

PUBLIC PRESCHOOL PROGRAMS FOR
HANDICAPPED CHILDREN IN KANSAS

by

LUANN HOOVER

B.S., Kansas State University, 1974



A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Family and Child Development

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1978

Approved by:

Margaret Steinhilber
Major Professor

12/11/2011
LJ
2868
T4
1078
H46
C2

ACKNOWLEDGEMENTS

I would like to express my appreciation to those who aided me in the completion of this thesis. I wish to thank my major professor, Dr. Marjorie Stith, Professor, Family and Child Development for her support and encouragement throughout the entire project. An appreciative thank you goes to the people in the State Department of Education, Division of Special Education, who provided the names of Special Education Directors. A grateful acknowledgement is given to the nine people who participated in this study for their time and interest in making this study successful.

My warmest and most sincere appreciation is extended to my husband and family whose love, support and encouragement constantly inspired me.

TABLE OF CONTENTS

	Page
LIST OF TABLES . . . . .	.
CHAPTER I	
INTRODUCTION, RATIONALE, HISTORY OF LEGISLATION, AND PURPOSE OF STUDY	1
Introduction.	1
Rationale	2
History of Legislation	4
Purpose of Study	6
CHAPTER II	
RELATED LITERATURE	8
P.L. 94-142 The Education for All Handicapped Children Act of 1975.	8
Kansas State Plan for Special Education	18
Kansas State Regulations for Licensing Child Care Centers	24
Evaluation of Programs for Handicapped Children	30
CHAPTER III	
PROCEDURE AND METHOD	38
Selection of Subjects	38
Instrument	40
Collection and Presentation of Data	42
CHAPTER IV	
PRESENTATION OF DATA	43
Program A	43
Clientele	43
Program.	44
Personnel	45
Evaluation	46
Summary.	47

	Page
Program B	48
Clientele	48
Program	48
Personnel	49
Evaluation	50
Summary	51
Program C	51
Clientele	51
Program	52
Personnel	53
Evaluation	54
Summary	55
Program D	55
Clientele	55
Program	55
Personnel	57
Evaluation	58
Summary	58
Program E	59
Clientele	59
Program	59
Personnel	61
Evaluation	63
Summary	64
Program F	64
Clientele	64
Program	65
Personnel	66
Evaluation	67
Summary	68
Program G	68
Clientele	68
Program	68
Personnel	70
Evaluation	71
Summary	71
Program H	71
Clientele	71
Program	72
Personnel	73
Evaluation	75
Summary	75

	Page
Program I	76
Clientele	76
Program	76
Personnel	77
Evaluation	78
Summary	78
CHAPTER V	
RESULTS	80
CHAPTER VI	
SUMMARY	94
Problems in Research	96
Recommendations	97
Implications for Further Research	98
REFERENCES	100
APPENDIXES	
A. COVER LETTER	
B. INFORMED CONSENT FORM	
C. QUESTIONNAIRE	

LIST OF TABLES

	Page
I. NUMBER OF UNITS ACCORDING TO CATEGORIES OF HANDICAPPING CONDITIONS	81
II. TYPE AND TIMING OF PARENT INVOLVEMENT	84
III. NUMBER AND FULL-TIME EQUIVALENT PROGRAM STAFF	85
IV. EDUCATION LEVELS OF TEACHING PERSONNEL	87
V. TEACHER-CHILD RATIOS	89
VI. FREQUENCIES OF INSERVICE TRAINING	91

CHAPTER I

INTRODUCTION, RATIONALE, HISTORY OF LEGISLATION, AND PURPOSE OF STUDY

Introduction.

The early childhood years before age six are of extreme importance in setting the direction of a child's overall social, emotional, cognitive and linguistic competence which will directly affect his later development. These early years are important to the non-handicapped child and even more so to the handicapped child. Handicapped children are in need of supportive services to help them acquire skills which non-handicapped children seem to acquire on their own. In order for handicapped children to reach their potential, prescriptive services are needed to help the child acquire speech and communication patterns, socially acceptable patterns of behavior, daily living skills, physical skills and cognitive skills.

Families of children who are handicapped also need family support systems to help parents and siblings accept and understand handicapping conditions and to help parents become more competent teachers of their children at home. According to White (1973), parents directly affect their child's competency by providing a stimulating environment as well as directly interacting with their child.

To ensure maximum development and to prevent further delay or regression, early identification, appropriate diagnosis, prescriptive intervention through preschool programming and family support systems need to be available to handicapped preschoolers and their families. During the early years, a child is

most susceptible and responsive to environmental influences which may enhance his development. Since the preschool years are a rapid overall growth period, this is the time to begin special instruction. According to Karnes (1973 b), "...more serious handicaps can be prevented by intervening at an early age; this is especially true of high risk children who are likely to function in the mentally retarded range. Handicapped children can be helped to function at a higher level if preschool programming is made available to them."

Rationale.

Social, emotional, cognitive and linguistic competencies which are acquired in the preschool years are direct results of environmental and genetic factors influenced by experience. Bruner (1964), Piaget (1950), Hunt (1961) and White (1973) have shown the importance of early interactions between a child and his environment as it relates to his overall development.

Piaget's theory (Ginsburg, 1969) on cognitive development, which is divided into four major periods, begins with sensory motor (birth - two years) in which the child utilizes all of his sensory modes as a means of interacting and assimilating information about his environment. Piaget's major theme is that children learn through experience, interpretation, accommodation and assimilation as active participants who seek out contact with their environment. A child establishes a learning process in these first few years through active interaction with the environment adapting, interpreting and organizing experiences which set the ground work for future intellectual processes. Piaget's theory on cognitive development is interactional in nature, underscoring the interplay between genetic and environmental factors. Young children are predisposed with a natural sense of curiosity which allows the child to seek stimulation from his environment. In order to process this interaction with the environment into meaningful experience, the child must possess the internal

ability to process and organize sensori-motor acts, perceptions, and thoughts (Bruner, 1964). These internal skills are represented genetically as capacities. A handicapped child may not possess these internal skills to adapt, interpret or organize environmental experiences in the same manner as a non-handicapped child. Therefore, special attention may need to be given to the handicapped child to develop and promote these processing skills.

White (1975) who focuses upon the "competent" child in his studies in child development, uses the term "competent" to describe a child who is functioning at a high level in all areas of development and who has highly developed social and non-social (linguistic and cognitive) abilities. White hypothesizes that a child's early experience through environmental interactions directly affects his overall competence in later development based upon pre-disposed genetic influences. He has suggested that the qualities or distinguishing characteristics of highly functioning children at age six are found in highly functioning three-year-olds. Therefore, White has narrowed his focus of study to birth to three years of age and he views this time as the critical period for a child in establishing overall competence. His studies further indicate that overall competence first becomes manifested sometime during the second year and is quite substantial in most cases by age three. According to White, a child's competency is based upon early experiences, intrinsic curiosity to explore with (visual, auditory, and tactile) senses and opportunity to practice skills and gain information about the environment. The child's primary caregiver will also have an effect upon competency by providing a stimulating and safe environment, encouraging exploration, verbalizing with the child and providing support for and direction to the child's curiosity and interests.

The preschool years are important years in developing social, emotional, cognitive and linguistic competencies as well as providing foundation for future

learning. In order to use these important years to the fullest, the preschool child must possess innate qualities which motivate the child to explore the environment and draw information from it. Secondly, the child needs to have sensory contact (visual, tactile, auditory) with the environment and be able to physically move and manipulate that environment. Children use their senses as a means of learning from their environment and when one of these basic tools is impaired, learning becomes more difficult and slower. If there is sensory deprivation of any kind due to cognitive, visual, hearing or physical impairment, the handicapped child can not "take in" the best of the environment (Caldwell, 1973). The result being that the child must be helped to learn alternate, compensatory ways of adapting to and interacting with the environment. If a child is not able to participate in sensory experiences in the environment, that child may be hindered in development and not be able to function to full capacity.

History of Legislation.

Out of such considerations, in 1975, Public Law 94-142, Education for All Handicapped Children, was passed by Congress as an amendment to The Education Amendments Act of 1974, P. L. 93-380 and requires states to provide free, appropriate public education for all handicapped children within a specific age range. The law specifically states, "a free appropriate public education will be available for all handicapped children between the ages of three and eighteen within the State not later than September 1, 1978, and for all handicapped children between the ages of three and twenty-one within the State not later than September 1, 1980... (Sec. 612 B)." Each state was expected to write an implementation plan to carry out the federal mandate.

Parents of preschool children were active in parent groups who demanded free public education for their handicapped children. During Senate Hearings

prior to the establishment of the law, these parents indicated that preschool services were needed to offset developmental delay and regression in handicapped children rather than waiting for "school age" services which would be directed to already deep-seated problems. Many parents testified that their child's handicap could have been ameliorated if early childhood education and services had been available in the preschool years. Based upon such testimony of parents and professionals in the area, the preschool years (3 - 5) were included in the Federal mandate for free, appropriate education for all handicapped children.

While traditional preschool and post-school years are included in the mandate, states are not required to institute programs for these age groups if they are prohibited by law or common practice. Specifically the law stipulates, "...with respect to handicapped children ages three to five and ages to eighteen to twenty-one, inclusive, the requirements of this clause shall not be applied in any State if the application of such requirements would be inconsistent with State law or practice, or the order of any court, respecting public education with such age groups in the State (P.L. 94-142, 1975, Sec. 612 B)."

In Kansas, no law prohibits public education for handicapped children during the preschool years. In fact, preschool programs for exceptional children have been authorized in Kansas by law since 1969. This authority is under K.S.A. 72-67.

"As required by K.S.A. 1974 Supp. 72-962, school age for exceptional children shall be implemented at the age at which the local board of education provides educational services for non-exceptional children. Services for preschool children are authorized, but not mandated and nothing herein shall be construed to prevent the use of local funds or state categorical funds for such preschool programs. School districts may, and are encouraged to, provide preschool programs for exceptional children prior to the age of regular schooling (Kansas State Plan, 1976)."

Thus, preschool programs are allowed, not mandated. Given the cost of such programs, the majority of school districts have chosen to use whatever funds are available in programs other than those at the preschool level. Therefore, such programs have not been "common practice" in Kansas. However, reports by school districts submitted to the Kansas State Department of Education, Division of Special Education indicate that handicapped preschoolers are being served in Kansas through Public Schools. Comprehensive information is not available on such preschool services.

According to the Bureau of Vital Statistics, State Department of Health and Environment, there are approximately 175,000 preschool children, birth to five years, in Kansas. Using a federal prevalence figure of six percent, 10,500 preschool children are in need of special education and related services. During the child identification project of fiscal year 1977, approximately 900 preschool exceptional children were identified and reported to the public schools of Kansas.

Purpose of Study.

Even though the Kansas State Plan allows and encourages public education for three and four-year-olds, as well as for children entering kindergarten, and a number of handicapped preschool children are now being served by local school districts, there is little detailed information available about these programs. The major purpose of this study is to provide baseline data on what Kansas is doing to meet the needs of handicapped preschoolers. The specific purpose is to define and describe public school "preschool programs" for handicapped children in Kansas and to examine them in relation to the Kansas State Plan for Special Education, Public Law 94-142, and the Kansas Regulations for Licensing Child Care Centers.

In order to set forth a complete description of the programs, the following areas were examined: program and curriculum, personnel, clientele, equipment, physical environment, and evaluation and assessment.

CHAPTER II

RELATED LITERATURE

Chapter Two will deal with the history and explanation of P.L. 94-142, The Education for All Handicapped Children Act of 1975 and the Kansas State Plan for Special Education. Secondly, current Kansas State Regulations for Licensing Child Care Centers will be described. Thirdly, evaluations of programs for handicapped children will be explored.

P.L. 94-142 The Education for All Handicapped Children Act of 1975.

Legislation for the Education of All Handicapped Children Act, P.L. 94-142, was the ultimate result when parents of handicapped children sought court action as a means of providing equal educational opportunities for their handicapped children. The need for Federal legislation became apparent when more than thirty-six court cases throughout the country in State and Federal courts recognized the rights of handicapped children to an equal, appropriate public education (Senate Report, 94-168). Mandates for equal educational opportunities for handicapped children were being established in many states as a result of court rulings; however lack of financial resources prevented many states from implementing the judicial decisions; even though the courts ruled that lack of funding could not be used as an excuse for not providing education to handicapped children (Senate Report, 94-168). Therefore, states were in a dilemma: equal public education for handicapped children was mandated but funds were not available for implementing the mandates. Federal legislation

was necessary in order to provide financial assistance to the states to comply with court rulings.

Federal legislation for the education of all handicapped children was further endorsed by the fact that, according to BEH (Bureau of Education for the Handicapped), more than seven million children required special education or related services in the 1974-1975 year, while only 3.9 million were receiving appropriate education leaving 2.5 million handicapped children receiving an inappropriate education and 1.75 million receiving no educational services at all (Senate Report, 94-168). It should be pointed out that there may be a large number of handicapped children not included in these statistics who have not been identified and who are below school age.

More specifically, P.L. 94-142, was the direct result of many landmark court decisions which indicated quite obviously that handicapped children were being denied equal, appropriate educational opportunities in this country.

Such cases were:

1954 - Brown v. Topeka Board of Education (Senate Report, 94-168). The Supreme Court of the United States ruled that all children be guaranteed equal educational opportunity. "In these days, it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity...is a right which must be made to all on equal terms."

1970 - Diana v. State Board of Education of Northern California (Abeson, 1977). Diana sued in order to eliminate testing as a means of placement. The Court ruled that:

1. every child must be tested in their native language;
2. the child must be given the test by a speaker proficient in that child's language and testing materials may not rely strictly on verbal aptitude in English;
3. a child must be retested at intervals of every two years;
4. there must be a formulated plan for each child.

1971 - PARC (Pennsylvania Association for Retarded Citizens) v. State of Pennsylvania (Senate Report, 94-168). The Court ruled that handicapped children have the right to be educated in their own school districts with education appropriate to their needs. Furthermore, the State could not apply any policy that would postpone, terminate or deny children who were mentally retarded access to a publicly supported education.

1972 - Mills v. Board of Education of the District of Columbia (Senate Report, 94-168). The court ruled that, "no child eligible for a publicly-supported education in the District of Columbia public schools shall be excluded from a regular public school assignment by a rule, policy, or practice of the Board of Education...unless such child is provided: adequate alternative educational services suited to the child's needs, which may include special education or tuition grants; and a Constitutionally adequate prior hearing and periodic review of the child's status, progress, and the adequacy of any educational alternative."

These judgements pointed out the problems of educating handicapped children in this country including: exclusion or postponement of educational opportunities; incorrect and inappropriate classification, labeling and placement; inappropriate educational programs; and arbitrary educational decision-making processes. The Education for All Handicapped Children Act, P.L. 94-142, was written in response to these educational problems and Court decisions were used as a basis for formulating the content of the Act.

When the Education for All Handicapped Children Act was signed into law in 1975, the final purpose was stated as follows: "to assure that all handicapped children have available to them, within the time periods specified, a free appropriate public education which emphasizes special education and related services designed to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for the education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children (P.L. 94-142, 1975, Sec. 3, c)." Handicapped children are defined by the Act as children who are "mentally retarded, hard of hearing, deaf,

orthopedically impaired, other health impaired, speech impaired, visually handicapped, seriously emotionally disturbed, or children with specific learning disabilities who by reason thereof require special education and related services (Sec. 4, a, 1)."

In writing this law, Congress saw the need for the Federal government to take a more active role in the responsibility for equal protection under the law for handicapped children and their parents to guarantee that the children are provided an equal educational opportunity, as well as expanding Federal financial assistance. In taking a more active role, Congress recognized the need for establishing a final date in legislation by which time all handicapped children are to be provided a free appropriate public education. Therefore, specified dates for implementation of this law as well as age groups were included in the Federal mandate.

"a free appropriate public education will be available for all handicapped children between the ages of three and eighteen with the State not later than September 1, 1978, and for all handicapped children between the ages of three and twenty-one within the State not later than September 1, 1980, except that, with respect to handicapped children aged three to five and aged eighteen to twenty-one, inclusive, the requirements of this clause shall not be applied in any State if the application of such requirements would be inconsistent with State law or practice, or the order of any court, respecting public education within such age groups in the State;... (P.L. 94-142, 1975, Sec. 612, 2, B)."

In the past, parents were partially or totally responsible for financing their handicapped child's education; especially those parents with handicapped children below age six, as most States do not provide preschool public education prior to that age. In accordance with major Court decisions (i.e., *PARC v. State of Pennsylvania* and *Mills v. Board of Education of the District of Columbia*) which mandated free appropriate public education, P.L. 94-142 requires that every handicapped child be provided a free appropriate public education at no additional expense to parents or guardians.

"The term 'free appropriate public education' means special education and related services which (A) have been provided at public expense, under public supervision and direction, and without charge, (B) meet the standards of the State educational agency, (C) include an appropriate preschool, elementary, or secondary school education in the State involved, and (D) are provided in conformity with the individualized education program required under section 614 (a) (5) (P.L. 94-142, 1975, Sec. 4, 18)."

Furthermore, the terms "special education" and "related services" are defined in the Act as:

"The term 'special education' means specially designed instruction, at no cost to parents or guardians, to meet the unique needs of a handicapped child, including classroom instruction, instruction in physical education, home instruction, and instruction in hospitals and institutions (P.L. 94-142, 1975, Sec. 4, 16)."

"The term 'related services' means transportation, and such developmental, corrective, and other supportive services (including speech pathology and audiology, psychological services, physical and occupational therapy, recreation, and medical and counselling services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a handicapped child to benefit from special education, and includes the early identification and assessment of handicapping conditions in children (P.L. 94-142, 1975, Sec. 4, 17)."

Such definitions applied to public education go beyond the traditional academic view of "education" to include comprehensive educational plans for the purpose of teaching living skills, self-care skills, motor skills and communication skills.

Prior to P.L. 94-142, there existed the problems of identification, discrimination, labeling and classification of children due to inappropriate testing, evaluating and placement procedures. One major Court case, *Diana v. State Board of Education of Northern California*, which alleged that Mexican American students had been improperly placed in classes for the mentally retarded based upon inaccurate and inappropriate testing procedures, established the precedent providing for non-discriminatory evaluation procedures in

placement of students. This concept further led to the idea of using multiple testing data and teams of evaluators to determine classification and placement decisions as well as selecting and administering tests so as not to be racially or culturally discriminatory. Furthermore, this concept allows parents to be provided the opportunity to be involved in the evaluating, decision-making and placement procedures of their child. To remedy the problems of identification, evaluation and placement of handicapped children, P.L. 94-142 included a "Procedural Safeguards" section to protect children with handicaps and their parents; and to provide equal and fair consideration under law. The elements of this section consist of the following procedures:

1. opportunity to examine all relevant records with respect to the identification, evaluation and educational placement of the child;
2. opportunity to obtain an independent educational evaluation of the child;
3. protection of the rights of the child whenever the parents or guardian of the child are not known, unavailable or the child is a ward of the State, including the assignment of an individual to act as a surrogate for the parents or guardian;
4. written notification prior to evaluation and the right to an interpreter if the family's native language is not English, unless it clearly is not feasible to do so;
5. written notification when initiating or refusing to initiate a change in educational placement;
6. opportunity to present complaints regarding the identification, evaluation, placement, or the provision of a free appropriate education;
7. opportunity for an impartial due process hearing;
8. the right to appeal the findings and decisions of the hearing (P.L. 94-142, 1975, Sec. 615).

To prevent evaluation discrimination and to remedy negative evaluation practices of the past towards minority group children and handicapped children, P.L. 94-142 contains the following safeguards:

1. testing and evaluations materials and procedures utilized for the purposes of evaluation and placement of handicapped children will be selected and administered so as not to be racially or culturally discriminatory;
2. such materials or procedures shall be provided and administered in the child's native language or mode of communication;
3. no single procedure shall be the sole criterion for determining an appropriate educational program for a child (P.L. 94-142, 1975, Sec. 612, 5, c).

To further protect handicapped children by insuring equal educational opportunities to all, P.L. 94-142 requires that States establish priorities for providing free appropriate public education: first with respect to handicapped children who are not receiving an education; and second with respect to handicapped children with the most severe handicaps who are receiving inadequate education (Sec. 612, 3).

Although the major thrust of litigation procedures prior to P.L. 94-142 was towards free public education for handicapped children, attention was also focused upon appropriateness of educational programs. In the "Statement of Findings and Purpose" section of P.L. 94-142, it was noted that "there are more than eight million handicapped children in the United States today; more than half of the handicapped children in the United States do not receive appropriate educational services which would enable them to have full equality of opportunity (Sec. 3, b)." The evidence of inappropriate educational services for handicapped children was shown in Court decisions which ruled that "suitable education," "specialized instruction," and "education appropriate to the child's needs" must be provided for handicapped children. To remedy the problem of inappropriate educational services for handicapped children, P.L. 94-142 requires that each child be provided with a written individualized educational program known as the IEP which is defined in the Act as:

"...a written statement for each handicapped child developed in any meeting by a representative of the local educational agency or an intermediate educational unit who shall be qualified to provide or supervise the provision of, specially designed instruction to meet the unique needs of handicapped children, the teacher, the parents or guardian of such child, and, whenever appropriate, such child, which statement shall include (A) a statement of the present levels of educational performance of such child, (B) a statement of annual goals, including short-term instructional objectives, (C) a statement of the specific educational services to be provided to such child, and the extent to which such child will be able to participate in regular educational programs, (D) the projected date for initiation and anticipated duration of such services, and (E) appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives are being achieved (P.L. 94-142, 1975, Sec. 4, 19)."

Beyond the need for individualized educational programming in providing appropriate, equal educational opportunities, there was a need to address the concept of where handicapped children would be placed in educational programs in relation to their non-handicapped peers. Previous litigation in *Brown v. Topeka Board of Education* established the fact that according to equal opportunity, there could be no such thing as segregated but equal classes. However, it was recognized by Congress that not all handicapped children could or should be placed in regular classrooms. Therefore, in writing P.L. 94-142, Congress addressed the fact that as individuals, handicapped children have individual needs and should be placed in educational settings which are least restrictive and which are appropriate to that child's needs. It is mandated that each State must establish:

"procedures to assure that, to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (P.L. 94-142, 1975, Sec. 612, 5, B)."

Many states had adopted policies concerning the education of handicapped children prior to P.L. 94-142. According to Abeson (1972), by 1972 seventy percent of the states had already adopted mandatory legislation as defined by each state's policy. Currently, all but one state has enacted such legislation (Abeson, 1977) as the result of The Education Amendments of 1974, Title VI B, of P.L. 93-380 which required that states were to establish goals of providing full educational opportunities to all handicapped children. General provisions such as the guarantee of due process procedures and the assurance of education in the least restrictive environment were required in P.L. 93-380. However, specific guidelines and implementation procedures were not clearly defined or mandated. P.L. 94-142 is a complete revision and refinement of only Title VI (Extension and Revision of Related Elementary and Secondary Education Programs), Part B (Education of the Handicapped) of P.L. 93-380, The Education Amendments of 1974 (Ballard, 1977).

In spite of the fact that all states, but one, have adopted mandatory legislation requiring education for all handicapped children, many states have had difficulty in adequately implementing their mandates due to insufficient funds. P.L. 94-142 will provide the leverage and financial assistance that states need to implement their mandates for the education of all handicapped children. As a national policy, P.L. 94-142 specifies exactly what states must do to provide free, appropriate, equal educational opportunities to handicapped children in the least restrictive environment; and appropriates funds to assist states in implementing their responsibilities as mandated in each State Plan. In order for states to be eligible to receive Federal financial assistance, specific guidelines were established in the "Eligibility" section of P.L. 94-142 (Sec. 612). A state must demonstrate that specific conditions are met prior to receiving Federal monies. Major elements of the

"Eligibility" section are as follows:

1. The State must have in effect a policy that assures all handicapped children the right to a free, appropriate public education.
2. The State has developed a State Plan of implementation for educating handicapped children prior to the date of the enactment of the Education for All Handicapped Children Act of 1975 and submitted not later than August 21, 1975.
3. The State must establish in the State Plan a goal of providing full educational opportunity to all handicapped children, a detailed timetable for accomplishing such a goal, and a description of the kind and number of facilities, personnel, and services necessary throughout the State to meet such a goal.
4. The State must provide free appropriate public education to those ages specified in the Federal mandate prior to specified dates.
5. All handicapped children in the State in need of special education and related services are identified, located, and evaluated.
6. The State has established priorities for providing free appropriate public education.
7. Each local educational agency in the State will maintain records of the individualized educational program for each handicapped child.
8. The State has established due process procedures with regard to the "Procedural Safeguard" as required in Sec. 615.
9. Procedures to assure that testing and evaluation materials and procedures utilized for the purpose of evaluation and placement of handicapped children will be selected and administered so as not to be racially or culturally discriminatory.
10. The State Education Agency shall be responsible for assuring that the requirements of this mandate are carried out and that all educational programs for handicapped children within the State will be under the general supervision of persons responsible for educational programs for handicapped children in the State Educational Agency.

Kansas State Plan for Special Education.

Special educational services have been provided to handicapped children in Kansas since 1949 when a Special Education Division was created within the State Department of Education; however legislation regulating the establishment of special education programs was permissive. The first legal mandate required school districts to provide educational services by 1974 for developmentally disabled children who were defined as mentally retarded, specific learning disabled, cerebral palsied, and epileptic. The Special Education for Exceptional Children Act of 1974 revised and recodified previous special education laws and mandated special education programming for all exceptional children by 1979 (Kansas State Plan for Special Education, April 1976). Exceptional children are now defined in K.S.A. 72-962 as those who:

"differ in physical, mental, social, emotional or educational characteristics to the extent that special education services are necessary to enable them to progress toward the maximum of their abilities or capacities. Such children include the mentally retarded, specific learning disabled, cerebral palsied, epileptic, gifted, hearing impaired, language impaired, speech impaired, personally and socially maladjusted, physically impaired, multiply/severely handicapped, deaf-blind, and visually impaired (Kansas State Plan, 1976, p. 4)."

To assure that free, equal educational opportunities are provided for all exceptional children in Kansas and to comply with The Education for All Handicapped Children Act, P.L. 94-142, Kansas has adopted a State Plan of action for implementing services for all exceptional children in Kansas. Specifically the goals stated in the plan (Kansas State Plan, 1976) are:

1. To provide full range of educational services for all exceptional children in Kansas by July 1, 1979. These services shall be provided in the least restrictive environment, i.e., in the setting which allows the maximum degree of interaction with the general school population as is appropriate to the welfare of both special and regular education students;

2. To develop improved or innovative procedures for providing special education services which recognize the likenesses as well as differences in learning needs of all children.
3. To provide direct assistance and support to school districts in order that they may program effectively for exceptional children;
4. To work with and maintain liaison with other private and public agencies and organizations, thus utilizing the expertise of all personnel and facilities in providing a total spectrum of services for exceptional children;
5. To develop and promote organized programs of evaluation which guarantee quality services.

The Kansas State Plan grew out of a 1974 Kansas Special Education for Exceptional Children Act and P.L. 94-142. The 1974 act requires "educational services which will contribute to the development of each exceptional child in this state in accordance with his abilities and capacities (Kansas State Plan, 1976)." To implement the state plan by July 1, 1979, which is in compliance with Federal law P.L. 94-142, local school districts were given specific responsibilities which include:

1. Initiate screening and identification procedures to determine which children within the district are in need of special education services. These screening procedures shall include outreach efforts aimed at locating unserved children, i.e., children who are receiving no educational services;
2. Provide appropriate special education services for all exceptional children of school age through a comprehensive special education program which offers a continuum of educational services for all exceptional children of school age whose legal residence is within that school district;
3. When necessary, transport exceptional children to and from special education services. Such transportation shall conform to the least restrictive environment concept, i.e., shall be by conveyance most like that normally provided for non-exceptional children. This responsibility extends to transportation of children to services not provided in the district, i.e., the State schools or contracted services in special purpose schools;

4. Adopt a due process policy regarding the placement of pupils in special education programs which guarantees exceptional children and their parents procedural safeguards in decisions regarding identification, evaluation and educational placement;
5. Provide supervision and administration for special education services;
6. Submit annually, by May 1, to the State Special Education Section an update or revision of the local comprehensive plan for providing comprehensive special education services, which shall include a report of the current status of local special education services and a three year projection of program revision and expansion;
7. Maintain information activities which alert the public to the needs of exceptional children, their educational rights, and the availability of special education services. (Kansas State Plan, 1976)

Among the responsibilities given to each school district is the task of drafting and adopting rules and regulations outlining due process procedures. Guidelines for establishing such procedures support and adhere to those procedures outlined in P.L. 94-142. Specifically, due process procedures shall include:

1. The right of parent or guardian to participate in educational placement procedures;
2. Written parental notification of proposed action before any child may be: (a) excluded, reassigned or transferred from regular school classes on the ground that he cannot materially benefit from such classes, (b) placed in, transferred to or from, or denied placement in special education services;
3. Written notification shall:
 - a. describe the proposed action and the reasons why such action is deemed appropriate for the child;
 - b. state the right to object to the proposed action and to request a due process hearing within ten days;
 - c. state that school files, records, and reports pertaining to the child will be available for inspection;
 - d. be in the primary language of the parent or guardian's home (Kansas State Plan, 1976; p. 43-46).

The major responsibility of school districts in Kansas is screening, evaluating and placing children with exceptional needs in appropriate programs. In Kansas, all school age children must be screened, with priority being given to early identification. "Preschool screening is recommended and should be initiated whenever possible (Kansas State Plan, 1976; p. 30)." Screening, evaluation and placement procedures are clearly defined in the State Plan in strict compliance with the guidelines established in P.L. 94-142. In the Kansas State Plan (1976) the major components of evaluation and placement procedures are:

1. Establishing a screening plan which will tentatively identify those children who have learning assets or deficits sufficient to require special education services.
2. Referral for a comprehensive evaluation shall be made whenever screening, referral, or lack of progress in entry level services indicate that the child may be in need of more intensive special education programming.
3. Instituting a comprehensive evaluation which shall:
 - a. include physical, psychological and educational data and shall be multidisciplinary and non-discriminatory;
 - b. include input from appropriate professional specialists such as: school psychologist, school social worker, regular teacher, special education teacher, nurse, speech clinician, counselor, administrative staff and parents and/or student;
 - c. be appropriate to the problem manifested;
 - d. not be used to assign a child from a home in which English is not the principal language, to special education services until the child has been given examinations in his principal language and related to his cultural environment;
 - e. consider the child's communication skills;
 - f. include diagnostic and prescriptive techniques when a child may be unfairly evaluated by the use of standardized tests because of his language differences or deficiencies, non-adaptive behavior or extreme cultural differences.

After a comprehensive evaluation, a staffing conference is held to develop an educational plan appropriate to the child's needs. Persons included in the staffing shall include all persons who participated in the evaluation, any persons who are directly or indirectly involved in or influence the child's educational success and the child's parents. An individual educational plan shall include:

1. A profile of the child's learning characteristics, current and projected potential of performance, sensory and motor skills, and the social or adjustment factors which influence his learning;
2. A determination of the child's unique educational needs;
3. A determination of the extent to which the regular program can meet these needs;
4. The determination of the nature and degree of special education intervention needed;
5. An education plan which includes the recommended special education services (placement), and an indication of long-term objectives to be attained by the child.

Once a child is placed, it is to be considered a trial placement with constant review on a daily or weekly basis to assess the success and appropriateness of the recommended educational program. In addition, short term evaluations, which are to be at no longer than twelve week intervals, will be made to determine if more intensive or less intensive special education services are needed. A staffing conference will be held annually to determine the placement of the child for the forthcoming school year (Kansas State Plan, 1976).

Special services and procedures for implementing the Kansas State Plan for providing public school services for all exceptional children in Kansas are applied only to "school age" children. The age group to be served under the Kansas Special Education for Exceptional Children Act are defined as those who are of "school age" as determined by the State Board. According to the State Plan (Kansas State Plan, 1976, p. 4),

"Services for exceptional children shall be implemented at the age at which the local board of education provides educational services for non-exceptional children. Services for preschool children are authorized, but not mandated and nothing herein shall be construed to prevent the use of local funds or state special education categorical funds for such preschool programs."

Furthermore, "school districts may, and are encouraged to, provide programs for exceptional children prior to the age of regular schooling. Preschool programs for exceptional children have been authorized by law since 1969 (Kansas State Plan, 1976, p. 4)." In Kansas, non-exceptional children may enter public school (Kindergarten) if they are five years of age by September 1.

The State Plan recognizes the need for early identification and intervention for exceptional children so that they may develop to their full potential. With respect to severely multiply handicapped children the State Plan states:

"The severely multiply handicapped child needs an individually designed program at the preschool level. The early identification, diagnosis and treatment of severely multi-handicapped children at the youngest ages are essential for full development. Studies have shown significant gains for multi-handicapped infants and preschoolers enrolled in early education programs over those children whose formal training was delayed. It is strongly recommended that infant and preschool programs for severely multiply handicapped children be established (Kansas State Plan, 1976; p. 128)."

Preschool programming for children with personal and social adjustment problems (formerly emotionally disturbed) is strongly encouraged in the State Plan.

"Various studies have shown that emotional and social problems can be identified at a very early age. Providing preschool programs for children with identified emotional and social disabilities is an effective and efficient way of preventing or lessening more severe problems later in the child's life. Early intervention may reduce the need for special programming when the child reaches school age, or allow programming in a less restrictive environment than would otherwise be possible (Kansas State Plan, 1976; p. 112)."

Although early identification and preschool programming are strongly recommended and encouraged in the State Plan, services for exceptional preschoolers (below age five) are not legally mandated in Kansas.

Kansas State Regulations for Licensing
Child Care Centers.

For many years, handicapped preschoolers have been served in Kansas in such settings as private agencies, State institutions or hospitals, and developmental disabilities centers all of which are often at the expense of the parent or guardian. The regulations regarding the development of such preschool programs for handicapped children have come from the State Department of Health and Environment, and the State Department of Social and Rehabilitative Services. The establishment of preschool programs in the public school system in Kansas is a relatively new concept and to ensure that the development of these programs is successful, it is necessary to review the guidelines that have formulated the development of non-public school preschool programs for handicapped children in Kansas. These guidelines were used since there are no public school guidelines for such preschool programs.

In Kansas, all child care centers must be licensed in order to operate. The definition of a Child Care Center as defined by the Regulations for Licensing is:

"a day nursery providing care for seven or more children, for part or all day or night, away from the home of the parent or legal guardian; and includes full day child care, nursery schools, play groups, Head Start, center giving emphasis to programming for special children, kindergartens not operated by the public schools, and other establishments offering care to groups of children for part or all of the day or night. Centers for infants and toddlers or for handicapped children may have fewer than seven children but be licensed as a center because the program meets child care center regulations (Regulations for Licensing, 28-4-200, 1)."

Any child care facility which meets the above description must be licensed by the Kansas State Department of Health and Environment upon approval by the

Kansas State Department of Social and Rehabilitation Services, Division of Children and Youth.

Guidelines have been established in the "Regulations for Licensing Child Care Centers for Children in Kansas" by the State Department of Health and Environment and the Department of Social Rehabilitative Services which outline the procedures and regulations that must be met prior to obtaining a license to operate a child care center. Regulations have been established in areas such as administration, environmental standards, transportation, staff requirements, admission policies, program content, health care policies, mental health policies, and nutrition policies. For the purpose of describing public school preschool programs for handicapped children in this paper, only segments of the following areas will be reviewed: environmental standards; general staff requirements; program content; mental health and nutrition policies.

The general building requirements for licensing Child Care Centers in Kansas include the following:

1. The building shall meet the legal requirements of the community as to zoning, fire protection, water supply and sewage disposal. Where local regulations do not exist, accepted child care facility standards of the Kansas Department of Health and Environment, and the State Fire Marshal shall prevail;
2. All Child Care Centers shall have two approved exits, one of which shall lead directly to the outside;
3. Programs for children under two and one-half years shall be conducted on the ground floor only;
4. For children two and one-half years and over, a warm, dry, well ventilated and lighted basement may be used for part day sessions only. The basement area used must have two approved exits located at opposite ends of the play area with one exit leading directly to the outside;
5. Second floors may be used for children two and one-half years and over when entered from enclosed stairways with safety

rails, have guards across windows and at top of stairs and have two approved exits;

6. Programs which include physically handicapped non-ambulatory children shall be conducted on the ground floor only. All exits and steps shall have ramps properly equipped with cross-treads;
7. Mobile units shall be securely anchored to the ground.

These general building requirements are designed for the protection, safety and health of the child. While many public schools will meet these standards, the possibility exists that buildings other than public schools may be utilized for public preschool programs, in which case building standards must be closely examined.

A major concern for the inside area of Child Care Centers is the amount of space available to the children. Licensing requirements specify that:

"indoor area for play of the group receiving care shall contain a minimum of 35 sq. ft. of usable floor space per child, exclusive of kitchen, passageways, room dividers, shelves, lockers, bathrooms, and other space not primarily designated as play area. Centers enrolling children who use walkers or wheelchairs shall have 50 sq. ft. of space for each disabled child (Sec. 28-4-208, 3, B)."

Other areas included in inside environmental regulations are: general facilities; food service; water supply; laundry facilities; and toilet and lavatory facilities. These regulations are set to ensure that proper standards are maintained to assure a safe and healthy environment for children.

In regard to outside space, the Child Care Regulations (Sec. 28-4-208, 2, B) stipulate that the outside play area shall consist of a minimum of 1,500 sq. ft. of usable play space for children under two and one-half years and a minimum of 2,000 sq. ft. for children over two and one-half years. Furthermore, playground equipment must be safely constructed and be of suitable size to all ages of the children in care. Teeter-totters and merry-go-rounds designed for school-age children must not be used for children under six years of age (Sec. 28-4-208, 2, F). The playgrounds of public schools, which are designed for

school age children, will have to be closely examined in terms of safety and appropriateness for preschool children, if preschoolers are going to use such playgrounds.

The major elements of the staffing regulations (Sec. 28-4-210) for Child Care Centers require that:

1. Centers shall establish employment and recruitment policies which recognize the importance of including males, various racial and ethnic groups and neighborhood residents as staff and volunteers.
2. Staffing and grouping patterns shall be developed to provide children with an intimate and consistent relationship with an adult and an opportunity for close friendships with other children.
3. Every Center or self-contained unit shall have at least one staff person on duty at all times who is between the ages of eighteen and sixty-five, has a minimum of a high school diploma or its equivalent, and is knowledgeable about child development, methods of guidance and education of children.
4. All staff in multiple staff Centers shall participate at least monthly in staff meetings or in-service training provided by the Center, professional organizations, or local child care associations.
5. The ratio between teaching staff and children shall be determined by the age of children and services provided. Only persons who spend at least seventy-five percent of their time when at the Center in providing direct care for children shall be counted in the following adult-child ratios.

<u>Age of children</u>	<u>Adult Ratio</u>	<u>Maximum No. Per Unit</u>
2½ to 3 years	1:7	14
3 to 4 years	1:10	20
4 to 6 years	1:10 full-day care	20
	1:12 part-day care	24

Mixed Age Group

3 to 6 years	1:10	20
--------------	------	----

Programs serving handicapped children:

<u>Age of children</u>	<u>Adult Ratio Mildly Disabled</u>	<u>Adult Ratio Severely Disabled</u>
Under 3 years	1:3	1:2
3 to 8 years	1:7	1:4

(The above adult-child ratios for handicapped children are currently being reviewed and revisions may be made.)

While there is plan for certification for Early Childhood Education teachers, licensing regulations do not require this type of preparation. Training requirements are set forth as alternatives, with requirements becoming more stringent as group size increases. Training alternatives include varying combinations of experience in working with young children, informal educational activities and formal course work in child development. Generally, teachers in units with a large enrollment of children with greater responsibility are required to have more formal course work along with supervised experience with young children. Special licensing requirements (Kansas Licensing Regulations, 1977, Sec. 28-4-210) for teachers in programs providing for handicapped children include the following:

1. Teacher shall not be the parent of a child enrolled in the unit;
2. Teacher shall have additional academic course work or equivalent training courses in the understanding of handicapped children and the knowledge to develop a specialized program to meet the needs of individual children enrolled in present Center.

Licensing requirements also stipulate that consultants working in such programs shall meet the professional requirements of the specialized services for which each is responsible.

A "Program Content" section (Sec. 28-4-212) is included in the Licensing Regulations; however this area is not as strictly specified as environmental and staffing requirements. Guidelines were established as an attempt to provide appropriate program content and methodology. Generally, these regulations are guidelines.

1. The program shall meet the basic developmental needs of children enrolled;
2. Program shall encourage each child to develop self-care skills;

3. There shall be a familiar and similar pattern in every-day routine;
4. The child shall have freedom to move from group to solitary activities and from vigorous physical to passive quiet activities;
5. To meet the developmental needs of children, alternating periods of active play and quiet and restful periods shall be provided;
6. If a child remains at the Center more than four hours he shall be encouraged to nap or rest according to his individual needs;
7. The Center shall provide an adequate amount and variety of materials and equipment to meet the developmental, educational and cultural needs of children in care;
8. There shall be frequent exchange of information between the staff and parents regarding the child's development and the Child Care Center program.
9. The child care program shall supplement and support the family-child relationship;
10. The views of parents concerning those factors important to them in the emotional development of their child be considered by the staff in planning the child care program;
11. At least one meal shall be provided for a child in care for five consecutive hours;
12. Nutritious snacks shall be provided in all Child Care Centers.

In addition to Kansas Regulations for Licensing, any Child Care Center receiving federal funds must adhere to Federal Interagency Day Care Requirements. These requirements are more stringent than the Kansas Licensing Regulations for Child Care Centers in the areas of teacher-child ratio, unit size and parent involvement. Furthermore, Federal Regulations require that child care centers provide for full comprehensive and coordinated services for the children and their families. However, Federal Regulations do not have any specific requirements for child care centers serving handicapped children (Federal Interagency Day Care Requirements).

Evaluation of Programs for Handicapped Children.

While preschool programs for handicapped children are mandated in P.L. 94-142, Education for All Handicapped Children Act, there are no specific guidelines for establishing such programs. Presently, there is no specific format or model to follow in building programs or in developing program content. Despite the fact, many programs have been developed for handicapped preschoolers and have been successful in terms of raising the handicapped child's level of functioning. Increasing intelligence scores has been viewed by some as a means of increasing overall functioning. Hunt and Bloom have exerted a great deal of influence in this area (Karnes, 1973 b). Hunt disclaimed the idea that intelligence is fixed. He took an environmentalist approach whereby environmental influences could raise or lower intellectual functioning depending upon the situation. Raising I.Q. points may lead to an improvement of overall functioning and development. Kirk's (1958) research is a landmark study which determined the effects of preschool training on the development of mentally retarded children. He viewed four groups of children.

1. Community Experimental Group - This group consisted of 28 preschool mentally handicapped children from the community who received an enriched nursery school environment from 9:00 to 3:00 each day.
2. Community Contrast Group - This group consisted of 26 mentally retarded preschoolers found in the same community. They did not attend preschool.
3. Institution Experimental Group - This group consisted of 15 mentally retarded children in one state institution. They were removed from the wards and enrolled in a preschool program from 9:00 to 3:00 each day.
4. Institution Contrast Group - This group consisted of 12 mentally retarded children from another institution. They did not attend preschool.

The children ranged in age from three to six. Their Stanford Binet IQ scores ranged from 45 to 80. They were tested prior to the experiment, at

regular intervals during the preschool period, at the termination of the project and at regular intervals following the preschool period. Some of the children were followed as long as five years after they left preschool. The overall results showed an increase in development for those who attended preschool. On the whole, the preschool experimental groups showed an increase in development for those who attended preschool. On the whole, the preschool experimental groups showed increased rates of overall growth following educational opportunities. Seventy percent of those who received preschool education showed increased rates of growth during preschool and retained that level during follow-up. The same experimental groups showed overall increase in their IQ over the contrast groups.

Kirk did point out that although upper mental capacities are genetically or organically determined, the functional level or rate of development may be increased or depressed within limits. Other factors need to be considered such as whether the etiology of the problem is organic or non-organic and the influence of home environments.

Further support for the concept of increased development and improved long term effects of preschool experiences for handicapped children is provided by graduates from model preschool programs. There are many model programs which are funded through HCEEP - Handicapped Children's Early Education Program (De Weerd, 1976): The Portage Project sponsored by the Regional Education Service Center #12 of Portage Wisconsin; The Downs Syndrome project in the Experimental Education Unit at the University of Washington, The Rutland Center for emotionally disturbed children at the University of Georgia; and Chapil Hill - Carrboro Public School's Training Outreach Project of Chapel Hill, North Carolina are among the model programs. HCEEP was established in 1969 by Congress to support experimental approaches to educate handicapped

preschoolers; help coordinate activities and services; and help states plan for early childhood education and implementation of quality programs. In 1975, Battelle Institute randomly selected 688 children who had "graduated" from HCEEP projects and found that one-third were in special education classes and two-thirds were in regular classes with half of this group receiving auxiliary services (DeWeerd, 1976). This would indicate that special preschool education was helpful in improving the functional level of these handicapped children. These programs have shown that children leaving early intervention programs are functioning at higher levels than they would have if no assistance had been given. Results such as these provide strong evidence that preschool programs for handicapped children are indeed successful and greatly needed. The arguments for early childhood programming for handicapped preschoolers are very strong and well supported by research and theory. The earlier handicapped children are helped, the greater their chances will be to function at their optimum level. Developmental regression may be eliminated and serious handicapping conditions may be prevented by early programming (DeWeerd, 1976).

Although preschool programs have been successful in helping handicapped children increase their functioning levels, researchers have not found the most effective form of intervention or successful curriculums. However, "common ground" has been found and speculations have been made in developing some guidelines in planning programs for handicapped preschoolers. A study by Karnes (1973 a) attempted to answer such questions as: What type of curriculum is most successful? What kind of intervention is most effective? He viewed five model programs in which disadvantaged preschoolers were placed. Studies performed with disadvantaged children are used to support the importance of early intervention of handicapped children because disadvantaged preschoolers are considered closely related to handicapped preschoolers as they are often

considered deprived. In using five model programs, Karnes (1973 a) was interested in raising the IQ scores of disadvantaged preschoolers based upon the standardized Stanford Binet scale, which would increase their overall development. The programs were as follows.

1. Traditional (K2) - The main focus was on personal, social motor, and general language development. Teachers were to stress incidental and informal learning to encourage and stimulate the children. Karnes directed this program.
2. Community-Integrated - This program was operated out of four neighborhood centers. They were traditional nursery schools the same as above.
3. Montessori - This program met the specific requirements of Montessori standards. There was a "prepared environment" with less teacher-child interaction.
4. Karnes Structured Cognitive (K1) - This program was a psycholinguistic model. It was highly "teacher structured" with teachers helping the child to acquire effective information-processing skills.
5. Bereiter-Engelmann (B-E) - This is a highly "teacher conducted" program with intensive oral drill in verbal responses. A general instruction was that "rule" was followed by "application." Rote learning was stressed.

These programs were chosen to represent a continuum of structure in programs with K1 and B-E being highly structured, Montessori midway, K2 and Community Integrated being the least structured. Seventy-five children four years of age were observed over a two year period with three of the groups being followed through the third grade. Each group was tested prior to intervention, after the preschool year and after the kindergarten year. At the end of the preschool year, K1 and B-E children showed a substantial gain in intellectual functioning. These two programs were highly structured with a high degree of adult-child verbal interaction. No child in either program failed to make an IQ gain. Ninety-two percent of the children in K1 and seventy-four percent in B-E fell in the above average level of intelligence. Children in the K2 group showed IQ gains of 8 points, and Montessori and Community only showed 5

points. Fifteen to twenty-four percent of the children in the later two programs regressed. Karnes attributed the success of K1 and B-E programs to the structure and emphasis on verbal expression. He believed K1 was the most successful because it emphasized divergent responses and a transferring of learning. He proposed that when teaching handicapped or disadvantaged children a specific skill, a deliberate effort must be made to teach it to them. According to Karnes, most studies have found that structured, cognitively based programs have a greater impact on intellectual functioning of handicapped and disadvantaged children.

In the review by Karnes (1973 b), a 1972 study by Weikart found that the type of program made little difference in increases of IQ scores. He placed mentally retarded three and four year olds in three different curriculum model programs.

1. A unit based program that was similar to Karnes' K2 program.
2. A Piaget based program that used verbal bombardment and socio-dramatic play.
3. A Bereiter-Engelmen curriculum using language training.

His results showed no substantial difference between the three models in increasing IQ scores. The children all made gains in the three programs. Weikart's explanation was that the staff and operation of the program were the same in all three models. He hypothesized that the application of the curriculum was more important than what kind of specific curriculum was utilized.

Karnes and Weikart have shown that two possible criteria to consider in developing programs for handicapped children are structure and application of curriculum. Further support for structure comes from Guralnick (1975). In a study at the Experimental Preschool, National Children's Center in Washington, D. C., Guralnick identified nine basic characteristics that were found to be

essential to the effectiveness of any program for handicapped children and they have been developed into a model for structuring programs. Specifically a program should:

1. provide direction;

The program planning must provide direction through: behavioral objectives; criteria for success; necessary reinforcers; and instructional sequences clearly defined for obtaining objectives, which will all contribute to the review and evaluation component of the program.

2. have a strong evaluation component;

The evaluation component should include: recording outcomes of instructional interactions during each lesson and nonlesson activity; recording the child's verbal responses and behaviors; and recording information on behavioral objectives that the child is working on. Data collected from each lesson can be transferred to cumulative records which show the child's rate of learning, types and number of programs and areas covered, and any problem areas in the child's instructional program. Cumulative records for each instructional area promote rapid evaluation as well as more effective planning and decision making at a glance, which enhances the feasibility of evaluation as an intrinsic part of the program.

3. permit individualized instruction;

Based upon baseline data gathered on each child, specific behavioral objectives must be written and translated into specific instructional methodology for each child.

4. ensure accountability;

Measurements of both children's and teacher's performances as well as program characteristics must be obtained in order to determine what has been accomplished, and how the achievement of objectives can be facilitated.

5. provide teacher-training;

Teacher training must be a component of the program to ensure that teachers acquire skills needed to gather baseline data, write individualized goals, implement program plans and evaluate educational plans.

6. be adaptable;

Individual program plans must be designed to ensure modification if the child is not obtaining goals. The constant evaluation of behavioral objectives and instructional methods ensure that plans are appropriate and allow for reprogramming.

7. be feasible;

Data recording, program planning, and evaluation methods must become a natural intrinsic part of the teaching process.

8. link to research;

Educational research needs to be more concerned with day-to-day classroom situations as well as focusing on teacher's needs. Teacher generated problems derived from continuous evaluation of behavioral objectives and short term goals will facilitate communication between teachers and researchers which will enable researchers to focus upon pertinent educational problems.

9. be empirically based;

The program must have a theoretical background. However, regardless of the theoretical framework, the influences of environmental variables must be measured in such a way that evaluation on a short term basis allows for modification of the program based upon assessment.

Karnes (1973 b) also listed some characteristics of a successful preschool program for handicapped children which are as follows:

1. A carefully defined approach for teaching with strong theoretical orientation.
2. A mode of operation which includes daily amounts of time for continuous inservice training, curriculum development, planning and critiquing of instruction.
3. A high adult-child ratio, preferably 1 to 5.
4. A curriculum for the children which attends to individual needs and fosters the development of cognitive-language, motivation to learn, self-concept, social skills, motor skills and information processing.
5. A high involvement of parents.

Karnes pointed out that a good program considers the total development of the child. In his earlier study, Karnes, as well as many other researchers, were interested in increasing IQ scores of the children. This aspect alone does not reveal very much about the overall development of the child. Raising IQ points may contribute to the overall functioning of the child but research needs to go beyond this in determining a child's social, emotional, and physical development. "Two children with the same IQ of 70 may be very different depending upon their handicap. IQ scores alone do not tell us a whole lot (Kirk, 1973)."

In reviewing the components of successful preschool programs for handicapped children, there seem to be similar characteristics such as: a carefully structured program with a strong theoretical background; individualized educational plans appropriate to the child's needs and total development; a strong evaluation component to ensure accountability; and continuous inservice training for teachers.

This review does not propose specific preschool programs to serve as models, but rather points out some major concerns that should be considered in establishing and operating preschool programs for handicapped children. The objective of this research is to examine public preschool programs operating in Kansas in light of P.L. 94-142, Education for All Handicapped Children Act; the Kansas State Plan for Special Education; and Kansas Regulations for Licensing Child Care Centers and to report the findings.

CHAPTER III

PROCEDURE AND METHOD

Chapter III will deal with the selection of subjects, the development of an instrument, the collection and presentation of the data.

Selection of Subjects.

In order to locate public preschool programs for handicapped children in Kansas, the State Department of Education, Division of Special Education was contacted and names of directors of special education whose school districts were serving handicapped preschoolers were obtained. Directors of special education indicated that school districts were serving handicapped preschoolers in three different ways. There are school districts which provide selected services to particular handicapped preschoolers in the general school program (e.g. hearing and speech therapy, resource rooms which serve preschool children along with school-age children and placing personnel in outside preschool programs). Some school districts contract for services through Head Start programs, Developmental Centers or Special Purpose Schools. A third delivery system in use to provide services for handicapped preschoolers is providing preschool programs in the public school system.

The varying types of delivery systems for preschool services in public schools are due in part to both the permissiveness and restrictiveness of the Federal and State mandates as well as to the ambiguity of the term "preschool program." In providing for handicapped children, Public Law 94-142, Education

for All Handicapped Children Act, allows school districts to make available services for handicapped children between three and five years of age if it is not inconsistent with State law, common practice or court order. According to the Kansas State Plan, "School districts may, and are encouraged to, provide programs for exceptional children prior to the age of regular schooling. Preschool programs for exceptional children have been authorized by law since 1969." In Kansas, "school age" is determined as five years of age by September 1. If a school district elects to provide a preschool program for handicapped children which includes fifty percent of the preschool population, then all handicapped preschoolers in that school district must be provided for. In light of this fact, most school districts have not established preschool programs for handicapped children due to lack of funds for teaching personnel, specialists, equipment and facilities necessary for programming for the total preschool handicapped population. According to directors of special education, school districts are planning to first meet the Federal mandate for programs for "school age" handicapped children before initiating permissive preschool programs.

As an alternative, without having to serve all of the handicapped preschool population within a school district, existing services may be extended to selected preschoolers. Some directors of special education indicated that a number of handicapped preschoolers in their school districts were receiving special services. In most cases, speech and hearing services are the ones offered to preschoolers with exceptional needs. Under such circumstances, a school district has a program in which preschoolers may be enrolled as distinct from a "preschool program" for handicapped children. The investigator chose to include in this survey only public school "preschool programs" for handicapped children and to omit all other delivery systems.

The names, addresses and phone numbers of nineteen special education directors whose school districts serve handicapped preschoolers were provided by the Kansas State Department of Education, Division of Special Education in spring 1977, fall 1977 and February of 1978. Prior to mailing questionnaires, the investigator called eighteen directors of special education and one director of a public preschool program to introduce herself, provide information about the survey and request participation. Ten of the school districts did not have a preschool program for handicapped children; however nine of these ten programs were serving some selected preschool-age children in existing programs and one was not serving handicapped preschool children in any way. Thus, this survey deals with nine public school "preschool programs" for handicapped children.

Instrument.

There was no instrument available to obtain the descriptive information concerning the public preschool programs for handicapped children in Kansas. To develop the questions that would provide descriptive information about the programs, the investigator drew upon her own experience with early childhood education programs and first-hand contact with many non-public preschools for handicapped children in Kansas. These experiences provided information about staffing, types of specialized personnel, program content, special equipment, program planning and services offered in these preschools for exceptional children.

A second source of information for developing questions was regulations set forth in Public Law 94-142, Education for All Handicapped Children Act and regulations of the Kansas State Plan for Special Education. The federal mandate and state plan for implementation of the mandate stipulate many guidelines concerning the development of special education programs in areas such as parent involvement, program planning, accountability and evaluation.

A third information source was the Kansas Regulations for Licensing Child Care Programs along with the Federal Interagency Day Care Requirements. Both Federal and State licensing requirements cover areas such as: staff requirements, environmental standards, program content, health and mental health care policies and nutrition standards.

A total of forty-six questions were catagorized into six areas (see Appendix C);

1. Program and Curriculum - This area consisted of 12 questions covering daily routine, parental involvement, program planning, services and demographic data.
2. Personnel - Eight questions were developed concerning staffing and teacher education.
3. Clientele - Seven questions related to clientele were designed to give information pertaining to types of handicapping conditions, enrollment policies, identification procedures and outside services.
4. Equipment - Seven questions were designed to describe kinds of equipment available in the program in areas such as: small and large motor, language development, dramatic play, creative expression, science and special equipment.
5. Physical Environment - This area consisted of six questions pertaining to the amount of indoor and outdoor physical space, facilities within the classroom and location of the classroom and playground.
6. Evaluation and Assessment - Six questions covered areas of child assessment, progress evaluation, staff and program evaluation.

The format of the questionnaire was chosen to generate specific and comparable information. A check list was utilized whenever possible to make responding easy and simple. Opportunities were given for respondents to give additional information on any question.

The questionnaire was reviewed by professionals in Early Childhood Education. Wording of questions as well as content was carefully chosen. After revisions, a copy of the questionnaire was given to a director of a

non-public preschool program for exceptional children for a pilot test. No further revisions seemed necessary.

A letter (see Appendix A) accompanied each questionnaire explaining the purpose of the survey and the use of the information. An informed consent letter (see Appendix B) was also enclosed describing the survey, insuring confidentiality and informing respondents of their legal rights. This form was to be signed by the respondents and returned with the questionnaire. Confidentiality was assured by assigning each program a code letter. Names of respondents were not used. A self-addressed stamped envelope was included for the convenience of the respondent.

Collection and Presentation of Data.

Instruments were mailed to nine respondents named by the contact persons as those with the greatest knowledge of the preschool program; six directors of special education, one director of instruction, one principal of an elementary school and one director of a public preschool program for handicapped children. All nine questionnaires were returned. In order to obtain additional information and to clarify answers, follow-up phone calls were made to respondents after the questionnaire was returned. A visit was made by the investigator to one of the preschool programs.

Each program was described separately, including: clientele, program, personnel and evaluation with an overall summary at the end of each program. A final presentation of the data consisted of an overall summary of the programs to provide a composite view of public school "preschool programs" in Kansas.

CHAPTER IV

PRESENTATION OF DATA

Chapter IV will present the descriptions of each of the nine programs in the following areas: clientele, program, personnel and evaluation with an overall summary at the end of each program. Program content will be dealt with but facilities will not be discussed as all nine programs meet Kansas requirements for licensing child care centers. In addition, three types of personnel will be identified: teaching (teachers and assistant teachers); specialized direct service personnel (those dealing directly with particular handicapping conditions); and support personnel (cook, maintenance, and secretary).

Program A.

Clientele: This program serves preschoolers in ten school districts and six counties. It is a non-categorical program and may serve children who are blind and visually impaired, deaf and hearing impaired, physically impaired, learning disabled, developmentally delayed, and multiply handicapped. Non-handicapped children may not be enrolled in this program.

Children are referred to this program by a wide variety of professions including: physicians, social workers, public health nurses, speech therapists, guidance counselors, educational professionals, school psychologist and mental health center personnel. In addition, parents may bring children to the program without professional referral. Information about the program is available through radio, television, and newspaper advertisements.

Program: This program is comprised of two units and is in operation through the nine month school year and a summer session. It began in July 1973 and is funded by the State Department of Education (Certified Teacher Reimbursement funds) and a Developmental Disabilities Center which receives funds from the Federal Government (Title I monies from the Elementary and Secondary Education Act of 1965), United Way and private sources.

There is one unit of children, ages three to five, which meets from 9:00 to 12:30 five days a week which may enroll a maximum of fifteen children. A second unit, referred to as the infant program, enrolls children from birth to three years of age, who are significantly developmentally delayed, along with their mothers, who bring them to the individualized sessions where the teaching personnel work on a one-to-one basis with the mother and her child in the classroom for approximately one hour. These sessions are scheduled at least weekly and may be scheduled more often depending on needs of the child. This unit may enroll five children, but at present only three are enrolled; while the preschool unit has a capacity enrollment of fifteen. Children enrolled in the infant unit move to the preschool unit at age three and a child may remain in the preschool unit until the age of seven at which time other services are available.

Since this is a non-categorical program, a wide variety of services are available including: audiological therapy, psychological therapy, physical therapy, occupational therapy, speech therapy, vision therapy, home teaching program, counseling for parents and families, transportation to and from school and toy lending program. Children who need services not provided by this program, are referred to outside sources.

A meal is served daily to the children; however snacks and napping periods are not a part of this program. Field trips are incorporated into the curriculum.

The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression, science and special equipment with the exception of standing tables, tools and pets.

The curriculum of this program centers around two types of program planning: Individualized Educational Plans (IEP), and developmental-topic program planning for the group. The IEP for each child is planned by a "team" consisting of the teaching and specialized personnel along with the parents of that child and sets the direction for the child's program on a quarterly basis. Parents are further involved in this program in a variety of ways and frequencies which are listed below.

Parent discussion groups	Monthly
Parent conferences with staff.	Quarterly
Parent meetings with planned program	Monthly
Classroom participation	Daily/As Needed
Home visits by staff	As Needed
Instruction on how to work with child at home	Weekly

Personnel: The staff of this program consists of both specialized personnel and teaching personnel. Specialized personnel (direct service and support) and their fulltime equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

FTE of Direct Service Personnel

one speech pathologist . . . . .	.10
one occupational therapist . . . . .	.10
one physical therapist . . . . .	.10
one psychologist . . . . .	.05
one audiologist . . . . .	.01

one nurse (LPN)	1.00
one nutritionist . . . . .	.01
one vision teacher . . . . .	.05
<u>FTE of Support Personnel</u>	
one cook . . . . .	.01
one maintenance personnel . . . . .	.50
two office personnel	2.00

There are eight direct service personnel with a fulltime (FTE) equivalency of 1.42 allotted to this program; and four support personnel with a total of 2.51 FTE allotted to this program.

There are three teaching personnel in this program in the following age categories: two in the 21-30 year age range; and one in the 51-60 year age range. One of these has a high school education only, one has a B.S. in Elementary Education only, and one has a degree in Early Childhood Education with Special Education beyond the B.S. degree. The number of teaching personnel in the classroom at any given time is three. Volunteers, including college students who are fulfilling educational requirements, may participate in this program.

To acquaint personnel with the program and to provide educational experiences, inservice training is provided at different times to the following staff members.

Specialized Personnel . . . . .	.Orientation and Quarterly
Teaching Personnel . . . . .	.Orientation and Quarterly
Volunteers . . . . .	.Orientation and Monthly
Students . . . . .	.Orientation only

Evaluation: Prior to writing IEP's and program plans, initial assessments are made of each child by a multidisciplinary team (a speech therapist,

occupational therapist, physical therapist, psychologist, and physician) at which time a number of assessment instruments are used to determine the child's individual developmental needs: Denver Developmental Screening Test, Peabody Picture Vocabulary Test, Draw-A-Person, and numerous informal tests by specialized personnel. The child's progress is assessed by the teachers periodically in light of the IEP goals and shared with parents at the quarterly conference in which new plans and goals are outlined as needed. At the end of the year each child is staffed to determine placement for the next year and a complete evaluation by the multidisciplinary team is made every three years. The staff members are evaluated biannually by the program supervisor and accountability reports of the program are sent to the Special Education Office in the State Department of Education annually.

Summary: In summary, Program A, a non-categorical program, consists of a half-day preschool program (three and one-half hours) which operates five mornings a week for nine months plus a Summer session with an infant program offered in the afternoon. The program serves children ages three to six in the preschool program and children from birth to three years of age in the infant program. Currently, a total of eighteen children (fifteen preschool and three infants) are being served. The staff consists of eight direct service personnel, including one full-time LPN, who are investing a total of 1.42 FTE; three support service personnel investing 2.51 FTE; and three teaching personnel in this program. The teacher-child ratio for the preschool unit based upon maximum enrollment is 1:5. An IEP is written for each child based upon an initial assessment made by a multidisciplinary team with parental input, and is reviewed with parents every three months at which time a child's progress is measured along with evaluating the method of instruction and curriculum.

Program B.

Clientele: There are two non-categorical units in this program which serve preschoolers in five school districts who are physically impaired, mentally retarded, speech impaired, and multiply handicapped. Non-handicapped children may be enrolled in this program however only handicapped children are presently enrolled.

Children are referred to this program from a variety of professions including: physicians, social workers, school nurses, speech therapists and educational professionals. In addition parents may bring children to the program without professional referral. Information about this program is available through radio, television, and newspaper advertisements.

Program: This program, comprised of two units is in operation during the nine month school year. It began in October 1976 and is funded by the Federal Government (Title VI B of the Education Amendments Act of 1974), State Department of Education (Certified Teacher Reimbursement funds), and the Local School Districts (building and facilities).

This program provides for two units of children ages three to six which meet five days a week: One meets from 8:30-11:30 with a current enrollment of six, and one meets from 12:30-3:30 with a current enrollment of five. The maximum enrollment for each unit is ten. A child may remain in this program until the age of six at which time other services are available.

Services available in this program include: audiological therapy, psychological therapy, physical therapy, occupational therapy, speech therapy, home teaching program and counseling for parents and families. Children who need services not provided by this program are referred to outside sources.

A meal is served daily to the children as well as daily snacks; however, resting or sleeping periods are not a part of the daily routine. Field trips

are incorporated into the curriculum. The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression, special equipment and science with the exception of tools and pets.

The curriculum of this program centers around two types of program planning: Individualized Educational Plans (IEP); and developmental program planning for the group. All program planning is done by the teaching personnel with input from specialized personnel and parents in planning the IEP for a child. Parents may be involved in planning their child's program on a daily or weekly basis. Parents are further involved in this program in a variety of ways and frequencies which are listed below.

Parent discussion groups . . . . .	.Weekly
Parent conference with staff . . . . .	.Monthly
Parent meetings with a planned program . . . . .	.Quarterly
Classroom participation . . . . .	.Monthly
Home visits by staff . . . . .	.Monthly
Instruction on how to work with child at home . . . . .	.Weekly

Personnel: The staff of this program consists of both specialized personnel and teaching personnel. Specialized personnel (direct service and support) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

FTE of Direct Service Personnel

one speech pathologist . . . . .	.25
one occupational therapist . . . . .	.25
one physical therapist . . . . .	.25
one psychologist . . . . .	.05
one audiologist . . . . .	.05
one nurse . . . . .	.10

FTE of Support Personnel

one cook . . . . .	.05
one maintenance personnel . . . . .	.05
one office personnel . . . . .	.05

There are six direct service personnel with a full-time equivalency of .95 time allotted to this program; and three support service personnel with a total of .15 FTE allotted to this program.

There are four teaching personnel in the 21-30 year age range in this program which have the following educational levels; three with some college only and one with a degree in Early Childhood Education plus Special Education beyond the baccalaureate degree. The number of teaching personnel in the classroom at any given time is four. To acquaint teaching personnel with the program and to provide educational experiences, in-service training is provided at orientation and monthly thereafter. Volunteers and students do not participate in this program.

Evaluation: Prior to writing IEP's and program plans, initial assessments are made of each child by a multidisciplinary team (a speech therapist, occupational therapist, physical therapist, audiologist, teacher and psychologist) at which time three assessment instruments are used to determine the child's individual developmental needs: Peabody Picture Vocabulary Test, Minnesota Preschool Scale and Portage Guide to Early Education. The child's progress is assessed by the teachers on a daily and weekly basis in light of IEP goals and every three months progress is formally measured by the Portage Guide. Activities, curriculum, and method of instruction for each child are evaluated monthly by the staff and this information is shared with parents at the monthly parent-staff conferences.

Tenured teachers are evaluated annually by the school Director of Special Education with new teachers being evaluated bi-annually. Accountability reports on the program are submitted to the Federal Government annually.

Summary: In summary, Program B, a non-categorical program, consists of two half-day programs (three hours) which operate four days a week, nine months during the year. The program serves children between the ages of three and six with eleven currently being served. The staff consists of six direct service personnel who are investing a total of .95 FTE; three support personnel who are investing .5 FTE; and four teaching personnel in this program. The teacher-child ratio per unit based upon maximum enrollment is 1:2.5. An IEP is written for each child based upon an initial assessment made by a multidisciplinary team with parental input, and is reviewed with parents at monthly conferences at which time method of instruction, activities and curriculum are reviewed.

Program C.

Clientele: This program serves preschoolers in twelve school districts and three counties who are deaf and hearing impaired, mentally retarded and multiply handicapped. Non-handicapped children may not be enrolled in this program.

Children are referred to this program from a wide variety of professions including: physicians, social workers, public health nurses, speech therapists and educational professionals. In addition, parents may bring children to the program without professional referral. Information about the program is available through radio, television and newspaper advertisements.

Program: This program, comprised of three units (two hearing impaired classes and one severely multiply handicapped) is in operation during the nine month school year. The two different classrooms began at different times: Hearing Impaired in September 1974 and Severely Multiply Handicapped in September 1976. The program is funded by the co-op (school districts being served by this program), State Department of Education (Certified Teacher Reimbursement Funds) and the Federal Government (Title VI B of the Education Amendments Act of 1974).

This program provides for three units of children which are listed below.

<u>Unit</u>	<u>Day/Time</u>	<u>Age</u>	<u>Maximum Enrollment</u>	<u>Current Enrollment</u>
1	MWF 8:30-11:30	3-6	3	3
2	MWF 12:30-3:30	3-6	3	2
3	M-F 9:00-3:00	3-6	8	5

Children may remain in this program until the age of six at which time other services are available.

Services available in this program include: audiological therapy, psychological therapy, speech therapy, home teaching program, counseling for parents and families, transportation to and from school and visual impairment consultation. Children who need services not available in this program are referred to outside sources.

The program consists of daily meals and snacks; however napping periods are not a part of this program. Field trips are incorporated into the program's curriculum. The equipment in this program includes all materials listed on the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression, science and special equipment with the exception of pets and special wheeled toys.

The curriculum of this program centers around two types of program planning: Individualized Educational Plans (IEP) and developmental-topic program planning for the group. The IEP for each child is planned by the teaching personnel along with input from the specialized personnel and parents and sets the direction for the child's program for three months. Parents are further involved in this program in a variety of ways and frequencies which are listed below.

Parent conferences with staff . . . . .	.Quarterly
Parent meetings with planned programs . . . . .	.Bi-Annually
Classroom participation . . . . .	.When needed
Instruction on how to work with child at home . . . . .	.As needed
A.R.C. (Association for Retarded Citizens). . . . .	.Monthly

Personnel: The staff of this program consists of both specialized and teaching personnel. Specialized personnel (direct service and support personnel) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below:

FTE of Direct Service Personnel

two speech pathologists (30 each) . . . . .	.60
one occupational therapist.	Consultant
one psychologist. . . . .	.10
one audiologist	Consultant
one nurse	Consultant
one nutritionist. . . . .	.10
one teacher of the visually impaired. . . . .	.20

There are eight specialized direct service personnel, including three which are consultants. The five regularly appointed personnel have a full-time equivalency of 1.00 allotted to this program. There is one support

personnel (maintenance) with .50 FTE allotted to this program.

There are four teaching personnel in the 21-30 year age range. One of these has a high school education only and three have education beyond a B.S. or B.A. The degrees held are: Elementary Education plus Hearing Impairment; Recreation Therapy plus severely multiply handicapped; and Elementary Education plus Special Education. The number of teaching personnel in the three units at any given time is: one teaching personnel in units one and two and three teaching personnel in unit three. Volunteers, including high school and college students who are fulfilling educational requirements, participate in this program. To provide continuing educational experiences to the staff, inservice training is provided quarterly to teaching personnel, specialized personnel and paraprofessionals.

Evaluation: Prior to writing IEP's and program plans, initial assessments are made of each child by a multidisciplinary team (speech pathologist, audiologist, teacher and psychologist) at which time three assessment instruments are used to determine the child's individual development needs: A.A.M.D. (American Association of Mental Deficiency Test), T.A.R.C. (Topeka Association for Retarded Children Inventory) and Camelot Checklist Inventory. The school psychologist utilizes other instruments for assessments, however specific names were not indicated.

A child's progress is constantly assessed by teacher observation and "teacher prepared" checklists in light of the IEP goals, activities, curriculum and method of instruction. These are shared with parents every twelve weeks at which time the IEP is monitored and new plans and goals are outlined if needed. Annually, the results of the A.A.M.P., T.A.R.C. and Camelot are reviewed at which time the IEP is completely reviewed and revised as needed. Staff members are evaluated by the local school administration annually for

the first three years and every third year thereafter. Accountability reports are submitted to the local school administration quarterly for the SMH classes; however the hearing impaired class is a "contracted" service therefore it is not accounted for by this program's administration.

Summary: In summary, Program C is a nine month program with two half-day classes (three hours) three days a week and one full-day class (six hours) five days a week. The program serves children between the ages of three and six with 10 currently being served. There are five direct service personnel, including three consultants, who are investing a total of 1.0 FTE; one support personnel investing .50 FTE; and four teaching personnel in this program. The teacher-child ratio per unit based upon maximum total enrollment is 1:3 for units one and two; and 1:2.6 for unit three. An I.E.P. is written for each child based upon an initial assessment made by a multidisciplinary team and parental input and is reviewed with parents every three months at which time a child's progress is measured.

Program D.

Clientele: This program serves preschoolers in one school district who are deaf and hearing impaired. Non-handicapped children may not be enrolled in this program. Children are referred to this program from a variety of professionals including: physicians, public health nurses, school nurses and educational professionals. In addition, parents may bring children to the program without professional referral.

Program: This program, comprised of three units, is in operation through the nine month school year and a six week Summer session. It began in 1972 and is funded by the local Board of Education.

There are two units of children, ages three to five, which meet from 9:00 to 11:30 and 1:00 to 3:30. The frequency with which these units meet and the maximum enrollment were not indicated, however a total of nine children are currently being served. A third unit, referred to as the homebound program, enrolls children from birth to three (approximately) who are deaf or who have hearing impairments. Specific information about the program, including current enrollment, was not given; however there is not a maximum limit on enrollment as the homebound program will serve all deaf or hearing impaired children in the school district who need special services. Children enrolled in the homebound program may move to the preschool unit at the age of three and a child may remain in the preschool program until the age of five at which time other services are available.

Since this is a categorical program, limited, specific services are available including audiological therapy, speech therapy, toy lending program and transportation to and from school. Children who need services not provided by this program are referred to outside sources.

A daily meal is not served; however snacks are served daily and napping periods are a part of this program. Field trips are incorporated into the curriculum. The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression and science with amplification equipment being the only special equipment used.

The curriculum of this program centers around two types of program planning: Individual Educational Plans (IEP) and developmental program planning for the group. The IEP for each child is planned by the teaching personnel with input from specialized personnel and parents of that child who help plan their child's program on a monthly basis. Parents are further involved in this program in a variety of ways on a monthly and "need" basis which are listed below.

Parent discussion groups	Monthly
Parent conferences with staff	As needed
Parent meetings with planned program.	Monthly
Classroom participation	Welcome as needed
Home visits by staff	As needed
Instruction on how to work with child at home	As needed

Personnel: The staff of this program consists of both specialized personnel and teaching personnel. Specialized personnel (direct service and support personnel) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below:

FTE of Direct Service Personnel

two speech pathologists	2.00
one psychologist. . . . .	.25
one social worker . . . . .	.10
one music therapist . . . . .	.25
one nurse . . . . .	.10

FTE of Support Personnel

one maintenance personnel . . . . .	.10
one office personnel . . . . .	.20

There are six direct service personnel with a full-time equivalence of 2.70 allotted to this program; and two support personnel with a total of .30 FTE allotted to this program.

There are three teaching personnel in this program; however information on the age range, education levels and degrees of teaching personnel was not available for this program. The number of teaching personnel in the classrooms at any given time is three. To provide continuing educational experiences to

the staff, inservice training is provided monthly to the teaching personnel and quarterly to specialized personnel.

Volunteers, including college students who are fulfilling educational requirements, participate in this program.

Evaluation: Prior to writing IEP's and program plans, initial assessments are made of each child by a multidisciplinary team (a speech therapist, audiologist, psychologist and physician) at which time four assessment instruments are used to determine the child's individual developmental needs: Hiskey-Nebraska, Denver Developmental Screening Test, WISC-R (Wechsler Intelligence Scale for Children Revised) and PIAT (Peabody Individual Achievement Test). The child's progress is assessed by the teachers in light of IEP goals, behavioral objectives and data collected in the PIAT, WISC-R, and Hiskey-Nebraska, and is shared with parents in writing every nine weeks and at parent conferences. Activities, curriculum and method of instruction are evaluated by the building principal as a means of accountability. Furthermore, accountability reports of the programs, which consist of individual copies of IEP's are submitted to the project coordinator. Tenured staff members are evaluated by the building principal annually with non-tenured teachers being evaluated bi-annually.

Summary: In summary, Program D, a categorical program, consists of two half-day preschool units (two and one-half hours each) and an infant homebound program which operates nine months during the school year plus a six week Summer session. The program serves children ages three to five in the preschool program and children from birth to three years of age in the homebound program. Currently nine children are being served in the preschool program.

The staff consists of six direct service personnel, including two full-time speech pathologists, who are investing a total of 2.70 FTE; two support personnel investing .30 FTE; and three teaching personnel in this program. The teacher-child ratio is not available due to lack of information. An IEP is written for each child based upon an initial assessment by a multidisciplinary team with input from parents who help plan their child's program on a monthly basis at which time goals are reviewed and new goals outlined if needed.

Program E.

Clientele: This program serves preschoolers in one school district and two counties. It is a categorical program which serves children who are deaf and hearing impaired, physically impaired, mentally retarded, speech impaired, learning disabled and multiply handicapped. Non-handicapped children may not be enrolled in this program.

Children are referred to this program from a wide variety of professions including: physicians, social workers, public health nurses, school nurses, speech therapists, educational professionals and Child Find (an on-going program that identifies children who need special services). In addition, parents may bring children to the program without professional referral.

Program: This program, comprised of ten units, serves children in a home program plus six types of preschool classrooms: two hearing impaired, two developmentally delayed, two language and communication delayed, one diagnostic, one multiply handicapped and one learning disabled, and is in operation during the nine month school year plus a summer session. This program is funded by the Federal Government (Title VI B of the Education Amendment Act of 1974), the State Department of Education (Certified Teacher Reimbursement), and the Local School District. The six different preschool classrooms were

initiated at different times: hearing impaired - 1972, developmentally delayed - 1973, language and communication delayed - 1977, diagnostic - 1977, multiply handicapped - 1977, learning disabled - 1977 and the home program was initiated in 1976.

This program provides for nine preschool units of children which are described below.

<u>Unit</u>	<u>Day/Time</u>	<u>Age</u>	<u>Maximum Enrollment</u>	<u>Current Enrollment</u>
1	M-F 9:00-11:30	3-6	10	4
2	M-F 12:30-3:00	3-6	10	9
3	M-F 9:00-11:30	3-6	10	7
4	M-F 12:30-3:00	3-6	10	4
5	M-Th 9:00-11:30	3-6	10	8
6	M-Th 12:30-3:00	3-6	10	8
7	M-Th 9:00-11:30	3-6	6	3
8	M-Th 9:00-11:30	3-6	10	8
9	M-Th 12:30-3:00	3-6	10	10

A tenth unit, referred to as the home program, is a non-categorical program that enrolls children from birth to three years of age in which a trained paraprofessional or specialized personnel go into the home and work with both mother and child. Currently, there are thirty children enrolled in this unit and there is no limit as to the number of children that may be enrolled. Children enrolled in the home program may move to the preschool unit at age three and a child may remain in the preschool unit until the age of six at which time other services are available.

A variety of services are provided by this program including audiological therapy, psychological therapy, physical therapy, occupational therapy, speech therapy, and home teaching program. Children who need services not provided by this program are referred to outside sources.

A snack is served daily to the children; however daily meals and napping periods are not a part of this program. Field trips are incorporated into the curriculum of this program. The equipment in this program includes all of the materials listed on the questionnaire in the small and large motor, language development, dramatic play, creative expression, special equipment and science areas with the exception of tools and pets in the later area.

The curriculum of this program centers around two types of program planning: Individual Educational Plans (IEP) and topic planning for the group. The IEP for each child is planned by a team consisting of the teaching and specialized personnel along with the parents of that child and sets the direction for the child's program for three months. Parents are further included in this program in a variety of ways and frequencies which are listed below.

Parent discussion groups. . . . .	.daily, weekly, monthly
Parent conferences with staff . . . . .	.weekly and monthly
Parent meetings with planned program . . . . .	.monthly
Classroom participation . . . . .	.weekly
Home visits by staff. . . . .	.weekly
Instruction on how to work with child at home . .	.weekly

Personnel: The staff of this program consists of both specialized and teaching personnel. Specialized personnel (direct service and support personnel) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

FTE of Direct Service Personnel

two speech pathologists	1.0 (one) consultant (one)
one psychiatrist	consultant
three occupational therapists . . . . .	.5 (one) consultant (two)
one psychologist . . . . .	.5
one social worker	1.0
one audiologist	1.0
one learning specialist . . . . .	.5
two supervisors of home program	2.0
one Child Find coordinator	1.0

There are nine direct service personnel and four consultants. The nine direct service personnel with regular appointments are investing a total of 7.50 FTE. There is one support personnel (secretary) who is investing 1.0 FTE in this program.

There are ten teaching personnel in this program in the following age categories: eight in the 21-40 year age range; and two in the 41-50 year age range. Three of these have a high school education only, two completed a B.S. or B.A. only and five have education beyond a B.S. or B.A. in the following areas: Psychology and Special Education; Speech Pathology; Occupational Therapy and Multiple Handicaps; Special Education and Mental Retardation; and Hearing Impairment. The type of degrees that are held by the two teachers who completed a B.S. or B.A. only was not indicated.

The descriptions of the ten teaching personnel given here pertain only to the preschool programs. In addition to the teaching personnel there are four paraprofessionals who work in the infant home-based program. The number of teaching personnel in any one of the nine preschool units at any given time

is two. Volunteers, including college students who are fulfilling educational requirements may participate in this program.

To acquaint personnel with the program and to provide educational experiences, inservice training is provided at different times to the following staff members:

<u>Staff</u>	<u>Frequency</u>
1. Teaching Personnel.....	Orientation and monthly
2. Specialized Personnel.....	Orientation, weekly, monthly
3. Aids of Home Programs.....	Orientation and weekly

Evaluation: Prior to writing IEP's an initial assessment is made of each child by a six member diagnostic team consisting of a psychologist, social worker, learning specialist, language specialist, audiologist and an occupational therapist. The diagnostic team then meets with the parents in a staffing session to discuss findings and to determine placement of the child at which time the child may be referred to: one of the eight program classrooms (language and communication delayed, developmentally delayed, hearing impaired, learning disabled or multiply handicapped); a private preschool program with support services provided by this program; or to the diagnostic classroom for six weeks. At the end of six weeks, the child is staffed a second time and referred to one of the eight classrooms or a private preschool with support services provided by this program. The diagnostic team utilizes a variety of instruments to assess a child's needs.

The child's progress is measured by the teachers in light of IEP goals and the IIP, which is the individual instructional plan for implementing the IEP, and is used as a means to evaluate method of instruction, activities and curriculum. The IEP and IIP are reviewed every twelve weeks by the teaching personnel and shared with the parents. Staff members are observed and evaluated

by the project director three or four times a semester. Accountability reports of the program are submitted to the local school administration once a month.

Summary: In summary, Program E consists of nine half-day (2½ hours) preschool units; four which operate five days a week and five which operate four days a week for nine months and a summer session plus a home program for infants. The program serves children ages three to six in the preschool program and children from birth to three in the infant home program. Currently, a total of 91 children are being served (61 preschoolers and 30 infants). There are nine direct service personnel who are investing a total of 7.50 FTE in this program; four direct service consultants; one support personnel investing 1.0 FTE; and ten teaching personnel. The teacher-child ratio for the preschool program based upon maximum enrollment is 1:5 for eight units and 1:3 for one unit. An IEP is written for each child based upon an initial assessment made by a multidisciplinary diagnostic team and is reviewed every twelve weeks by the teaching personnel and parents at which time a child's progress is assessed along with evaluating activities, curriculum, and method of instruction.

Program F.

Clientele: This program serves preschoolers in one school district and is a non-categorized program which may serve children who are blind and visually impaired, deaf and hearing impaired, physically handicapped, emotionally disturbed, mentally retarded, speech impaired, learning disabled, developmentally delayed, multiply handicapped and gifted. Non-handicapped children may be enrolled to serve as "normal" models; however only handicapped children are presently enrolled.

Children are referred to this program from a wide variety of professions including: physician, social worker, public health nurse, school nurse, speech therapist, guidance counselor and educational professionals. In addition, parents may bring children to the program without professional referral. Information about the program is available through radio, television and newspaper advertisements.

Program: This program comprised of four units, is in operation through the nine month school year plus a summer session. It began in April 1976 and is funded by the Federal Government (Title VI B of the Education Amendments of 1974), the State Department of Education (Certified Teacher Reimbursement) and the Local School District. This program provides for three preschool units which are described below.

<u>Unit</u>	<u>Time/Day</u>	<u>Age</u>	<u>Maximum Enrollment</u>	<u>Current Enrollment</u>
1	T-F 8:30-11:00	3-8	9	9
2	T-F 12:30-3:00	3-8	9	5
3	T-F 8:45-11:45	3-8	12	7

Monday is an "inservice" day for such things as: program planning and parent conferences. A fourth unit, referred to as the home program, is currently serving four children ages birth to three in which a teacher goes to the home and works with both the mother and child. Presently, there is no limit as to the number of children enrolled in the home program. Children enrolled in the home program may move to the preschool unit at age three and a child may remain in the preschool unit until the age of eight at which time other services are available. Since this is a non-categorical program, a wide variety of services are available including audiological therapy, speech therapy, home teaching program, counseling for parents and families, transportation to and from school and home training program for behavior management. Children

who need services not provided by this program are referred to outside sources.

Daily meals and napping periods are not part of this program; however snack is incorporated into daily activities on an informal basis; field trips are also incorporated. The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression and science with the exception of tools. Special equipment is available as needed.

The curriculum of this program centers around Individual Educational Plans (IEP) written for each child by the teacher with input from specialized personnel and parents who help plan their child's program on a quarterly basis. Parents are further involved in this program in a variety of ways and at different times during the year which are listed below.

Parent discussion groups	Quarterly
Parent conferences with staff	Quarterly or as needed
Parent meetings with planned program	Quarterly
Instruction on how to work with child at home	Quarterly or as needed
Home programs for children not in the preschool	Weekly

Personnel: The staff of this program consists of both specialized and teaching personnel. There are two specialized direct service personnel who invest 1.5 tenth time to this program: one speech pathologist who invests .5 FTE; and one audiologist who invests 1.0 FTE to this program. There is one support personnel (secretary) who invests .8 FTE in this program.

There are six teaching personnel in this program in the following age categories: two in the 21-30 year range; two in the 31-40 year range; one in the 41-50 year range; and one in the 51-60 year range. Four of these

completed high school only; one has a degree in Elementary Education with Special Education beyond the B.S. degree; and one has a degree in Early Childhood Education with Special Education beyond the B.S. degree. The number of teaching personnel in the three preschool classrooms at any given time is three. To provide educational experiences, in-service training is provided weekly for teaching personnel and quarterly for specialized direct service personnel. College students and high school students who are fulfilling educational requirements may participate in this program.

Evaluation: Prior to writing IEP's an initial assessment is made of each child by a multidisciplinary team (a speech therapist, public health nurse, audiologist, teacher, psychologist and parents) at which time all children receive the Peabody Picture Vocabulary test, Engleman Basic Concepts Inventory, a language sample and developmental history given by parents. Other instruments are used for further testing as needed.

The child's progress is assessed bi-weekly by the teacher in light of IEP goals as well as the evaluation of activities, curriculum and method of instruction and shared with parents every nine weeks at which time new plans and goals may be outlined. A yearly evaluation is made of each child by an independent evaluator with whom this program has contracted. Program personnel administer the following tests and the results are analyzed by the independent evaluator: Peabody Picture Vocabulary, Engleman's Basic Concepts Inventory, Carrow Elicited Language and Metropolitan Readiness.)

The certified staff are evaluated bi-annually on a district evaluation form by the director of the program and instructional paraprofessionals are evaluated monthly by teachers. Accountability reports of the program are submitted annually to the local school administration.

Summary: In summary, Program F, an non-categorical program, consists of three half-day (two 2½-hour and one 3-hour) units which operate four days a week for nine months plus a summer session and one home program. The program serves children ages three to eight in the preschool unit and children from birth to three years of age in the home program. Currently, a total of twenty-five children are being served in this program (21 preschoolers and 4 infants). There are two specialized direct service personnel, including one full-time audiologist, who are investing a total of 1.5 FTE; one support service personnel investing .8 FTE and six teaching personnel in this program. The teacher-child ratio per unit based upon maximum enrollment is 1:3 for unit one and two and 1:4 for unit three. IEP's are written for each child and reviewed every nine weeks with parents and are based upon initial assessment of the child made by a multidisciplinary team.

Program G.

Clientele: This program serves preschoolers in one school district who have speech impairments and specific learning disabilities. Non-handicapped children may be enrolled; however the program is currently serving only disabled children.

Children are identified by a preschool screening program in which special service people contact every four-year-old in the school districts and offer the screening services. In addition, parents may bring children to the program if they are not contacted. Of the children screened, the forty-five children with the most severe speech problems and learning disabilities are accepted into the program.

Program: This program, comprised of three units, is in operation eleven months during the year. It began in November 1972 and is funded by the Federal

Government (Title VI, B) and the local school district ("in-kind services").

All units serve only four-year-old children and meet for a one and a half hour period scheduled through the day. All units are in operation five days a week with each unit having a maximum enrollment of fifteen. Currently, all units are at their maximum enrollment. A child may remain in this program until the age of five at which time other services are available.

Services provided by the program include: speech therapy, home teaching program and transportation to and from school. Outside referrals are not made for children who require services that are not available in this program.

Meals, snacks and napping periods are not included in this program because of the brevity of time periods; however field trips are incorporated into the curriculum. The equipment includes all of the materials listed on the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression and science; however special equipment is not utilized in this program nor is it needed.

The curriculum of this program centers around two types of program planning: Individualized Education Plans (IEP), and developmental topic program planning for the group. The IEP for each child is planned by a "team" consisting of the teaching and specialized personnel and sets the pace for the child on a bi-annual basis at which time IEP's are reviewed with parents. Parents are further involved in this program in a variety of ways and frequencies which are listed below:

Parent discussion groups	Quarterly
Parent conferences with staff	Three times annually
Parent meetings with planned program	As needed
Classroom participation	Daily
Home visits by staff	As needed

Planning child's program On informal basis
 Instruction on how to work with child at home . . . Bi-Annually

Personnel: The staff of this program consists of both specialized and teaching personnel. Specialized personnel (direct service and support personnel) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

FTE of Direct Service Personnel

one speech pathologist50
 one psychologist05
 one nurse05

FTE of Support Personnel

one maintenance personnel02
 two office personnel10

There are three direct service personnel with a FTE of .60 allotted to this program; and three support personnel with a FTE of .12 allotted to this program.

There are two teaching personnel in this program; one in the 21-30 year age range and one in the 41-50 year age range. One has a high school education only and one has a B.S. degree in Early Childhood Education plus education beyond the B.S. in the same area. The number of teaching personnel in the three units at any given time are: one teacher in unit one; and two teachers in units two and three. Volunteers, including college students who are fulfilling educational requirements, may participate in this program.

To acquaint personnel with the program and to provide educational experiences, inservice training is provided to specialized and teaching personnel at orientation and on a weekly basis; and to volunteers at orientation only.

Evaluation: Prior to writing IEP's and program plans an initial assessment is made of each child by the speech therapist, teacher and psychologist using the preschool screening instrument which was devised by the evaluating personnel and is a combination of many instruments. The child's progress is assessed daily by the teacher in light of IEP goals and results of the pre-test screening instrument and shared with parents in a bi-annual basis. Activities, curriculum, and methods of instruction are continually evaluated at a joint staffing with the administration, psychologist, speech therapist and teacher. Staff members are formally evaluated bi-annually and continually on an information basis. Accountability reports of the program are submitted to the local school administration three times a year.

Summary: In summary, Program G, a categorical program which serves forty-five four-year-olds, consists of three part day classes (one and one-half hours) which operate five days a week eleven months a year. There are three direct service personnel investing a total of .60 FTE in this program; three support personnel investing a total of .12 FTE, and two teaching personnel in this program. The teacher-child ratio per unit based upon the maximum total enrollment is: 1:15 in unit one; and 1:7.5 in units two and three. An IEP is written for each child based upon an initial assessment made by a multidisciplinary team and is reviewed with parents bi-annually.

Program H.

Clientele: This program serves preschoolers in five school districts who are deaf, hearing impaired and emotionally disturbed. Non-handicapped children may be enrolled in this program; however the specific number currently enrolled was not indicated.

Children are referred to this program by physicians, social workers, school nurse and ministers. In addition, parents may bring children to the program without professional referral.

Program: This program, comprised of three units (two emotionally disturbed and one hearing impaired), is in operation during the nine month school year plus a summer session. It began in 1973 and is funded by the co-op (school districts being served by this program), State Department of Education (Certified Teacher Reimbursement Funds) and a state agency which provides facilities, and is funded by the Federal Government (Title I of the Elementary and Secondary Education Act of 1965), the County Mental Health Association and Social Rehabilitative Services.

There are two units of children, ages one to five, which meet five days a week: one meets from 8:30 to 12:30 with a current enrollment of 15, and one meets from 1:00 to 4:00 with a current enrollment of 15. A third unit, ages three to five, meets from 1:00 to 3:30, five days a week and has a current enrollment of four. There is no maximum enrollment for any of the three units. A child may remain in this program until the age of five at which time other services are available.

Services available in this program include: audiological therapy, psychological therapy, physical therapy, occupational therapy, speech therapy and transportation to and from school. Children who need services not provided by this program are referred to outside sources.

Daily meals and snacks are served in this program and napping periods are provided daily. Field trips are incorporated into the curriculum. The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression, science and special equipment with the exception of pets,

experimentation equipment, special wheeled toys and tactile stimulation toys.

The curriculum of this program centers around two types of program planning: Individualized Educational Plans (IEP); and developmental program planning for the group. All program planning is done by the teaching personnel with input from specialized personnel and parents who have input on a weekly basis. Parents are further involved in this program in a variety of ways and frequencies which are listed below.

Parent discussion groups	Weekly
Parent conferences with staff	Quarterly
Parent meetings with planned program	Monthly
Classroom participation	Daily
Home visits by staff	As needed
Instruction of how to work with child at home	Weekly

Personnel: The staff of this program consists of both specialized and teaching personnel. Specialized personnel (direct service and support service) and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

<u>FTE of Direct Service Personnel Employed by the School District</u>	
one speech pathologist . . . . .	.3
one psychologist	1.0
one audiologist . . . . .	.2
three music therapists . . . . .	.2
one nurse	As needed
one learning disabilities teacher . . . . .	.1

FTE of Direct Service Personnel <u>Employed by the Cooperating State Agency</u>	
one occupational therapist . . . . .	.2
one physical therapist . . . . .	.3
two psychiatrists	1.0
	One consultant
two social workers	1.7
one nutritionist . . . . .	.1

FTE of Support Personnel <u>Employed by the Cooperating State Agency</u>	
three cooks . . . . .	.3
one maintenance personnel	1.0
three office personnel . . . . .	.3

There are a total of thirteen direct service personnel in this program investing a total full-time equivalency of 5.1 plus an "as needed" nurse and one consultant: eight plus the new are employed by the school district with a FTE of 1.8; and six plus one consultant are employed by the cooperating agency with a FTE of 3.3 allotted to this program. In addition, there are seven support service personnel employed by the cooperating agency who are investing a total FTE of 1.6 in this program.

There are eight teaching personnel in this program in the following age categories: six are in the 21-30 year age range; and two are in the 31-40 year range. Three of these have some college education, one has a degree in Early Childhood Education with special education beyond the baccalaureate degree, and four have degrees in Elementary Education plus special education beyond the B.S. degree with one of these having additional training in hearing impairments. The number of teaching personnel in the classroom at any given time are: six in units one and two; and two in unit three. To provide educational experiences for the personnel, inservice training is provided

quarterly for both teaching and specialized personnel. College students who are fulfilling educational requirements may participate in this program.

Evaluation: Prior to writing IEP's and program plans, initial assessments are made of each child by a multidisciplinary team (a speech pathologist, teacher, psychologist, and physician) at which time a number of assessment instruments are used to determine the child's individual needs; however specific instruments were not indicated. The child's progress is constantly assessed by the teachers in light of IEP goals and formally shared with parents at quarterly conferences in which new goals and plans may be outlined. The staff is evaluated bi-annually by the program administrator and accountability reports of the program are submitted to the State Department of Education, Division of Special Education three times a year.

Summary: In summary, Program H consists of three half-day preschool units (2½ hours, 3 hours, 4 hours) which meet five days a week during the nine month school year plus a summer session. Two units serve children ages one to five, and one unit serves children ages three to five. Currently a total of thirty-four children are being served. The staff consists of eight direct service personnel employed by the school district, including one nurse as needed, with a total FTE of 1.8; six direct service personnel employed by the cooperating agency plus one consultant, who are investing a total FTE of 3.3; seven specialized support service personnel employed by the cooperating agency with a total FTE of 1.6; and eight teaching personnel in this program. The teacher-child ratio for the three units based upon the current enrollment is: 1:2.5 for units one and two; and 1:2 for unit three. An IEP is written for each child based upon an initial assessment made by a multidisciplinary team

with parental input, and is reviewed with parents quarterly at which time the child's progress is assessed and new goals are established.

Program I.

Clientele: This program serves preschoolers in one school district. It is a non-categorical program and may serve children who are blind and visually impaired, deaf and hearing impaired, physically impaired, emotionally disturbed, mentally retarded, speech impaired, learning disabled, developmentally delayed and multiply handicapped. Non-handicapped children may be enrolled in this program, and currently there are four.

Children are referred to this program by the public health nurse, speech therapist and educational professionals. In addition, parents may bring children to the program without professional referral.

Program: This program, comprised of two units, is in operation during the nine month school year plus a summer session. It began in August 1977 and is funded by the Local School District and the State Department of Education (Certified Teacher Reimbursement). There is one unit of children, ages three to five, which meet from 8:30 to 11:30 five days a week and may enroll a maximum of ten children. Currently, there are ten children being served. A second unit referred to as the infant homebound unit serves children birth to three years of age and is currently serving ten children. The head teacher goes into the home in the afternoon and works with mother and child. There is no maximum limit as to the number of infants that may be enrolled. A child may enter the preschool unit at age three and a child may remain in the preschool unit until age five at which time other services are available.

Services provided by this program include audiological therapy, speech therapy, counseling for parents and families, and transportation to and from

school. There is no plan for referral to outside sources if needed services are not available within the program.

Snacks are served daily; however daily meals and napping periods are not a part of this program. Field trips are incorporated into the curriculum of this program. The equipment includes all of the materials listed in the questionnaire in the areas of small and large motor, language development, dramatic play, creative expression, and science with the exception of experimentation equipment, push-pull toys and ride toys. Special equipment listed in the questionnaire is not used in this program.

The curriculum of this program centers around Individual Educational Plans (IEP) written for each child by a "team" consisting of the teaching personnel and specialized personnel along with the parents of that child and sets the direction for the child's program which is reviewed twice a year. Parents are further involved in a variety of ways and frequencies which are: parent discussion groups, parent conferences with staff and classroom participation on a quarterly basis; and home visits by staff and instruction on how to work with child at home on a "need" basis.

Personnel: The staff of this program consists of both specialized and teaching personnel. Specialized direct service personnel and their full-time equivalency (FTE) based upon the percentage of time allotted to this program are listed below.

FTE Direct Service Personnel

one speech pathologist . . . . .	.2
one psychologist . . . . .	.2
one audiologist . . . . .	.2

The three direct service personnel have a total FTE of .6 allotted to this program. There were no specialized support personnel (i.e. maintenance, office, cook) reported by this program.

There are three teaching personnel in this program in the 21-30 year age range. One has completed high school only; one has some college education; and one has a degree in Speech and Language with some education in Early Childhood Education and Special Education beyond the bachelor's degree. The number of teaching personnel in the classroom at any given time is three. To provide educational experiences, inservice training is provided quarterly for the teaching personnel. Volunteers, including students, do not participate in this program.

Evaluation: Prior to writing IEP's, an initial assessment is made of each child by a multidisciplinary team consisting of: a speech therapist, public health nurse (if needed), audiologist, teacher, psychologist (if needed), and physician (if needed) at which time a number of assessment instruments are used to determine the child's individual developmental needs: the Portage Developmental Checklist, Photo Artic Test, Bangs Test of Basic Concepts, Carrow Test of Auditory Comprehension of Language, Hannah-Gardner Preschool Language Screening, Peabody Picture Vocabulary Test and Lee Developmental Sentence Scoring. The child's progress is assessed daily by the teachers based upon data and chartings of IEP goals and shared with parents twice a year. Twice a month a planning day is held by the teachers to review and evaluate charts and activities for each child. Teachers are evaluated twice a year by the building principal and at the end of the year an accountability report of the program is submitted to the local school administration which includes a report on each child.

Summary: In summary, Program I, a non-categorical program, consists of a half-day preschool program (three hours) which operates five days a week for nine months plus a summer session and an infant homebound unit. The preschool program serves children ages three to five and the infant homebound unit serves

children birth to three. Currently a total of 20 children are being served (ten preschool and ten infants) including four non-handicapped children in the preschool unit. The staff consists of three teaching personnel, and three direct service personnel who are investing a total of .6 FTE in this program. The teacher-child ratio based upon the maximum enrollment is 1:3.3. An IEP is written for each child based upon an initial assessment made by a multidisciplinary team with parental input and is reviewed with parents twice a year.

CHAPTER V

RESULTS

There are nine public school preschool programs in Kansas serving more than 263 children from birth to eight years of age in 32 self-contained units. Five programs have infant units which serve more than 47 children from birth to three years of age. (Enrollment in one infant program was not indicated.) Five programs have provisions for serving non-handicapped children, but only two currently enroll any non-handicapped children. The nine programs serve children with a variety of handicapping conditions, some in single-purpose classrooms and others in multi-purpose classrooms. Table I presents a summary of the enrollment in 26 units according to categories designated in the nine programs.

TABLE I
 NUMBER OF UNITS ACCORDING TO CATEGORIES OF
 HANDICAPPING CONDITIONS

Enrollment Category	No. of Units Represented	No. of Programs*
Non-Categorical/ Multiply Handicapped	9	6
Deaf-Hearing Impaired	7	4
Speech/Language Impaired	5**	2
Developmentally Delayed	2	1
Learning Disabled	1	1
Emotionally Disturbed	2***	1

*Some programs have more than one type of unit category.

** In three units Learning Disabled children are included.

*** These units also serve Learning Disabled children with the aid of a special consultant.

In addition, in one program there is a diagnostic classroom in which children may be enrolled for six weeks in order that the most appropriate placement may be made.

Children are referred to these programs by a variety of sources, with all programs utilizing parental self-referrals. Other sources most often reported by program personnel as making referrals include: physicians, educational professionals, social workers, public health nurses, speech therapists and school nurses.

In the nine programs there are 26 half-day preschool units ranging from 1½ to 4 hours in length and one unit in one program which meets for six hours a day. The five infant units have varied schedules. The programs vary in the number of months that they are in operation with the majority providing

summer programs; seven programs operate nine months plus a summer session and two programs operate nine months only.

Four programs and selected units of two programs were initiated prior to the Education For All Handicapped Children Act of 1975 and the implementation of the Kansas State Plan for Special Education. The programs are funded mainly from three sources: Federal Government (Title VI B of the Education Amendments Act of 1974), Kansas State Department of Education (Certified Teacher Reimbursement) and Local School Districts. Additional sources for funding include reimbursement from a Developmental Disabilities Center along with facilities and specialized personnel provided by a state agency.

Programs provide a variety of services to the children. Presented below are the number of programs providing each service.

<u>Service</u>	<u>No. Programs Offering These Services</u>
Audiological Therapy	8
Psychological Therapy	5
Physical Therapy	5
Occupational Therapy	4
Speech Therapy	9
Toy Lending Program	2
Transportation	7
Vision Therapy	2

All but two of the nine programs make referrals to outside sources if a child needs services not provided in the program. In five programs, children were served until age six; in two programs until age five; in one program until age eight; and one program was limited to four-year-olds only. All nine programs have continuing services for children when they have completed the preschool program.

All nine programs are located on the first floor, with one having access to a second floor, and all meet indoor and outdoor physical space standards for Kansas Child Care Center Licensing Requirements. Five of the six programs which serve physically or multiply handicapped children are equipped with ambulatory facilities. Six programs have toileting and eating facilities within the classroom and two have napping facilities. Daily meals are served in four programs and snacks in seven programs. All nine programs provide field trips for the children as an educational experience. All programs are well equipped with educational equipment and materials.

Individual program planning has top priority in all nine programs with all of them requiring a written IEP for each child. In addition, seven programs also utilized developmental-topic planning for the entire group. In all programs, teaching personnel and specialized personnel work together with parental input on developing the IEP and program plans. This is in compliance with the Kansas State Plan and Federal mandate.

There was a high degree of parent involvement in all of the programs, which could be defined in the following ways: education, which includes parent discussion groups and planned parent meetings; parent-staff communication, which includes conferences with staff and home visits; and program participation, which includes classroom participation and instruction on how to work with the child at home. Table II presents a summary of the frequencies with which these varied opportunities were provided for the parents: daily, weekly, monthly, quarterly or "as needed." The last term was chosen in the majority of cases by respondents when the category "other" was checked.

TABLE II
TYPE AND TIMING OF PARENT INVOLVEMENT

	Education	Parent-Staff Communication	Parent Participation
Daily			G
Weekly	B	E	A,B,E,H
Monthly	A,C,D,E,H	B	
Quarterly	F,G,I	A,C,F,H,I	F,I
As Needed		D,G*	C,D

* Three times annually

Beyond this, planning curriculum goals for the child (IEP) in cooperation with parents was reported by all programs ranging from weekly sessions for this purpose (B,E,H) to monthly or quarterly sessions in five programs (A,C,D,F,I) to an informal session in one program (G). In addition, six programs (A,B,C,E,F,I) reported counseling for families as a service offered. It is not known how regularly this service is used and whether it is available as a part of the program or only on a referral or "as needed" basis.

All programs reported direct service personnel on their staff; however there was a wide range in the amount of time (FTE) that specialized personnel allotted to the programs. Table III presents a summary of the number of specialized personnel in each program and the total amount of FTE time allotted to that program.

TABLE III
NUMBER AND FULL-TIME EQUIVALENT PROGRAM STAFF

Program	No. Current Enrollment	No. Appointed Teaching Personnel	Direct Service Personnel			Support Personnel		
			No. Con- sultants	No. Appointed	FTE	No. Appointed	FTE	
A	18	3	-	8*	1.42*	4	2.51	
B	11	4	-	6**	.95**	3	.15	
C	10	4	3**	5	1.00	1	.50	
D	9	3	-	6**	2.70**	2	.30	
E	91	10	4	9	7.50	1	1.00	
F	25	6	-	2	1.50	1	.80	
G	45	2	-	3**	.60**	3	.32	
H	34	8	2	13	5.10	7	1.60	
I	20	3	-	3	.60	-	-	

* Includes 1.0 LPN

** Includes nurse: .05; .10; as consultant.

Some respondents noted the difficulty in determining accurately the FTE devoted to these programs by specialized personnel who serve the entire school. The number and variety of these personnel in the programs point up the need for specialized expertise in working with handicapped children and are also indicative of the cost of such programs. While there are a variety of professionals involved, the amount of time allotted to the preschool program is highly variable, ranging from .01 for one professional to full-time for another. It is not known whether allotted time of these specialized personnel is devoted to working directly with the children, providing inservice training to the teaching personnel, working with parents or all of these. The limited amount of time that specialized personnel devote to these programs points up the need to have a high degree of coordination between specialized and teaching personnel in order to provide support to the teaching personnel who are with the children throughout the program day.

According to the Kansas Regulations for Licensing Child Care Centers, each self-contained unit of children must have at least one staff person on duty at all times who is between the ages of eighteen and sixty-five; has a minimum of a high school diploma or its equivalent; and meets training requirements that become more stringent as the size of the group increases. None of the programs reported teaching personnel in the 16 to 20 to 60 and above age ranges. Out of the 40 teaching personnel in these eight programs (Program D is excluded because of lack of information), 34 are between the ages of 21 and 40; four between the ages of 41 and 50 and two between the ages of 51 and 60.

Table IV provides a summary of the education of teaching personnel and the number at each level in all programs, with the exception of Program D which was not able to provide this information.

TABLE IV
EDUCATION LEVELS OF
TEACHING PERSONNEL

Programs	Completion High School Only	Some College Only	Completion BS or BA Only	Beyond BS or BA
A	1		1	1
B		3		1
C	1			3
D	-	-	-	-*
E	3		2	5
F	4			2
G	1			1
H		3		5
I	1	1		1

* Not available.

Each program, excluding Program D which was not able to provide information pertaining to the education of teaching personnel, has at least one teacher with education beyond a baccalaureate degree. It was reported by program personnel that 22 of the total teaching personnel have college degrees and 19 of these have education beyond the baccalaureate degree: eight elementary education degrees, with seven having additional special education; five early childhood education degrees, with all having additional special education; and nine with other degrees, seven with specializations particularly applicable to these programs (learning disabilities, speech therapy, occupational therapy, hearing impairments and recreation therapy). Teachers who work with handicapped preschoolers in these programs come from a wide range of educational backgrounds.

While the effectiveness of these varied backgrounds was not evaluated, there seems to be a need for understanding the preschool child and emphasis on the handicapping conditions.

According to the Kansas Regulations for Licensing Child Care Centers, programs serving handicapped children between the ages of three and eight must have an adult-child ratio of 1:7 for mildly disabled children and 1:4 for severely disabled children; however these ratios are currently being examined and changes may be made. Table V presents the teacher-child ratio of each self-contained unit, a description of the children served in each unit, the current and maximum enrollment, and the number of teachers in each unit. The teacher-child ratio is based upon the maximum enrollment for each self-contained unit. Only eight units are reported at maximum enrollment.

TABLE V
TEACHER-CHILD RATIOS

Program	Unit Description	Current Enrollment	Maximum Enrollment	Teachers Per Unit	Teacher-Child Ratio
A	Non-Categorical	15	15	3	1:5
B	Non-Categorical	6	10	4	1:2.5
B	Non-Categorical	5	10	4	1:2.5
C	Hearing Imp.	3	3	1	1:3
C	Hearing Imp.	2	3	1	1:3
C	Non-Categorical	5	8	3	1:2.5
D	Hearing Imp.		-	3	-
D	Hearing Imp.	9*	-	3	-
E	Develop. Delayed	4	10	2	1:5
E	Develop. Delayed	9	10	2	1:5
E	Hearing Imp.	7	10	2	1:5
E	Hearing Imp.	4	10	2	1:5
E	Spee/Lang. Imp.	8	10	2	1:5
E	Spee/Lang. Imp.	8	10	2	1:5
E	Non-Categorical	3	6	2	1:3
E	Learning Dis.	10	10	2	1:5
E	Diagnostic	8	10	2	1:5
F	Non-Categorical	9	9	3	1:3
F	Non-Categorical	5	9	3	1:3
F	Non-Categorical	7	12	3	1:4
G	Spee/Lang. Imp.	15	15	1	1:15
G	Spee/Lang. Imp.	15	15	2	1:7.5
G	Spee/Lang. Imp.	15	15	2	1:7.5
H	Emot. Dist./LD	15	none	6	1:2.5**
H	Emot. Dist./LD	15	none	6	1:2.5**
H	Hearing Imp.	4	none	2	1:2**
I	Non-Categorical	10	10	3	1:3.3

* Program D has a total of nine children in both units.

** Teacher-child ratio is based upon the current enrollment.

Volunteers were reported in Programs A,C,D,E, and G. College students were involved in seven of these programs as part of their academic work; two programs (C,F) also allow high school students to work in the programs as part of a class assignment. Volunteers and students are important to these programs as supplementary staff which increases adult-child ratios in the programs. Volunteers and students may also benefit from working in these programs in terms of an educational experience in understanding the needs of handicapped children as well as gaining on-the-job training in working with handicapped children. Allowing volunteers and students to participate in these programs provides an opportunity to increase an overall social awareness and acceptance of handicapping conditions as well as the need for parent support systems and parent education.

All nine programs provide inservice training to their staff; however the staff trained and the frequency with which inservice training is provided varied from one program to another. To examine this, three types of staff were defined: teaching personnel, specialized personnel and volunteer personnel which is both student and non-student. Table VI presents a summary of the frequencies with which inservice training were provided to these three groups of staff: orientation (a one-time effort), weekly, monthly, and quarterly. (Respondents who checked the category "other" indicated that training took place weekly.)

TABLE VI
 FREQUENCIES OF INSERVICE TRAINING

Frequency	Teaching Personnel	Specialized Personnel	Volunteers* (student/non-student)
Orientation	A,B,E,G	A,E,G	A,G
Weekly	F,G	E,G	
Monthly	B,D,E	E	A
Quarterly	A,C,H,I	A,C,D,F,H	

* Programs B and I do not allow volunteers in the classroom.

According to Kansas Regulations for Licensing Child Care Centers, all staff shall participate at least monthly in staff meeting or inservice training and orientation should be planned for volunteers. Only Program G meets this requirement by providing inservice training for both teaching and specialized personnel weekly as well as orientation for volunteers. If one looks at only teaching personnel, four additional programs (B,D,E,F) meet this requirement except for the orientation of volunteers. No volunteers are used in Program B. Program E also has monthly inservice training for specialized personnel, with both Programs D and F having such emphasis quarterly. The other programs A,C,H and I report quarterly inservice training for teaching personnel. Three programs, A,C, and H, report quarterly inservice training for specialized personnel.

In accordance with the Federal mandate and the Kansas State Plan, initial assessments are made of each child in all nine programs by multidisciplinary teams: one program (G) utilizes a three member team; three programs (C,D,H) utilize a four member team; one program (A) utilizes a five member team and four programs (B,E,F,I) utilize a six member team. The personnel most often

included in the multidisciplinary assessing teams were reported as: psychologists, speech therapists, audiologists and teachers. The number and type of assessment instruments and procedures utilized in these programs varies from one program to another depending upon the handicapping conditions which that program serves and also depending upon the individual child. Four programs (A,B,E,I) use the Peabody Picture Vocabulary Test; three programs (A,D,E) use the Denver Developmental Screening Test; two programs (A,E) use Draw-A-Person; two programs (D,E) use the WISC-R (Wechsler Intelligence Scale for Children-Revised); and three programs (B,F,I) use the Portage Guide to Early Education.

A child's progress is consistently measured periodically throughout the year in all nine programs by monitoring the IEP. The frequency of the monitoring process varies among programs: one program (B) monitors IEP's monthly; two programs (D,F) monitor IEP's every nine weeks; four programs (A,C,E,H) monitor IEP's quarterly; and two programs (G,I) monitor IEP's bi-annually. Additional methods of measuring a child's progress are through: bi-weekly and bi-monthly chartings of individual programs; behavioral objectives; developmental checklists; and data collected from the assessment instruments.

All tenured staff in these programs are regularly evaluated by program directors or school administrators at varying times: one program (E) evaluates staff quarterly; five programs (A,F,G,H,I) evaluate staff bi-annually; and three programs (B,C,D) evaluate staff annually. Three programs (B,D,F) reported regular evaluations of non-tenured or paraprofessional staff: monthly (F) and bi-annually (B,D,). It was reported by all program personnel that accountability reports are written for each program but with varying frequencies: monthly (E); at nine week intervals (D); quarterly (C); three times a year (G,H); and annually (A,B,F,I). These reports are sent to various agencies:

State Department of Education Division of Special Education (A,H); the Federal Government (B); and Local School Administration (C,D,E,F,G,I). These programs meet the basic requirements set forth in the Kansas Regulations for Licensing Child Care Centers and the Kansas State Plan for the implementation of P.L. 94-142.

CHAPTER VI

SUMMARY

The major purpose of this study was to provide baseline data on what Kansas is doing to meet the needs of handicapped preschoolers. The specific purpose is to define and describe public school "preschool programs" for handicapped children in Kansas.

This survey found nine public school preschool programs in Kansas. The material presented here and conclusions drawn are based upon information received from all nine programs except that Program D was excluded from some of the presentation because specific information was not available. It was reported by program personnel that information about current clientele enrollment is constantly changing; therefore the number of children currently being served may vary from the number presented in this paper.

The results of this study indicate that a total of 263 (excluding Program D infants) handicapped children between birth and eight years are being served in a total of 32 units in nine different public school preschool and infant programs. The majority of programs serve children until the age of six. The length of the preschool units range from one and one-half to four hours per day, with the majority of units operating two and one-half hours and infant units operating on various schedules. Four programs (A,B,F,I) serve children in multi-purpose (non-categorical) classrooms; three programs (D,G,H) serve children in single-purpose (specific handicapping conditions) classrooms and two programs (C,E) serve children in both types of classrooms. All programs

offer a variety of services to the children with the majority providing: speech therapy, audiological therapy, psychological therapy, physical therapy and transportation. The programs are funded by three major sources: Federal Government (Title VI B of the Education Amendments of 1975), State Department of Education (Certified Special Education Teacher Reimbursement) and Local School Districts.

The results of this study indicate that the programs are meeting environmental, nutritional and adult-child ratio (1:7 for mildly disabled and 1:4 for severely disabled) standards for Kansas Licensing Requirements for Child Care Centers, with the exception of one program in the adult-child ratio area. All of the programs are well equipped with educational materials.

All programs reported a variety of opportunities for parent involvement, with all programs providing the opportunity for parents to have input on their child's individual educational plan. All programs utilize specialized personnel in addition to teaching personnel. Based upon FTE (full-time equivalency), the majority of specialized personnel are devoting a limited amount of time to these programs. The majority of teaching personnel are in the 21-30 year age range and all of them are women. The results also indicated that teaching personnel have varying educational backgrounds: eleven completed high school only; seven have some college; and twenty-two have college degrees. Nineteen of the degreed teaching personnel have education beyond the bachelor degree. All of the programs, except two (B,I), allow volunteers or students to participate in their programs; however only two programs (A,G) provide inservice training for student and non-student volunteers. All programs provide inservice training to their staff but the frequencies and type of staff trained varies from one program to another. Programs E and G are meeting staff inservice training standards for Kansas Licensing Requirements for Child

Care Centers which require at least a monthly staff meeting or inservice training for all staff members.

Initial assessments are made of each child by a multidisciplinary team in all nine programs prior to writing an IEP at which time a variety of assessment instruments are used to assess a child's needs. A child's progress is measured in all programs by reviewing IEP's which is done by the majority of programs on a nine-week or quarterly basis.

Problems in Research.

Even though the instrument was pre and post tested, the respondents had difficulty in giving specific information in response to the questions and the investigator had difficulty interpreting answers. It was necessary to make several phone contacts with the respondents to obtain more specific information. Even though personal contact was made, it was hard for the respondents to give as detailed information as the investigator had hoped to obtain. The major difficulty encountered by respondents was specifically describing the preschool program out of context to the overall special education program because of funding and specialized personnel shared with the regular special education program.

The results of this study indicate the need to revise the questionnaire to obtain specific information concerning each unit within the program. Specific problem encountered by the respondents were:

1. identifying and labeling specific sources of funding, as different terms were used by respondents to describe similar funding sources;
2. interpreting the word "teaching personnel" (which was described as teacher and assistant teacher), as many programs excluded assistant teachers or paraprofessionals from discussions concerning teaching personnel;
3. assessing FTE for specialized personnel, as the specialized personnel served other parts of the program in addition to the preschool program;

4. interpreting the term "preschool" to include infant portions of programs, as many excluded information about infant sections of the program;
5. answering, completely, the open-ended questions.

Specific problems involving the questionnaire were:

1. some terms or categories were not clearly defined (e.g. psychological therapy, parent and family counseling);
2. format did not provide for multi-unit programs to fully answer questions in which information varied for units within a program.

Recommendations.

After analyzing the data, it became apparent that additional information was needed to give a more complete description of these programs. Answers to the following questions are needed.

1. Are school districts serving all the handicapped preschoolers in each school district or just a selected group?
2. What efforts do school districts make to locate handicapped preschoolers?
3. How do specialized personnel utilize their FTE: in direct contact with the children, in inservice training of teaching personnel, work with parents or all of these?
4. How much time does a child spend in individualized instruction as compared to group interaction?

Further recommendations for research in this area would include visiting programs and interviewing the program personnel to provide correct, pertinent information. Furthermore, to really describe these programs, the effectiveness of teacher-child interaction needs to be examined which can be assessed through observation and following a child through the elementary school grades. Secondly, the quality of parent involvement needs to be assessed to determine the actual amount of time involved. Thirdly, the use of specialized direct service personnel could be reviewed with the idea of changing from a "medical model" to an emphasis on a total teaching-learning milieu in which

the specialized personnel use their time to support teachers as "paraprofessionals" in the various specialities rather than spending total time in direct individualized service to a child. Last of all, attention needs to be given to specialized training in the form of a "total" program for teachers of preschool handicapped children including strong emphasis on development during the preschool years, understanding handicapped conditions and special methodology for effective intervention.

Implications for Further Research.

This study was limited to describing only public school "preschool programs" for handicapped children. To find the total number of handicapped preschoolers that are receiving services from public schools in Kansas, further research is needed to examine alternate means of providing public school preschool services: resource rooms, preschool-primary rooms, contracted services with Developmental Disabilities Centers. In light of the various means in which handicapped preschoolers are being served, additional research is needed to examine and evaluate the effectiveness of these various educational experiences in order to determine the best possible way of providing services to handicapped preschoolers in the public schools. A number of questions need to be answered such as:

1. Should preschoolers be educated apart from or with school-age children;
2. Do multi-purpose (non-categorical) or single-purpose classrooms provide the best learning environment for handicapped preschoolers;
3. Do integrated classrooms with non-handicapped children provide the best and least restrictive learning environment for handicapped preschoolers; if so, what should the ratio of non-handicapped to handicapped children be and how should non-handicapped preschoolers be selected;
4. What is the best possible way to utilize specialized personnel to serve preschoolers in public school programs;

5. What kind of education and experience is needed to best prepare teachers to work with handicapped preschoolers;
6. What are the best means of involving parents in these programs;
7. What are the most successful and meaningful methods of instruction for handicapped preschoolers: individualized instruction, group instruction or a combination of both.

REFERENCES

- Abeson, Alan. Movement and Momentum: Government and the Education of Handicapped Children. Exceptional Children, 1972, 39, 63-66.
- Abeson, Alan. The End of the Quiet Revolution: The Education for All Handicapped Children Act of 1975. Exceptional Children, 1977, 44, 114-128.
- Ballard, Joseph. Public Law 94-142 and Section 504: What They Say about Rights and Protections. Exceptional Children, 1977, 44, 177-184.
- Bruner, Jerome S. The Course of Cognitive Growth, American Psychologist, 1964, 19, 1-15.
- Caldwell, Bettye. The Importance of Beginning Early, in Not All Little Wagons Are Red: The Exceptional Child's Early Years. Jordan, June B. (ed) 1973, ERIC ED 074 676, 2-9.
- DeWeerd, Jane. Handicapped Children's Early Education Program, Exceptional Children, 1976, 43, 155-157.
- Federal Interagency Day Care Requirements, 1963.
- Ginesburg, Herbert. Piaget's Theory of Intellectual Development, Prentice-Hall, 1969.
- Guralnick, Michael J. Early Classroom Based Intervention and the Role of Organized Structure, Exceptional Children, 1975, 42, 25-30.
- Hunt, J. M. Intelligence and Experience, New York: Ronald, 1961.
- Kansas Regulations for Licensing Child Care Centers, Kansas State Department of Health and Environment, February, 1977.
- Kansas State Plan for Special Education, April 1976, 1-173.
- Karnes, Merle B. Evaluation and Implications of Research with Young Handicapped and Low-Income Children, in Compensatory Education for Children Ages Two to Eight: Recent Studies of Educational Intervention, Stanley, J. C. (ed) Baltimore: Johns Hopkins Press, 1973, 109-144, (will refer to as Karnes, 1973 a).
- Karnes, Merle B. Implications of Research with Disadvantaged Children for Early Intervention in Not All Little Wagons Are Red: The Exceptional Child's Early Years, Jordan, June B. (ed) 1973, ERIC ED 074 676, 46-65, (will refer to as Karnes, 1973 b).
- Kirk, Samuel A. Early Education of the Mentally Retarded, Urbana: University of Illinois Press, 1958.

- Kirk, Samuel A. The Educability of Intelligence: Start with Young Children, in Not All Little Wagons Are Red: The Exceptional Child's Early Years, Jordan, June B. (ed) 1973, ERIC ED 074 676, 10-21.
- Piaget, Jean. The Psychology of Intelligence, New York: Harcourt-Brace, 1950.
- Public Law 94-142, Education for All Handicapped Children Act, November 29, 1975.
- US Congress, Senate, Education for All Handicapped Children Act, S.6., 94th Congress, 1st Session, June 2, 1975, Report No. 94-1968.
- White, Burton L. and Watts, Jean Carew. Experience and Environment: Major Influences on the Development of the Young Child, Volume 1. Englewood Cliffs, New Jersey: Prentice-Hall, 1973.
- White, Burton L. The First Three Years of Life, Englewood Cliffs, New Jersey; Prentice-Hall, 1975.

APPENDIX A

Department of Family and Child Development
Justin Hall
Manhattan, Kansas 66506

February 15, 1978

As I indicated to you on the phone, I am writing a thesis on Public Pre-school Programs for Handicapped Children in Kansas. I am interested in establishing baseline data on what Kansas is doing to meet the needs of handicapped preschoolers. This information will be of importance in further developing public preschool programs as well as informing parents, school districts and possibly other States of our current programs.

The name of your program was provided by Betty Withers and Phyllis Ellis of the State Department of Education. Since complete descriptive information on preschool programs is not available at the State Department, Betty and Phyllis feel that information gathered from this research is important and they have endorsed this survey.

A questionnaire is enclosed which requests information in six program areas. Your contribution is vital to the satisfactory completion of this survey in order to provide a complete description of public school programs for preschoolers in Kansas.

A stamped envelope is enclosed for your convenience in returning the questionnaire along with any materials you have describing your program. Please return the questionnaire by March 15, 1978. A summary of the results will be available to you upon request.

If you have any questions, I can be contacted at 913-532-5510. Leave a message and I will return your call. Thank you for your time and contribution.

Sincerely yours,

LuAnn Hoover
Graduate Assistant
Dept. of Family and
Child Development

Marjorie Stith
Major Advisor
Professor
Dept. of Family and
Child Development

APPENDIX B

SURVEY OF PUBLIC PRESCHOOL PROGRAMS
FOR HANDICAPPED CHILDREN

Informed Consent Form

Everyone who takes part in this survey must sign this form. This means that you are taking part in the survey on a voluntary basis.

The purpose of this survey is to describe public preschool programs for handicapped children in Kansas. This information will be important in establishing baseline data on how Kansas is serving handicapped preschoolers. You will be asked to complete a questionnaire covering six areas of your program: Program and Curriculum, Personnel, Clientele, Equipment, Physical Environment, Evaluation and Assessment.

A report of the results will be made by describing individual programs. No names of individuals or programs will appear in this report. All information will be treated confidentially by assigning each program a code letter. A summary of this report will be made available to you upon request.

By signing this form you do not waive any of your legal rights, nor do you release Kansas State University or any of its agents from liability or negligence. You are simply volunteering to take part in this survey and stating that you know generally what the study is about.

Please return the lower half of this form with the questionnaire.

I have read the above explanation and I am willing to participate in this survey,

Signed _____

Participant

_____ Date

Do you want a summary of this report? _____

APPENDIX C

ID _____

Hoover
Dec. 1, 1977SURVEY OF PUBLIC PRESCHOOL PROGRAMS
FOR HANDICAPPED CHILDRENDept. of Family and Child Development
Kansas State University

Your contribution in this research is very much appreciated. By cooperating, you will provide baseline data to describe what Kansas is doing to serve the needs of handicapped preschoolers.

This survey is being conducted under guidelines established by Kansas State University and your participation is strictly voluntary. You may omit any questions which you feel unduly invade your privacy or which are otherwise offensive to you. Confidentiality is guaranteed; your name and the name of the program will not be associated with your answers in any public or private report of the results.

The questionnaire covers six areas: Program and Curriculum, Personnel, Clientele, Equipment, Physical Environment, Evaluation and Assessment. Please complete all six areas. If there are questions that do not allow you to completely describe your program, please include additional information which you feel is important. Questions that do not apply to your program may be marked "not applicable" (NA). Thank you for your time and contribution.

I. PROGRAM AND CURRICULUM

1. A meal is served daily. Yes ___ No ___
2. A snack is served daily. Yes ___ No ___
3. The children lie down to rest or sleep daily. Yes ___ No ___
4. The children go on fieldtrips. Yes ___ No ___
5. Parents are involved in this program. Yes ___ No ___

If yes, check the ways in which parents are involved and how often.

Check as many as are applicable.

	Daily	Weekly	Monthly	Quarterly	Other(specify)
a. Parent discussion groups	_____	_____	_____	_____	_____
b. Parent conferences with staff	_____	_____	_____	_____	_____
c. Parent meetings with planned program	_____	_____	_____	_____	_____
d. Classroom participation	_____	_____	_____	_____	_____
e. Home visits by staff	_____	_____	_____	_____	_____
f. Planning child's program	_____	_____	_____	_____	_____
g. Instruction on how to work with child at home	_____	_____	_____	_____	_____
h. Other _____	_____	_____	_____	_____	_____

6. Program planning is required. Yes ___ No ___
 If yes, indicate the type of planning this program utilizes. Check as many as are applicable.
- a. Topic or theme planning for the group as a whole
 - b. Developmental program planning for the group as a whole
 - c. Individualized program planning for each child
 - d. Other _____
7. Check the personnel responsible for program planning. Check as many as are applicable.
- a. Teaching personnel only
 - b. Teaching personnel with input from other specialized personnel
 - c. Team approach with all professional personnel planning together
 - d. Other _____
8. Check services that are provided by this program.
- a. Audiological therapy
 - b. Psychological therapy
 - c. Physical therapy
 - d. Occupational therapy
 - e. Speech therapy
 - f. Home teaching program
 - g. Counseling for parents and families
 - h. Toy lending program
 - i. Transportation to and from school
 - j. Other _____
9. Check the school calendar year that this program follows.
- a. 9 month school year
 - b. 9 month school year plus summer session
 - c. Full year - 12 months
 - d. Other (specify) _____
10. Indicate the number of school districts and counties which this program serves.
11. Indicate the specific date on which this program initially began.
12. List the sources of this program's funding.
- a. _____
 - b. _____
 - c. _____
 - d. _____

II. PERSONNEL

13. Indicate the number of specialized personnel in addition to primary teaching personnel that are on your staff. Indicate full time equivalency (FTE) for each person. This may be done in hours per week or in a percentage of time allotted to the program.

	Number	FTE
a. Speech Pathologist	_____	_____
b. Occupational Therapist	_____	_____
c. Physical Therapist	_____	_____
d. Psychiatrist	_____	_____
e. Psychologist	_____	_____
f. Social Worker	_____	_____
g. Audiologist	_____	_____
h. Music Therapist	_____	_____
i. Nurse	_____	_____
j. Nutritionist	_____	_____
k. Cook	_____	_____
l. Maintenance Personnel	_____	_____
m. Office Personnel	_____	_____
n. Other _____	_____	_____

14. Give the total number of teaching personnel and assistant teaching personnel at each age level listed below.

- a. 16 - 20 years
 b. 21 - 30 years
 c. 31 - 40 years
 d. 41 - 50 years
 e. 51 - 60 years
 f. 61 and above

Give the total number of males included in the above teaching personnel. _____

15. Give the total number of teaching personnel and assistant teaching personnel at each educational level listed below. Count each person only once.

- a. Some high school only
 b. Completion of high school only
 c. Some college only
 d. Completion of B.S. or B.A. only
 e. Beyond B.S. or B.A.

16. Give the total number of teaching personnel (and assistant teaching personnel) with each of the degrees listed below. Count each person only once.

- a. Elementary Education only
 b. Elementary Education plus Special Education

16. Continued

4

- c. Secondary Education only
 d. Secondary Education plus Special Education
 e. Early Childhood Education only
 f. Early Childhood Education plus Special Education
 g. Sociology
 h. Psychology
 i. Other (Specify) _____
17. The following students participate in this program as a fulfillment of their educational requirements (eg. student teaching, lab work for a class, internship):
 Yes No
 a. Junior High School
 b. High School
 c. College
18. Volunteers other than students are used in this program.
 Yes No
19. Inservice training is provided by the staff. Yes No
 If yes, indicate who receives inservice training and how often. Check as many as are applicable.
- | | Orientation | Monthly | Quarterly | Other(specify) |
|--------------------------|-------------|---------|-----------|----------------|
| a. Teaching Personnel | _____ | _____ | _____ | _____ |
| b. Volunteers | _____ | _____ | _____ | _____ |
| c. Specialized Personnel | _____ | _____ | _____ | _____ |
| d. Students | _____ | _____ | _____ | _____ |
| e. Other | _____ | _____ | _____ | _____ |
20. Indicate the number of teaching personnel and assistant teaching personnel in each self-contained unit (classroom) of children at any given time.
- Unit 1 _____
 Unit 2 _____
 Unit 3 _____
 Unit 4 _____
 Unit 5 _____

III. CLIENTELE

21. Describe the enrollment of each self-contained unit (classroom).

	Time of Meeting (Days - Hours)	Age limits of unit	Maximum Enrollment Allowed	Current Enrollment
Unit 1	_____	_____	_____	_____
Unit 2	_____	_____	_____	_____
Unit 3	_____	_____	_____	_____
Unit 4	_____	_____	_____	_____
Unit 5	_____	_____	_____	_____

22. Check the primary type(s) of handicapping condition(s) of children that this program serves. Check as many as are applicable.
- a. General program for multiply handicapped
 - b. Blind and Visually Impaired
 - c. Deaf and Hearing Impaired
 - d. Physically Impaired
 - e. Emotionally Disturbed
 - f. Mentally Retarded
 - g. Speech Impaired
 - h. Specific Learning Disability
 - i. Other Health or Developmentally Impaired
23. Non-Handicapped children may be enrolled in this program. Yes No
If yes, indicate how many non-handicapped children are currently enrolled. _____
24. Children are referred elsewhere for needed services not available in this program. Yes No
25. Check the means by which children are identified and/or referred to this program. Check as many as are applicable.
- a. Physician
 - b. Social Worker
 - c. Public Health Nurse
 - d. School Nurse
 - e. Speech Therapist
 - f. Parents (self-referral)
 - g. Guidance Counselor
 - h. Educational Professionals
 - i. Local radio, T.V. and newspaper advertisements
 - j. Other _____
26. Services are available to children when they have completed this program.
Yes No
27. Indicate the age at which a child must leave this program. _____

IV. EQUIPMENT

Check the following types of equipment that you have in this program.

28. Small Motor - Manipulative

Yes No

- a. Toys necessitating fine motor movements (eg. small leggos, pegs, puzzles)
- b. Toys necessitating some finger and whole hand movement (eg. scissors, crayons, paint brushes)
- c. Eye-hand coordination toys (eg. items that go in and out of a receptacle, fit together, stackable, puzzles)
- d. Other _____

29. Large Motor

Yes No

- ___ ___ a. Push-pull toys
- ___ ___ b. Building toys (eg. blocks, tinker toys, large leggos)
- ___ ___ c. Ride toys (eg. stroller, walker, kiddie car, wagon, scooter, tricycle)
- ___ ___ d. Climbing structures
- ___ ___ e. Balls
- ___ ___ f. Other _____

30. Language Development

Yes No

- ___ ___ a. Children's books
- ___ ___ b. Tape recorder
- ___ ___ c. Pictures, flannel graphs
- ___ ___ d. Specialized program (eg. Peabody Kit)
- ___ ___ e. Other _____

31. Dramatic Play

Yes No.

- ___ ___ a. Blocks (eg. unit blocks, large hollow wooden blocks, cardboard blocks)
- ___ ___ b. Transportation toys(eg. cars, trucks, train)
- ___ ___ c. Dress-up clothes (eg. hats, shirts, shoes, pants)
- ___ ___ d. Housekeeping furniture (eg. stove, refrigerator, sink, doll bed)
- ___ ___ e. Dolls or puppets
- ___ ___ f. Other _____

32. Creative Expression

Yes No

- ___ ___ a. Musical instruments (real or toy), record player and records
- ___ ___ b. Expressive media (eg. finger paint, play dough, crayons, paint, chalk, paint easel)
- ___ ___ c. Messy activities (eg. water play, sand play, mud play)
- ___ ___ d. Space and equipment to encourage creative movement
- ___ ___ e. Other _____

33. Science

Yes No

- a. Plants
 b. Tools (eg. woodworking)
 c. Pet animals
 d. Equipment for experimentation (eg. magnets, scales, magnifying glass)
 e. Other _____

34. Special Equipment

Yes No

- a. Tactile stimulation toys (eg. Pre-braille readiness)
 b. Special wheeled toys
 c. Standing tables
 d. Special chairs to facilitate sitting
 e. Toys designed especially for handicapped children (eg. puzzles with knobs)
 f. Amplification equipment
 g. Other _____

V. PHYSICAL ENVIRONMENT

35. Indicate the amount of indoor physical space, in square feet, available to the children. _____
36. Indicate the amount of outside physical space, in square feet, available to the children. _____
37. The following facilities are located within the classroom.
- Yes No
- a. Toileting facilities
 b. Eating facilities
 c. Napping facilities
 d. Cooking facilities
38. Check the location of the program within the building.
- a. First floor
 b. Second floor
 c. Basement
39. The outside playground is separate from the general school playground.
Yes No
40. The classroom has ambulatory facilities (eg. ramps, rails) for physically handicapped children. Yes No

VI. EVALUATION AND ASSESSMENT

41. An initial assessment is made of each child before entering this program?

Yes ___ No ___

If yes, indicate who makes this assessment. Check as many as are applicable.

- a. Speech Therapist
 b. Occupational Therapist
 c. Physical Therapist
 d. Public Health Nurse
 e. Audiologist
 f. Teacher
 g. Psychologist
 h. Physician
 i. Multidisciplinary Team(a combination of the above professionals)
 j. Other _____

If yes, indicate the instruments used for assessment.

42. A child's progress is measured? Yes ___ No ___

If yes, indicate the instruments used and how often progress is measured.

43. Activities, curriculum and method of instruction are evaluated?

Yes___ No___

If yes, indicate how often and by what methods.

44. Staff members are evaluated? Yes___ No___

If yes, indicate how often and by what means.

45. Parents are notified of their child's evaluation? Yes___ No___

If yes, indicate how often.

46. Accountability reports are turned in to the local school administration?

Yes___ No___

If yes, indicate where reports are sent and how often.

PUBLIC PRESCHOOL PROGRAMS FOR
HANDICAPPED CHILDREN IN KANSAS

by

LUANN HOOVER

B.S., Kansas State University, 1974

AN ABSTRACT OF A MASTER'S THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Family and Child Development

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1978

The purpose of this study is to describe public school "preschool programs" for handicapped children in Kansas. A questionnaire was developed to gather information in the areas of program and curriculum, personnel, clientele, equipment, physical environment and evaluation. These data were examined in light of Kansas Regulations for Licensing Child Care Centers, the Kansas State Plan for Special Education and Public Law 94-142.

There are nine public school preschool programs in Kansas serving more than 263 children from birth to eight years of age in 32 self-contained units of which 18 are single-purpose classrooms, nine are multi-purpose classrooms and five are infant programs which serve children age birth to three years of age. In addition to the educational emphasis, the programs provide specialized services to the children; emphasize parent involvement; schedule inservice training for the staff; meet indoor and outdoor physical space standards and have a variety of educational equipment and materials. An Individual Educational Plan (IEP) is written for each child by the teaching and specialized personnel with parental input based on initial assessments and modified as needed through periodic evaluation.

There are 40 teaching personnel in eight programs (one program was excluded because of lack of information): 22 with college degrees and 19 of these with education beyond the baccalaureate degree. There are 55 specialized direct service personnel and 22 support personnel involved. There is a wide range in the amount of time allotted by the direct service personnel to the preschool programs, ranging from .01 FTE to full-time. In one program six people reported .95 FTE while in another, nine people devoted 7.50 FTE to the preschool area.

This description provides a baseline for planning ways in which to implement the provisions of the State Plan and the Federal mandate for the education of handicapped preschoolers and points up the fact that these programs are meeting current regulations.