topics of intervention include seizure control and developmental intervention. Principles of development are reiterated: hierarchy, sequence, integration of skills, active learning.

The author concludes with a word about parents. "Any program is only as good as its ability to support parents in their job of helping the child to develop a healthy self-concept and to perceive the world as a place of pleasure. " Though written for professionals, this monograph also may be a useful reference for parents.

CEC 60th Anniversary Convention, Houston, Texas. Write: Department of Field Services, CEC; 1920 Association Drive; Reston, Virginia 22091.

The Infant and the Young Child: Developmental and Psychopathological issues, a continuing education conference sponsored by University of Maryland School of Medicine and the Maryland Center of Child Study, Columbia Inn, Columbia, Maryland. Contact: Betty Saar; Program of Continuing Education, University of Maryland School of Medicine; 10 South Pine Street; Baltimore 21201 (301/528-3956).

Using the Cognitively Oriented Curriculum, a training institute sponsored by High/Scope Educational Research Foundation; 600 North River Street; Ypsilanti, Michigan. Contact: Bettye McDonald (313/485-2000).

High/Scope Foundation Spring Conference, Ann Arbor, Michigan. Write: Public Information and Services, High/Scope Foundation; 600 North River Street; Ypsilanti, Michigan 48197-2898.
Demonstration Projects continue after HCEEP
Volunteer programs need effective management
Home day care examined
Emphasis is a quarterly newsletter for Demonstration and Outreach Projects, State Implementation Grants, and Research Institutes of the Handicapped Children's Early Education Program (HCEEP) administered by the Office of Special Education, OSERS, U.S. Department of Education.

This newsletter is published by the SEP-funded Technical Assistance Development System (TADS), a support system for eastern Demonstration Preschool Projects and State Implementation Grants. TADS provides technical assistance to designated projects and states when it is requested and needed. TADS is located at 500 NCNB Plaza, Chapel Hill, NC 27514. Our phone number is (919) 962-2001.

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Demonstration Projects continue services

by James O. Cox, TADS, and Denise Taylor-Hershel, WESTAR

TADS and WESTAR recently conducted an informal, voluntary survey of 126 HCEEP demonstration projects that have completed their three-year funding cycle from SEP. Thirty-nine of the projects surveyed completed funding on June 30, 1981; 53 on June 30, 1980; and 34 on June 30, 1979.

All 126 projects were asked if any activities initiated with HCEEP funds were still operating as of December 31, 1981. And, they were asked to compare their current level of operation with the level during federal funding. The 39 projects that completed funding in 1981 also were asked to estimate their sources of funds and the level at which their model program components continue.

Since this was an informal survey, approximate figures were accepted and information was not verified. The 39 projects that completed funding in 1981 were surveyed by telephone; all responded. The other 87 projects were surveyed by mail; 70 percent responded. Of the projects that did not respond, all but two were later contacted by telephone. The two projects that could not be reached were considered not operational.

Of the 126 projects surveyed, 90 projects (71 percent) are continuing some portion of the services that were initiated with HCEEP funds (see Figure 1). Of these 90 projects, 19 have increased their overall services (more than 100 percent continuation). Another 21 projects were able to maintain services at the same level (100 percent continuation). Figure 1 shows that projects which more recently completed their HCEEP funding are more likely to continue some portion of their services. However, additional analysis shows the average continuation rate of the older projects is higher (127 percent for 1979, 98 percent for 1980, and 86 percent for 1981).

Table 1 shows continuation rates for the six HCEEP model components of the 32 continuing projects that completed HCEEP funding in 1981. The direct service components (services for children and parents) are continued at the highest rates. All continuation rates are above 50 percent.

2. The funding sources were assigned to a specific category (local, state, private, or federal) according to who made the decision to allocate the funds, not by the origin of the funds. For example, funds from local educational agencies (LEA) originate from city, county, state, and federal tax dollars. However, all funds that came from the LEAs to the projects were assigned to the local category, regardless of original source. Therefore, the

Continued on page 4

Figure 1
Continuation Percentages* for HCEEP Demonstration Projects Completing Three Years of Funding in 1979, 1980, and 1981

<table>
<thead>
<tr>
<th></th>
<th>1979</th>
<th>1980</th>
<th>1981</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>62%</td>
<td>70%</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>37</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>n=21</td>
<td>n=37</td>
<td>n=32</td>
</tr>
<tr>
<td>Moderate</td>
<td>32%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>11%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>n=5</td>
<td>n=16</td>
<td>n=13</td>
</tr>
<tr>
<td>Low</td>
<td>15%</td>
<td>28%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>n=5</td>
<td>n=15</td>
<td>n=10</td>
</tr>
<tr>
<td>Not</td>
<td>62%</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Continued</td>
<td>38%</td>
<td>30%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>n=13</td>
<td>n=16</td>
<td>n=7</td>
</tr>
</tbody>
</table>

* as of December 31, 1981

**High Continuation (100 percent or more) — 40 projects have an overall average of 144 percent.

**Moderate Continuation (70 to 95 percent) — 30 projects have an overall average of 80 percent.

**Low Continuation (10 to 67 percent) — 20 projects have an overall average of 45 percent.
A Comparison of Previous Surveys to this Year’s Results

Six months after completing their funding, the 1979 and 1980 projects were surveyed by telephone about their continuation efforts. The following discussion compares the results of the surveys where similar data was collected.

The percentages of projects that reported continuation of at least some portion of their services in the 1979

Table 1
Average Continuation Rates of HCEEP Model Components for Projects Completing Funding in 1981

<table>
<thead>
<tr>
<th>Service</th>
<th>Continuation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services for Children</td>
<td>102%</td>
</tr>
<tr>
<td>Services for Parents</td>
<td>84%</td>
</tr>
<tr>
<td>Demonstration and Dissemination</td>
<td>63%</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>60%</td>
</tr>
<tr>
<td>Administration and Management</td>
<td>59%</td>
</tr>
<tr>
<td>Staff Development</td>
<td>58%</td>
</tr>
</tbody>
</table>

n = 32 (projects that continued some portion of their services)

Table 2
Funding Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td></td>
</tr>
<tr>
<td>Local education agencies (public schools)</td>
<td>36%</td>
</tr>
<tr>
<td>Project’s fiscal agency</td>
<td>10%</td>
</tr>
<tr>
<td>City/county government</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>49%</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>State education agencies (includes special and regular education monies)</td>
<td>6%</td>
</tr>
<tr>
<td>Other state agencies (e.g., Department of Human Services, Regional Educational Service Center, Department of Children and Youth Services, Bureau of )</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Developmental Disabilities, etc.)</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
</tr>
<tr>
<td>Private foundations, corporations, and community organizations</td>
<td>8%</td>
</tr>
<tr>
<td>Special fund raising (e.g., donations, trust funds, memorial gifts, etc.)</td>
<td>5%</td>
</tr>
<tr>
<td>Fees for services (e.g., insurance, payments by parents)</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td></td>
</tr>
<tr>
<td>Early childhood</td>
<td>5%</td>
</tr>
<tr>
<td>Personnel preparation</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>7%</td>
</tr>
</tbody>
</table>
### Table 3

#### Use of Number and Type of Funding

*n = 32* (projects completing funding in 1981 and continuing some portion of their services)

<table>
<thead>
<tr>
<th>Level of Continuation</th>
<th>Number of Sources</th>
<th>Category of Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One Source</td>
<td>One Major Source</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Continuation: 41% (13 projects)</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Moderate Continuation: 31% (10 projects)</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Low Continuation: 28% (9 projects)</td>
<td>78%</td>
<td>22%</td>
</tr>
</tbody>
</table>

The overall continuation rates for all six model components for the 1980 and 1981 surveys were similar. Though both surveys reported that direct services was the model component continued at the highest rate, the actual rates were lower for the 1980 projects (90 percent for services for children and 76 percent for the parent component — Cox and Hershel, 1981; see Table 1 for 1981 results). The indirect service components were higher for the 1980 projects.

Local funding remained approximately the same from 1980 to 1981, while the state category decreased by 14 percent, the private category increased by 11 percent, and the federal category increased by 4 percent. The percentage of projects having one source, a major source, and multiple sources remained the same.
Good management insures success of volunteer programs

"Strong administrative leadership will bring about a strong volunteer program," says Mary Mac Bradshaw, a volunteer services director in North Carolina. "And token leadership will bring about token results."

The key to a successful volunteer effort, Bradshaw says, is a well-managed, well-structured volunteer program.

Bradshaw and her staff at the Office of Volunteer Services of the North Carolina Department of Human Resources give technical assistance to volunteer coordinators in health departments, mental health and day care programs, and other public and private agencies.

Funding cuts to human service programs will create the need for more volunteers, Bradshaw says, but the volunteer programs themselves need funding. "You'll need more volunteers, but a volunteer program won't be effective without someone to manage that program. And you have to pay management."

Good volunteer programs don't just happen, Bradshaw says. "A sound volunteer program has to have commitment as a top priority—the commitment of management, the cooperation of staff, and the dedication of the volunteers themselves."

"So the effect of funding cuts on volunteer programs depends on how management feels about the program. If they back the program it'll fly; if they don't, it won't."

Improper management is the leading cause of failure in volunteer programs. Other reasons for failure are resistance from regular project staff and inadequate training and supervision of the volunteers.

Agencies can avoid failure in their volunteer programs, Bradshaw says, "if the director is sold on the program and sells the idea to the staff, if staff are involved in writing volunteers' job descriptions and if they understand how the volunteer will help, and if volunteers know they are involved directly with the agency's goals."

"We apply to our volunteer program the same principles we apply to anything that involves management," Bradshaw says. She cites ten steps to a well-structured volunteer program: prepare, recruit, interview, place, orient, train, supervise, keep records, evaluate, and recognize. "We treat our volunteers just like employees—except they know they will get recognition rather than a paycheck."

So, who is the unpaid worker who gives time and effort for a cause?

"Forget the image of the little old lady with time on her hands," Bradshaw says. "Your average volunteer today is an upbeat, busy person. And, the busiest people give the most time." Indeed, many organizations find that they must adjust their schedules to accommodate those who work nine to five and want to volunteer in the evenings.

Anybody can be a volunteer, Bradshaw says, "but not everybody fits every job. And making up a job for somebody just so they have something to do is a big mistake." That's why recruiting and placement must match the volunteer with any agency's needs.

Martha Hay has caught the spirit of volunteerism. A busy mother, she spends one morning a week at Learning Together, Inc., a Raleigh, North Carolina, preschool for handicapped and nonhandicapped children.

"I liked the concept of the school and wanted to support it," Hay says. "And, being a volunteer makes me appreciate what I have in my own children. I come home fulfilled and gratified that I don't have those problems on a full-time basis."

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"I liked the concept of the school and wanted to support it," Hay says. "And, being a volunteer makes me appreciate what I have in my own children. I come home fulfilled and gratified that I don't have those problems on a full-time basis."

"My work frees the teacher to do other tasks. The kids are happy to see me, and when they learn something, it's so great to see that breakthrough. It's very gratifying. I feel needed, and I feel when I'm not there, I'm missed."
Four-year study complete

Family homes serve nearly half of day-care children

Family day care is the most widely used form of out-of-home child care in the United States and currently serves more than 5.2 million children, according to a new report issued by the Administration for Children, Youth and Families (ACYF).

Family day care is described in the report as nonresidential child care provided in a private home other than the child's own.

Nearly half of all children in day care are served by family day care homes, and the demand for this type of care is expected to increase as more young women enter the work force, the report states.

These findings are contained in Family Day Care, in the United States, the final report of a four-year National Day Care Home Study carried out by ACYF. It is the first comprehensive national survey of family day care.

According to the final report:

- Average group size in family day care is 3.5 children per home. Ninety percent of family day care providers care for six or fewer children and 50 percent for three or fewer children.
- Parents like the homelike setting of family day care and look most often for a convenient location, experienced caregivers, and a stimulating environment for their children.
- Most providers of family day care are not well paid — about 87 percent questioned earned wages below the national minimum wage at the time, and providers frequently absorbed many of the costs for food, supplies, and toys.

The executive summary of the study makes a number of recommendations for improving family day care: encouragement of family day care by communities to meet the growing demand for child care; greater use of resource and referral services to help parents find the kind of day care they want; and development of more training facilities for caregivers.

Free single copies of a 55-page summary of the final report on the National Day Care Home Study, Family Day Care in the United States: Executive Summary, may be obtained by writing to Patricia Knight, Administration for Children, Youth and Families, P.O. Box 1182, Washington, D.C. 20013.

At Frank Porter Graham Center

Program trains home day-care providers

The Homebased Day Care Training Program at the Frank Porter Graham Child Development Center (FPG), Chapel Hill, North Carolina, was established to design a training system for the state's home day-care providers.

During the program's first year, a set of 12 home day-care training packets was developed and field tested. All packets deal with information at an entry level of learning, contain easy-to-read materials, and provide learning through activities. The set of training materials is flexible and can be used by a caregiver independently or with trainer support. Sets of packets are being used in a variety of training approaches throughout North Carolina.

During the second year, the program will continue developing training materials for home caregivers in North Carolina. A Trainer's Manual for use with the set of 12 packets, media materials, and an independent study course already have been produced. And, a library of resource materials was established to support the training system.

The program is funded through a grant from the Office of Day Care Services, North Carolina Department of Human Resources. Thelma Harms, FPG's Assistant Director for Development, is Director of the Homebased Day Care Training Program.

Octavia B. Knight, Director of Project TAP, an HCEEP Demonstration project at Durham, North Carolina, has won the O. Max Gardner award given by the University of North Carolina to a member of its faculty who has made the greatest contribution to mankind in the current scholastic year.

Knight shares the honor with Joseph Sasser, a professor of agriculture.
TADS group studies evaluation of interagency collaboration

Cutbacks in human services budgets are causing administrators to ask if the results of interagency collaboration are worth the fiscal and human costs. Does collaboration between agencies really create a more accessible, efficient, and humane service system for children and families? Are scarce resources conserved? Are service gaps filled and overlaps eliminated as advocates for interagency coordination typically promise?

TADS' TA to States staff reviewed the literature and talked to clients and realized that evaluation of interagency collaboration is a virtually uncharted area. Few have tried to do it and almost nothing is written on the subject. Yet, the questions noted above persist. So, TADS convened a meeting of people who are breaking ground in this area to talk about possibilities and problems and to devise a guide that TADS' clients could follow to plan evaluation of their interagency collaboration efforts.

The group agreed that:

- Evaluation of interagency collaboration is complex but not impossible;
- Straightforward data gathering and analysis can yield useful information;
- Interagency collaboration occurs in stages, and particular evaluation questions and strategies are appropriate to each stage;
- People can design and conduct evaluations at a cost they can afford.

The following people attended the March meeting at TADS: Robert Covert, University of Virginia; Jerry Elder, Lexington, Kentucky; Mary Elsesser, Virginia SEA, Richmond; Linda Foley, Mid-Atlantic Regional Resource Center, Washington, D.C.; Susan Koen and Marilyn Musumeci, Center for Resource Management, Yorktown Heights, New York; John McLaughlin, Virginia Polytechnic Institute, Blacksburg, Virginia; and Tanya Suarez, Pat Vandiviere, and Mike Woodard, TADS.

The Eastern Kentucky Coalition for the Handicapped at Lexington, Kentucky, tapped federal, state, and local funds to continue the model classroom begun with HCEEP funds and to expand into four additional sites. The expansion represents a five-fold increase in services in public schools for young severely handicapped children and their families.

Prior to the three-year HCEEP demonstration grant project, public schools in the Lexington area had no classroom services for the young severely handicapped. United Cerebral Palsy (UCP) of the Bluegrass, the project's fiscal agency for their federal funds, knew that success of the model classroom depended on broad community support. And, UCP fostered this support by forming a coalition of a public school, a hospital, a health clinic, and itself, and by recruiting an advisory board that was a cross section of influential people.

Continued on page 13
Handicapped babies learn helplessness

by Joan Anderson, TADS

The normally developing infant, even in the first hours and days, competently elicits responses to stimuli from the environment (Stone, Smith, and Murphy, 1973). A neonate's behaviors, though limited, can elicit and reinforce attention from the caregiver. As the infant matures, he or she learns that other environmental events can be controlled. This awareness that environmental events are contingent upon one's actions is the basis for the infant's continued exploration of actions that yield outcomes and problem solving in the sensorimotor period (Lewis and Goldberg, 1969; Brinker and Lewis, 1982). Gaining an awareness of one's control over environmental events is crucial in order to progress from primary circular reactions - I can make things happen, but I don't know how I did it - to means-end behaviors - If I do this, that will happen (Piaget, 1952).

Disruptions in the normal experience of action-outcome sequences result in a sense of "learned helplessness" (Seligman, 1975; Kearsley, 1979). If an infant feels no control over events, he or she will stop trying to influence them. A handicapped baby particularly is vulnerable to contingency deprivation (i.e., the lack of experience in actions and outcomes). Motor deficiencies may interfere with the infant's ability to control the action, and lowered parental expectations may reduce the outcome (the parents' responsiveness to the infant's behavior) - Brinker and Lewis, 1982.

Intervention in infancy should include learning contingencies as a basic cognitive skill (Brinker and Lewis, 1982; Johnson, Jens, and Attermeier, 1979).

The Contingency Intervention Curriculum (CIC) developed by Lewis and Brinker at the ETS Institute for Study of Exceptional Children, is an attempt to provide opportunities for contingency learning for handicapped babies. The CIC capitalizes on the infant's present competencies and the knowledge that he or she is an active learner.

The components of the contingency intervention system consist of: 1) a play environment (apparatus amenable to a variety of infant responses and consequences); 2) input devices (foot panels, lever, and button boxes) which register responses; 3) output devices which provide consequences (photographic slides, tapes of mother's voice, music, visual displays, vibrator pads); and 4) a microcomputer which relates input to output, records events, and analyzes data. The CIC is a system that examines movements and consequences which can be related.

Behaviors which demonstrate increasingly more complex contingency awareness are reinforced.

Brinker and Lewis (1982) have reported the preliminary results of the application of the curriculum to five moderately or severely handicapped infants (CA: 3.5 to 12.5 months) and four profoundly retarded multihandicapped children (CA: 29 to 52 months). Three patterns developed in the younger moderately to severely handicapped groups. Two infants demonstrated rapid acquisition, two showed a more gradual differentiation of responses, and one child did not associate the reinforced action with the outcome (that is, the child did not show an awareness of the contingency). Further, moderate increases in Bayley scores were seen following intervention in the contingency learners for whom such scores were available. The child who did not learn the contingency had an uncalculable MDI at the beginning and at the end of the project. This suggests, as Feuerstein (1980) advocates, the advantages of assessing an infant's capacity to learn as the learning occurs rather than assessing the capacity to learn based on comparisons with infants who have already learned the task.

Though the profoundly retarded multihandicapped children did not appear to interact with objects or people at the beginning of the project, all four learned the reinforcement contingencies. In addition to the specific reinforced response (kicking, arm movements, head raising), researchers observed increased vocalizations, voluntary movements, smiles, and laughter. This suggests that contingency learning also may have general developmental impact by increasing motivation to control environmental events.

Complete references may be obtained from Joan Anderson, TADS.
Workshop examines mainstreaming issues

Mainstreaming has become an established concept in special education, but what special problems, issues, and opportunities does mainstreaming present to the preschooler and his or her family, teachers, and school? A TADS workshop, March 15 to 17 at Raleigh, North Carolina, explored the implications of mainstreaming for early childhood special education. The workshop was designed to: enhance communication among researchers, teachers, administrators, personnel trainers, and parents; exchange information and ideas on best future practices and directions; and explore issues of concern, especially the pros and cons of mainstreaming preschool children.

More than 90 participants from 18 states gathered at Raleigh from as far away as California, Washington, Maine, and Nova Scotia. They represented 23 HCEEP projects and other early childhood programs such as Head Start, day care, and preschool incentive grant projects in North Carolina.

Keynote speaker Ann Turnbull of the University of Kansas spoke on integrating the handicapped child in the family, school, and community. Turnbull, a mainstreaming researcher, teacher trainer, and parent of a handicapped child used examples from her personal experiences to address the problems and means of integrating a handicapped child into the family.

The workshop agenda included sessions on research findings and implications, preschool mainstreaming training programs, and mainstreaming models and materials. Most presenters were from HCEEP projects and research institutes. Media presentations on mainstreaming were given, and project materials were displayed.

One workshop session explored the pros and cons of mainstreaming preschoolers. Marian Hainsworth of Project ERIN, Dedham, Massachusetts, and David Lillie, University of North Carolina at Chapel Hill, took contrasting sides of the point-counter-point discussion. Hainsworth focused on the purposes and benefits of preschool mainstreaming for handicapped and nonhandicapped children, families, teachers, and administrators. Lillie cautioned the acceptance and adoption of mainstreaming as the primary mode for educating preschool handicapped children. He pointed out unproven assumptions about mainstreaming and weaknesses of a mainstreaming approach if implemented under less than ideal conditions. He emphasized considering the individual child's needs, and that mainstreaming is probably not for everybody.

A unique feature of the workshop was its pre-workshop "day of discussion" where the workshop planning committee identified questions and issues of mainstreaming preschool handicapped children. Small discussion groups explored the definition of preschool mainstreaming, administrative and legal issues, the child, the family, and training.

Group members included researchers, teacher trainers, program developers, administrators, and parents of handicapped children. Agencies represented were HCEEP projects, state and local education agencies, day care programs, Head Start, and universities.

The discussions will be highlighted in a future publication about preschool mainstreaming issues.

Workshop planning committee members were: Betty Bright, Kentucky Bureau of Education for Exceptional Children at Frankfort; Dot Cansler and Anne Sanford, Chapel Hill Outreach Project; Mike Guralnick, Ohio State University; Marian Hainsworth, Project ERIN at Dedham, Massachusetts; Nancy Peterson and Ann Turnbull, University of Kansas; Phil Strain, University of Pittsburgh; and Shirley Vulpe, Hampton Institute in Virginia.
Following passage by both Houses of Congress, President Reagan signed the extension of the Continuing Resolution. Below is a profile of the funding structure under the Education for the Handicapped Act:

Education of the Handicapped Funding Profile

<table>
<thead>
<tr>
<th>State Grants</th>
<th>1981 Appropriation*</th>
<th>1982 Continuing Resolution*</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Grant Program (PL 94-142)</td>
<td>874,500</td>
<td>931,008</td>
</tr>
<tr>
<td>Preschool Incentive Grants</td>
<td>25,000</td>
<td>24,000</td>
</tr>
<tr>
<td>Education for the Disadvantaged Handicapped (PL 89-313)</td>
<td>152,625</td>
<td>146,520</td>
</tr>
<tr>
<td>Special Purpose Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaf-Blind Centers (EHA-C-622)</td>
<td>16,000</td>
<td>15,360</td>
</tr>
<tr>
<td>Severely Handicapped Projects (EHA-C-621 and 624)</td>
<td>4,375</td>
<td>2,880</td>
</tr>
<tr>
<td>Early Childhood Education (EHA-C-623)</td>
<td>17,500</td>
<td>9,660</td>
</tr>
<tr>
<td>Regional Vocational, Adult, and Postsecondary Programs (EGA-C-625)</td>
<td>2,950</td>
<td>2,832</td>
</tr>
<tr>
<td>Innovation and Development (EHA-E)</td>
<td>15,000</td>
<td>7,200</td>
</tr>
<tr>
<td>Media Services and Captioned Films (EHA-F)</td>
<td>17,000</td>
<td>11,520</td>
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<tr>
<td>Regional Resource Centers (EHA-C-621)</td>
<td>7,656</td>
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<tr>
<td>Recruitment and Information (EHA-D-633)</td>
<td>750</td>
<td>720</td>
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<tr>
<td>Special Education Personnel Developement (EHA-D-631, 632, 634)</td>
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<td>33,600</td>
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<tr>
<td>Special Studies (EHA-B-618)</td>
<td>1,000</td>
<td>480</td>
</tr>
<tr>
<td>Total</td>
<td>1,177,856</td>
<td>1,188,600</td>
</tr>
</tbody>
</table>

*In thousands of dollars

The final level of funding for HCEEP for Fiscal Year 1982 remained at $9.6 million. Since this Continuing Resolution figure was not raised, it was necessary to return all new demonstration applications to the applicant agencies. For the first time in the program's history, no new demonstration grants will be awarded.

Funding levels for Fiscal Year 1983 are not yet known, however, it is anticipated that new demonstration grants will be awarded next year.

Consortia

Continued from page 9

INTERACT's second annual national conference was held June 7 and 8, at Boston University. The conference featured 27 workshop presentations and six main speakers: Rose Bromwich, Irving Lazar; Eli Newberger, Sally Providence, Irving Kenneth Zola, and a representative of the Carolina Institute for Research of Early Education for the Handicapped. The conference focussed on successful practices for addressing special needs of parents of young handicapped children. The issues and needs of parents who may be substance abusers, mentally ill, or mentally retarded were highlighted.

A monograph, Guidelines for Competencies for Personnel in Early Intervention, is being written by the INTERACT Personnel Preparation Task Force. Content was outlined and a first draft of the competencies was written when the group, chaired by Shirley Zeitlin, met at Los Angeles in February.

The first part of the monograph will define the "high-risk" infant, discuss parent involvement, give some historical perspective of early intervention, and describe the new profession that is emerging from this field. The second part will list the basic or core competencies that personnel need in order to implement an effective early intervention program. Each Task Force member is responsible for part of the writing. For more information on this monograph, contact Shirley Zeitlin, 314 Upper Mountain Avenue; Upper Montclair, New Jersey 07043.

For more information on INTERACT contact Geneva Woodruff; Project Optimus/Outreach, South Shore Mental Health Center; 77 Parkingway; Quincy, Massachusetts 02169.

Rural

Three workshops and further development of its resource bank comprised a busy spring for the HCEEP Rural Network. Rural Network Coordinator, Corinne Garland, reported that the group's activities included two regional workshops conducted at New England and Kansas/Nebraska and their third national workshop, held at Salt Lake City.

Both regional workshops provided information to early childhood service providers in their respective regions and encouraged the development of regional...
The Urban Network's steering committee met at Keene, New Hampshire, April 5 and 6, was planned in cooperation with twenty agencies (state and local) from Maine, Vermont, Massachusetts, and New Hampshire. Grand Island, Nebraska was the host location for the Kansas/Nebraska workshop, April 28 to 30. A planning committee representing twelve state and regional agencies supported that effort.

Louise Phillips, long-time leader in CEEP and an advocate for rural programs, and Harris Gabel, Rural Network Chairperson for the last three and a half years, were honored by the Rural Network board at the national workshop. Resolutions cited their many contributions to the field and to the development of the Rural Network. Phillips also was the workshop's keynote speaker.

Urban

The Urban Network's steering committee met at Washington, DC, in mid-June to explore further issues relating to interagency coordination and collaborative planning in urban settings for early intervention. Working in cooperation with TADS and the National Association of State Director's of Special Education (NASDSE), the group, chaired by Patsy Poche, New Orleans, intends to produce a publication that identifies key issues and recommends strategies for collaborative planning for urban-based early intervention programs. The publication will be disseminated to all urban network members when it is completed.

For more information contact: Patsy Poche; Children's Center Infant Development Program, Louisiana State University Medical Center, 1100 Florida Avenue, Building 119; New Orleans, Louisiana 70119.

Outreach

JDRP-approved

MAPPS serves rural Utah families

by Patricia Vandiviere, TADS

The Multi-Agency Project for Pre-Schoolers (MAPPS) is a home- and community-based intervention program for handicapped children (birth to age five) in rural, remote areas. The project is based in Logan, Utah, but has outreach replication sites in rural areas in Utah, Idaho, Nevada, Wyoming, Arizona, and New Mexico. The project is designed for areas where the population to be served is small and where specialized personnel are scarce. The areas served by the project are characterized by great distances between sites, gravel and dirt highways, and geographic barriers. MAPPS has three major goals: to develop and disseminate MAPPS products, to stimulate site replication, and to train rural service providers.

The parents of preschool handicapped children birth to three act as intervention agents and receive detailed and specific curriculum to work with their young handicapped children in the home. MAPPS trains the parents in the curriculum's use and provides weekly monitoring. Existing preschool and community day care services are used to mainstream young handicapped children age three to five. MAPPS provides curriculum materials, trains parents and teachers in their use, and monitors progress throughout the year.

The heart of the intervention program is the Curriculum and Monitoring System (CAMS). Developed by the project, CAMS addresses five developmental areas: receptive language, expressive language, motor development, self-help development, and social-emotional development.

The CAMS packages have 15 objectives in receptive language, 41 objectives in expressive language, 98 objectives in motor development, 90 objectives in self-help skills, and 40 objectives in social-emotional development.

The complete CAMS system includes:

- A manual which provides an overview of the CAMS model and explains the procedures for using the five curriculum programs.
- Placement tests designed to place each child at the appropriate level in each program.
- A slide-tape presentation which introduces the curriculum programs, teaches their use, and explains the simple system for scoring the child's responses.
- Five sequenced curriculum programs with detailed teaching instructions so they may be used by persons with varied backgrounds.

Each of the curriculum programs is printed in an easy-to-use style and is bound in a notebook. Individual pages can be copied for use by the parents or trainers working directly with each child. The CAMS products are available through the Walker Educational Book Corporation, 720 Fifth Avenue, New York, New York 10019.
Funding
Continued from page 8

The coalition members provided a range of services: the public school supplied classroom space and teacher aides, the hospital provided physical therapy and referrals, and the health clinic provided referrals and medical assistance. In the project's second and third years, the public school assumed greater financial responsibilities for operating the model classroom. The coalition used their combined resources to start services in other public schools.

The community advisory board was active in public relations campaigns and fund raising. When the three-year HCEEP grant ended, the board tapped eight specific sources to fund continuation of the project at the five sites:

- Local public schools — 50 percent
- SES Personnel Preparation grant — 10 percent
- Robinson Foundation (in eastern Kentucky) — 10 percent
- Kentucky River Coal Corporation — 10 percent
- UCP of the Bluegrass — 10 percent
- State education agency contract — 6 percent
- Community organizations (Lions Club, Rotary, church groups, etc.) — 2 percent
- Individual contributions through a telethon — 2 percent

As a result of its involvement and commitment, the advisory board formed a nonprofit corporation to continue to raise funds to support services for young handicapped children.

A manual describing the coalition's approach to obtaining continuation funding will be available fall 1982. Contact: Flonnia Taylor; UCP of the Bluegrass, P.O. Box 8003, 465 Springhill Drive; Lexington, Kentucky 40503.

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**Media & Materials**

Train caregivers . . . *Infant Caregiving: A Design for Training*, by Alice S. Honig and J. Ronald Lally, is a resource for those who train caregivers. Chapters deal with infants' emotional development, nutrition, motor skills, sensory experiences, and language. This new edition includes information on integrating handicapped or abused infants into a program. $12.95. Syracuse University Press; Syracuse, New York.


Educational T.V. . . . *Impact of Educational Television on Young Children* (Educational Studies and Documents No. 40) studies the principles and concepts of evaluating children's educational television and looks at program samples from the United States, Germany, Japan, Brazil, India, and others. $5. Write: UNIPUB; 345 Park Avenue South; New York; or call 212/686-4707.

Perinatal outreach . . . *Perinatal Outreach Education: Methods, Evaluation, and Financing*, edited by Beverly S. Raff, is designed to assist physicians, nurses, and administrators develop and conduct perinatal outreach educational programs. Contains proceedings of a conference conducted by the National Perinatal Association with support from the March of Dimes. $2.50. Write: Professional Education Department, March of Dimes Birth Defects Foundation; 1275 Mamaroneck Avenue; White Plains, New York 10605.

Computer diagnoses birth defects . . . A computer system that takes descriptions of signs and symptoms of patients with birth defects, asks pertinent questions, and gives a differential diagnosis has been developed by the March of Dimes-sponsored Center for Birth Defects Information Services (BDIS). The system is known as the Diagnostic Assist Facility. Also available is a registry for undiagnosable cases. This is a first step toward developing the Unknown Registry Facility, a system to identify unclassified syndromes and look for common elements that may suggest their causes. For more information, contact Sidney Gellis; P.O. Box 403; 171 Harrison Avenue; Boston, Massachusetts 02111.

Resilient kids . . . *Vulnerable But Invincible, A Longitudinal Study of Resilient Children and Youth*, by Emmy Werner and Ruth Smith, studies the sources of resiliency and strength in children who have overcome poverty of parental psychopathology. The book identifies individual and environmental variables that contribute to stress resistance. Authors show intervention can help. $16.95. McGraw-Hill; P.O. Box 400; Hightstown, New Jersey.

**Precinct 94-142** . . . shows why communication often fails among physicians, educators, and parents as they work toward early identification and referral of potentially handicapped children. In investigating failures to communicate, overuse of jargon, and inconsequential complaints, the "detectives" discover many mutual...

More films ... "Out of the Shadows" shows how to teach dressing, toileting, and other self-help skills to children designated severely retarded with IQs below 40. $12 (rental); $170 (purchase). "Children are not Problems; They are People," demonstrates an integrated preschool model for normal and severely handicapped children. $14 (rental); $270 (purchase). For both films, write: Film Rental Services; University of Kansas; 746 Massachusetts; Lawrence, Kansas 66045; or call 913/684-3352.

Mainstreaming ... "Young and Special" is an inservice training course to prepare early childhood teachers for mainstreaming in regular preschool settings. Each of the 30 modules has a Leader's Guide, Student Guide, and one 30-minute color videotape. The series is in documentary television format and features true cases. Module titles include: "Not in MY Class!", "Demystifying Special Education"; "When Silence Isn't Golden"; "Love Always Helps." Write: University Park Press, Audiovisual Programs; 300 North Charles Street; Baltimore, Maryland 21201; or call toll free 1-800/638-7511.

The years you can't remember ... Before You Were Three: How You Began to Walk, Talk, Explore, and Have Feelings is a child development book for adults and children that takes readers back to early learning days. Authors Robie Harris and Elizabeth Levy combined psychological and scientific studies and extensive interviews with parents to describe the physical, emotional, and intellectual growth of the first three years of life. Illustrated with more than 100 photographs. $7.95. Order from: Delacorte Press; P.O. Box 2000, Department BT; Pine Brook, New Jersey 07058.

Child-rearing bookshelf ... Four volumes on child-rearing by T. Berry Brazelton cover a wealth of information for parents and professionals. On Becoming a Family looks at feelings of expectant parents and shows the complexity of early relationships with unborn and newborn infants. $8.95. Infants and Mothers helps parents understand the needs and strengths of babies during the first year after birth. The book takes into account inborn differences in temperament and compares active and quiet babies along their individual developmental paths. $7.95. Toddlers and Parents offers parents practical advice for surviving and enjoying the struggles and triumphs of raising a toddler. The author examines special problems of working parents, single parents, large families, disturbed families, and day care centers. $7.95. Doctor and Child discusses common problems of early childhood: toilet training, sibling rivalry, hyperactivity, colic, discipline, television, and toys. $4.95. Order from: Dell Publishing Co., Inc.; P.O. Box 2000, Department TBB; Pine Brook, New Jersey 07058-2000.

Clarification of P.L. 94-142 ... is a four-volume set ($10) (available individually): administrators ($3), special educators ($3), classroom teachers ($2), and paraprofessionals/support staff ($2). Each volume explains the history of the law and its key provisions, and suggests activities to enhance implementation skills.

Exploring Issues in the Implementation of P.L. 94-142 ... is a four-volume set ($7.50) that presents the most recent thinking and activities related to implementing P.L. 94-142. Each volume includes: an overview of the law's provisions and related concerns and discussions of issues and recommendations by a panel of education practitioners. Individual volumes ($2) address: individual education programs, least restrictive environments, protection in evaluation procedures, and due process safeguards. Order from: Publications Office, Research for Better Schools; 444 North Third Street; Philadelphia, Pennsylvania 19123.

LAP revised ... The revised Learning Accomplishment Profile (LAP) is designed to provide teachers and parents with a systematic method to assess and observe a child's existing skills. The LAP measures the skill development of any child and is used with handicapped and nonhandicapped children. The primary focus of LAP's 370 behavioral items is developmental range 36 to 72 months. The revised LAP translates general descriptors of developmental milestones into behavioral objectives while maintaining the philosophy of the original LAP: structured assessment of prerequisite skills and task analysis. Write: Anne R. Sanford; Chapel Hill Training-Outreach Project, Lincoln Center; Chapel Hill, North Carolina 27514; or call 919/976-8295.

Language Guide


The first edition, published by ASHA in 1973, was supported in part by a grant from the Department of Health, Education and Welfare, Office of Education, Bureau of Education for the Handicapped, Handicapped Children's Early Education Program. The popular booklet has been out of print for several years.

Send your check to: ASHA Accounting Services; 10801 Rockville Pike; Rockville, Maryland 20852-9979.
FYI: A Communication Perspective
by Pascal Trohanis

Under What Authority
Can Someone With What Purpose Say What
To Whom In What Situation
When Through Which Delivery Manner
With What Effect And Feedback

Dates of Emphasis

August 22-26 Sixth World Congress on Mental Retardation, Toronto, Canada. Contact: World Congress, NIMR; Kinsmen Building, York University, 4700 Keele Street; Downsview, Ontario, Canada M3J 1P3.

October 7-9 CLD International Conference on Learning Disabilities, Kansas City, Missouri. Contact: Gaye McNutt; College of Education, University of Oklahoma; Norman, Oklahoma 73019.

October 22-23 Early Childhood Handicapped Workshop. Dissemination of program outcomes for six years of Project First Chance. Contact: Jeanne McRae McCarthy; Project First Chance Interactive Outreach Program, Department of Special Education, College of Education, University of Arizona; Tucson, Arizona 85721; or call (602) 626-3248.

December 13-16 National Early Childhood Conference, Washington, DC.