APPENDICES

Your Expert Opinion is Needed on this Wyoming Family Survey

The Early Intervention Research Institute (EIRI) at Utah State University is conducting a study for the *Wyoming State Legislature in cooperation with (Center Name).* With this survey, we will learn about the services that families receive and their satisfaction with them.

What should I do with the survey?

If you prefer to complete the survey by mail please fill it out completely and return it to us in the provided postage-paid envelope in the next 2 weeks. If you prefer to complete it by phone you may reach us at 1-800-887-1699 to set up an appointment. Whether you choose to do the survey by mail or phone, someone will call to make sure you received the survey and to answer any questions. We have enclosed McDonald's coupons as a thank you for taking the time to answer these questions.

Why was I sent this survey?

You signed a consent form to participate in a study being conducted by EIRI in partnership with the Wyoming Legislature and (Center Name). Your <u>honest</u> answers are needed to help improve services for children and families in the future.

Who will see my answers?

Your answers are very private. Only staff at EIRI will see your answers; we will not show your individual responses to the program. If you have any questions or concerns about the study, please contact Linda Goetze or Diane Behl at Utah State University at 1-800-887-1699.
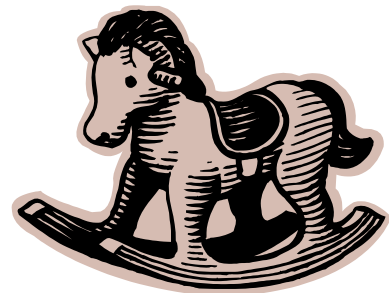
Section 1: About You and Your Child

Name of child in (Center Name): _____

Date of Birth: _____

Name of Parent/Guardian completing survey: _____

Relationship to child: _____

Date survey completed: _____

1. How old was your child when you first learned that he or she had special needs or developmental delays? *Please check one.*

       ○ Less than 6 months

       ○ Between 6 months and 1 year

       ○ Between 1 and 2 years

       ○ 2 – 3 years

       ○ 3 – 5 years

2. Is your child still receiving services from (Center Name)? *Please check one.*

       ○ Yes (go to 3)

       ○ No; **If no,** when did your child stop receiving services from the (Center

           Name)?_____

           If no, what was the reason for stopping services? _____

If your child stopped getting services within the last 3 months please continue. If it has been longer than 3 months ago, then you do not need to complete the rest of the survey.

Section 2: Getting Connected with (Center Name)

3. How did you find out about (Center Name)? *Please check ALL that apply*.

○ Child's doctor or nurse	○ Hospital
○ Neighbor/friend	○ Early Intervention Provider
○ Child care provider	○ Screening Clinic
○ Advertisement (newspaper, radio, etc.)	○ Brochure/Flyer
○ Family member	○ Bureau of Health Office
○ Case manager/Family service coordinator	○ Other (specify): _____
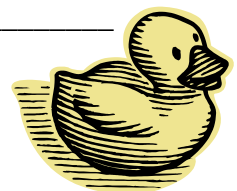
4. Please rate how well (Center Name) explained the steps for getting your child into the program.

Please check one.

Poor	Fair	Good	Excellent
○	○	○	○

5a. Please rate the program in telling you about the services they offer. ***Please check one.***

Poor	Fair	Good	Excellent
○	○	○	○

5b. If you answered poor or fair, please suggest improvements: _____

_____

_____

Section 3: Eligibility Evaluation or Your Annual Re-Evaluation

Preschool programs do eligibility evaluations and annual re-evaluations with children to measure their development and to see how much they are changing. This may involve testing and interviews to see what your child's skills and abilities are. Evaluations are often done in preparation for making goals and writing a formal report called the IFSP or IEP. <u>Think of the last time your child had an evaluation when answering the following questions.</u>

6. Please rate how well this last evaluation addressed your concerns. ***Please check one.***

Poor	Fair	Good	Excellent
○	○	○	○

7. Please rate how well this last evaluation identified your child's strengths. ***Please check one.***

Poor	Fair	Good	Excellent
○	○	○	○

8a. Please rate your overall satisfaction with this last evaluation process. ***Please check one.***

Poor	Fair	Good	Excellent
○	○	○	○

8b. If you answered fair or poor, please describe anything that would have made the evaluation better: _____

Section 4: Your Child's IFSP/IEP.

An Individual Family Support Plan (IFSP) **is a written document listing goals and services for your child and family if your** *child is less than 3 years old***.**

*An Individualized Education Plan (IEP***) is a written document listing goals and services for your child if your** *child is more than 3 years old.*

9. Do you have an IFSP or IEP that lists goals and services? *Please check one.*

○ Yes

○ No **(skip to section 5)**

○ Don't know **(skip to section 5)**

10. Please rate how well the IFSP/IEP lists goals that are important to you. *Please check one.*

Poor	Fair	Good	Excellent
○	○	○	○

11. Who came up with the goals on your child's IFSP/IEP? *Please check one.*

○ Mostly your family

○ Mostly the program staff

○ Your family and the program staff together

○ Other; if other, please describe: _____

12. How did you feel about your family's involvement in the decisions about your child's

IFSP/IEP? *Please check one.*

We wanted to be involved a lot more	We wanted to be involved a little more	We were involved about the right amount	We wanted to be involved a little less	We wanted to be involved a lot less
○	○	○	○	○

13. Are you getting **any** additional services for your child that are NOT listed on your IFSP/IEP (for example, therapies that you have found and paid for on your own)? *Please check one.*

○ Yes; please list which services: _____

○ No

Section 5: Serving Your Child and Family

Please think about the teachers, therapists, and other professionals from the (Center Name) who work with your child this year. Please rate your agreement with the following statements on a scale from 1 to 4 where 1 means "strongly disagree", 2 means "disagree", 3 means "agree", and 4 means "strongly agree". *Please check one in each row.*

Please rate your agreement with the following:	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
14. I have good feelings about the professionals who work with my child this year…………………….	❍	❍	❍	❍
15. The professionals who work with my child respect the values and cultural background of my family…	❍	❍	❍	❍
16. The professionals who work with my child listen to my opinion…………………………………...	❍	❍	❍	❍

17. Since the beginning of the school year which of the following activities, have you or another adult in the household participated in at the preschool? *Please check all that apply*

❍ Attended a general school meeting, for example, back to school night or a meeting of a parent-teacher organization

❍ Attended a school or class event such as a play or holiday program

❍ Volunteered in my child's classroom for at least 30 minutes

❍ Helped with field trips or other special events

❍ Participated on an advisory council or board

❍ Participated in fundraising activities

❍ None of the above; please describe any barriers to participation: _____

_____

18. Has (Center Name) provided you with information about parent groups such as the Wyoming Parent and Resource Center or Family Voices? *Please check one.*

❍ Yes

❍ No
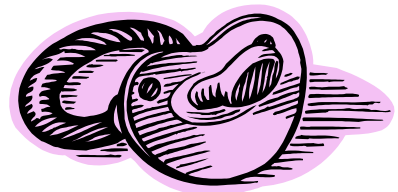
This next set of questions is about the services your child is getting through (Center Name).

19. Please rate the **amount** of services your child is getting through (Center Name). *Please check one.*

Less than needed	About the right amount	More than needed
○	○	○

20. If you checked "less than needed," what services would you like to see increased? _____

_____

21. Please rate the **general quality** of the services your child is getting through (Center Name). *Please check one.*

Poor	Fair	Good	Excellent
○	○	○	○

22. Please rate the choices in **providers** offered to you. *Please check one.*

Poor	Fair	Good	Excellent
○	○	○	○

23. Please rate the choices in **location** of services offered to you. *Please check one.*

Poor	Fair	Good	Excellent
○	○	○	○

24. Are there any services that you think are important that you are **not** getting? *Please check one.*

○ Yes; if yes, please list which services: _____

_____

○ No

Section 6: Your Family Service Coordinator or Case Manager

In this section we would like to learn more about your Family Service Coordinator or Case Manager from (Center Name). You may not know them by this title, but they are the person who sets up evaluations and IFSP/IEP meetings for you, helps fill out paperwork, answers any questions that you might have about the early intervention and preschool system, and helps you with finding and making changes to services. While answering these questions please think of the <u>one</u> person from the (Center Name) that best fits this description of what a Family Service Coordinator or Case Manager is.

25. Does your Family Service Coordinator or Case Manager speak the same language you do? *Please check one.*

    ❍ Yes

    ❍ No; If no, do you have a translator that helps you talk with your Family Service Coordinator or Case Manager? *Please check one.*

        ❍ Yes
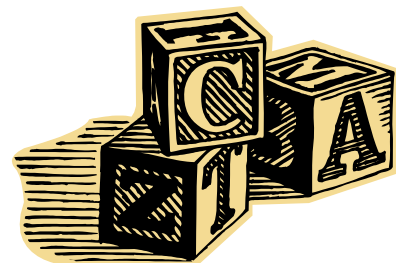
        ❍ No

26. Were you given a choice in who would be your Family Service Coordinator or Case Manager? *Please check one.*

    ❍ Yes

    ❍ No

27. Do you know you can change your Family Service Coordinator or Case Manager if you're unhappy with her? *Please check one.*

    ❍ Yes

    ❍ No

28. How often do you talk with your Family Service Coordinator or Case Manager?

Please check ONE.

- ◯ Several times a week
- ◯ Once a week
- ◯ 2-3 times a month
- ◯ Once a month
- ◯ Every 2-3 months
- ◯ Every 4-6 months
- ◯ Every 7-12 months

29. How do you **usually** talk with your Family Service Coordinator or Case Manager?

Please check only ONE.

- ◯ On the phone
- ◯ In her office/center
- ◯ Mail/Letter
- ◯ In your home
- ◯ Other: _____

30. Please rate how easy it is to contact your Family Service Coordinator or Case Manager.

Please check one.

Very Difficult	Difficult	Easy	Very Easy
◯	◯	◯	◯

31. Please rate how easy it is to work with your Family Service Coordinator or Case Manager when you want to make changes in your child's services. *Please check one.*

Very Difficult	Difficult	Easy	Very Easy
◯	◯	◯	◯
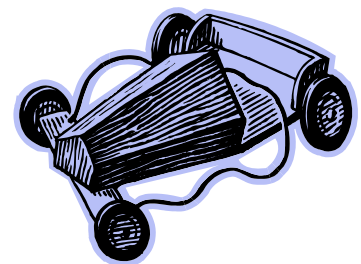
Please rate the following statements about your Family Service Coordinator or Case Manager on a scale from 1 to 4 where <u>1</u> means "poor", <u>2</u> means "fair", <u>3</u> means "good", and <u>4</u> means "excellent". <u>For any that are not applicable to you or that you don't know, write a note to the side.</u> *Please check one in each row.*

Please rate the following:	**Poor (1)**	**Fair (2)**	**Good (3)**	**Excellent (4)**
32. Your Family Service Coordinator or Case Manager on helping you get all the services most important for your child and your family……………………………………………………..	○	○	○	○
33. Your Family Service Coordinator or Case Manager on making sure all providers understand what one another are doing. Providers include therapists and specialists……………	○	○	○	○
34. Your Family Service Coordinator or Case Manager on being a good listener…………………………………..……	○	○	○	○
35. Your Family Service Coordinator or Case Manager's knowledge about how children grow and learn………………..	○	○	○	○
36. How well your Family Service Coordinator or Case Manager explains things in a way you understand……………	○	○	○	○
37. How well your Family Service Coordinator or Case Manager understands your family's overall needs…….............	○	○	○	○

38. Do you have other comments about your Family Service Coordinator or Case Manager that you would like to share with us? _____

_____

_____

39. Do you have any Family Service Coordinators or Case Managers from other programs? *Please check one.*

    ○ Yes; If yes, where do they work? _____

    ○ No

Section 7: Your Family Routine

Families have things they need to do every day, like going to work, getting children to school and taking care of their homes. The next few questions are about how well your child's services fit with the activities that are important for your family. Please rate the following on a scale from 1 to 4 where 1 means "poor", 2 means "fair", 3 means "good", and 4 means "excellent". *Please check one in each row.*

Please rate the following:	Poor (1)	Fair (2)	Good (3)	Excellent (4)
40. How well the services you and your child receive fit into your daily activities……………………………………..................	❍	❍	❍	❍
41. Your providers from (Center Name) on understanding your family's day-to-day activities………………………………….	❍	❍	❍	❍
42. Your providers' respect for your family's beliefs and traditions……………………………………….…………	❍	❍	❍	❍
43. How well the staff from (Center Name) have shown you helpful ways to work with your child……………................................	❍	❍	❍	❍

44. How often does your child get together with other children (not including siblings) outside of preschool? *Please check one.*

   ❍ Almost never
   ❍ Less than once a week
   ❍ 1-2 days per week
   ❍ 3-4 days per week
   ❍ 5-6 days per week
   ❍ Every day

45. Where does your child get together with others? *Check ALL that apply.*

   ❍ Our home
   ❍ Friend's home
   ❍ Babysitter's home/child care setting
   ❍ Regular preschool
   ❍ Organized play group
   ❍ Recreation center
   ❍ Other; If other, please describe: _____
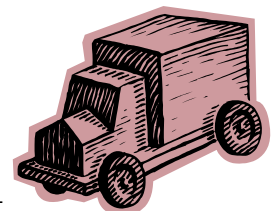
46. Are you or your spouse/partner working less than you normally would because of your child's needs? *Please check yes or no and then check one option on the scale below.*

     ◯ Yes

     ◯ No

Not able to work	Working less	Working the same	Working more
◯	◯	◯	◯

Please rate your agreement with the following statements on a scale from 1 to 4 where <u>4</u> means "strongly disagree", <u>3</u> means "disagree", <u>2</u> means "agree", and <u>1</u> means "strongly agree". *Please check one in each row.*

Please rate your agreement with the following:	Strongly Disagree (4)	Disagree (3)	Agree (2)	Strongly Agree (1)
47. My child does not have opportunities to take part in activities and go places that other children his/her age do…………...…………………………………...	◯	◯	◯	◯
48. It is difficult for our family to take part in activities and go places that we would like because of my <u>child's special needs</u>……………………………	◯	◯	◯	◯
49. We see family and friends less than I would like because of my <u>child's needs</u>…………………………	◯	◯	◯	◯
50. I don't have much time left over for other family members after caring for my <u>child's needs</u>………….	◯	◯	◯	◯
51. Nobody understands the burden I carry…………	◯	◯	◯	◯

Section 8: Changes in my Child's Development & Health

52. Overall, how would you describe your child's progress in the past year? *Please check one.*

Fell behind a lot	Fell behind somewhat	Stayed the same	Some progress	Lots of progress
◯	◯	◯	◯	◯

53. How would you describe your child's health over the past year? *Please check one.*

Got a lot worse	Got somewhat worse	About the same	Some improvement	A great deal of improvement
◯	◯	◯	◯	◯

Section 9: Transition into Part B (ages 3 to 5) Preschool Services

If your child is <u>younger than 3 years of age</u>, please skip this section and go to section 10. These questions are to be completed only if your child is 3 years or older AND received services from (Center Name) before turning 3.

The following section asks about your experience when your child moved from the program serving children birth to age 3 to his or her current program that serves children 3 to 5 years.

54. Please rate your understanding of the procedures related to this change in programs.
Please check one.

Poor	Fair	Good	Excellent
❍	❍	❍	❍

55. After your child moved into his or her current program was there a change in the services received? *Please check one.*

Yes, a lot fewer	Yes, somewhat less	No, about the same	Yes, a little more	Yes, a lot more
❍	❍	❍	❍	❍

Please rate the following statements on a scale from 1 to 4 where <u>1</u> means "poor", <u>2</u> means "fair", <u>3</u> means "good", and <u>4</u> means "excellent". *Please check one in each row*.

Please rate the following:	Poor (1)	Fair (2)	Good (3)	Excellent (4)
56. Your Family Service Coordinator or Case Manager on talking to you about changes in services when your child turned 3 years old……………………………………………………	❍	❍	❍	❍
57. The choices in services you had when your child turned 3 years old………………………………………………………	❍	❍	❍	❍
58. How ready you felt in making decisions about your child's future once he/she left the birth to 3 program…………..………	❍	❍	❍	❍
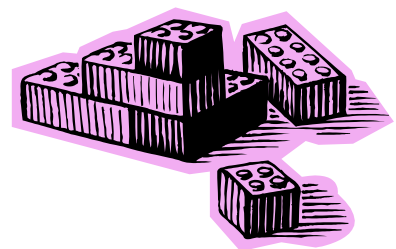
Section 10: Demographics (Almost done!)

This last set of questions is about your family. Your answers will be held in the strictest confidence. You do not need to answer any questions that seem too personal.

59. Which language(s) is(are) spoken most often in your home? *Please check ALL that apply.*

○English

○Spanish

○Other; if other, please specify: _____

60. What was your total household income in the past year (including child support and public assistance)? *Please check one.*

○ Less than $20,000

○ $20,000 - $39,999

○ $40,000 - $59,999

○ $60,000 - $79,999

○ $80,000 - $99,999

○ $100,000 or More

○ Prefer not to say

61. How would you describe your child's race or ethnicity? *Please check one.*

○ Caucasian or White

○ Hispanic or Latino

○ African-American or Black

○ Native American

○ Asian

○ Pacific Islander

○ Multi-ethnic/racial

○ Prefer not to say
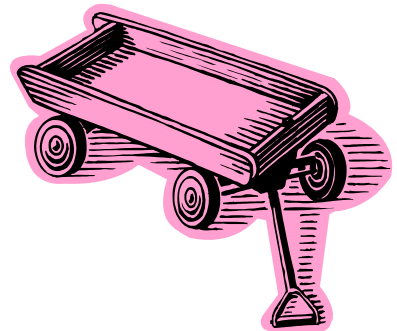
62. What is the highest education level of your child's mother (or female caregiver who is most involved in your child's life)? ***Please check one.***

- ⭕ less than high school
- ⭕ some high school
- ⭕ high school diploma/G.E.D.
- ⭕ some college
- ⭕ associate degree
- ⭕ bachelor's degree
- ⭕ some graduate school
- ⭕ master's degree
- ⭕ doctorate degree
- ⭕ prefer not to say
- ⭕ no mother/female caregiver in home

63. What is the highest education level of your child's father (or male caregiver who is most involved in your child's life)? ***Please check one.***

- ⭕ less than high school
- ⭕ some high school
- ⭕ high school diploma/G.E.D.
- ⭕ some college
- ⭕ associate degree
- ⭕ bachelor's degree
- ⭕ some graduate school
- ⭕ master's degree
- ⭕ doctorate degree
- ⭕ prefer not to say
- ⭕ no father/male caregiver in home

64. What is the current paid occupation of the mother or other female caregiver in the home? _____

_____

65. What is the current paid occupation of the father or other male caregiver in the home? _____

_____

66a. Does your child have health insurance coverage? *Please check one.*

◯ Yes **(go to 66b)**

◯ No **(go to 66d & 66e)**

66b. Who helps you pay for your medical expenses? *Check all that apply.*

◯ ACS Wyoming Equality Care (Medicaid)

◯ KidCare CHIP

◯ Title XIX

◯ Children's Special Health Services (CSHS)

◯ Military (CHAMPUS, TRICARE)

◯ Indian Health Services

◯ Employer plan through Father

◯ Employer plan through Mother

◯ Private insurance bought directly from an insurance company and not through an employer or union

◯ Other; if other, please describe: **66c.**_____

◯ Don't Know

66d. How long has your child been without insurance? **Months _____ Years _____**

66e. Did anyone from (Center Name) offer to help you get insurance? *Please check one.*

◯ Yes

◯ No

There is a chance that we may need to contact you sometime within the next year. We want to make sure we do not lose track of you. Do you have an email address?

Email Address: _____

Please list the name and phone number of two people who are likely to know where you are if you move:

Name: _____

Phone number with area code: _____

Name: _____

Phone number with area code: _____

That was the last question! If there are any questions you would like to ask us or comments you would like to share please do so. _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you very much for taking the time to answer these questions and for helping us with this study. Please return the survey in the provided postage paid envelope.

Child Development Tracking Form

Region_____

Center_____

Child developmental assessments: Developmental age equivalent scores are needed for all children enrolled in the Wyoming preschool study.

1. For each subject enrolled, determine developmental age equivalent scores at time of entry into the program, or testing that occurred at least 6 months ago - this is called the "Time 1 score".

2. Time 2 assessment scores are needed to measure rate of developmental progress. This needs to have occurred **at least 6 months after the date of the Time 1 assessment**.
   a. You can send these existing scores to us, or
   b. Re-assess the child before July, 2005; testing most likely will need to occur by the end of May for children not returning for the summer. Ideally, we'd like a re-assessment in each area assessed at Time 1. At minimum, re-test in each area for which there was a delay demonstrated in the Time 1 assessment.

3. Various assessments could be used, including criterion-referenced assessments, provided it gives us **an exact age equivalent score** and not an "age range".

4. Please contact Diane Behl at 1-800-887-1699 with any questions.

Child Name_____

Domain Area	Measure Used	(Month/Day/Year) Administered	AE Score	Any Other Standard Score if Available
Cognitive Time 1				
Cognitive Time 2				
Gross Motor Time 1				
Gross Motor Time 2				
Fine Motor Time 1				
Fine Motor Time 2				
Motor Total Time 1				
Motor Total Time 2				
Receptive Lang. Time 1				
Receptive Lang Time 2				
Expressive Lang Time 1				
Expressive Lang Time 2				
Language Total Time 1				
Language Total Time 2				
Social/Emotional Time 1				
Social/Emotional Time 2				
Adaptive/Self Help Time 1				
Adaptive/Self Help Time 2				

Wyoming Preschool Study
Birth to 5 Professional Provider Questionnaire

The Early Intervention Research Institute (EIRI) at Utah State University is conducting an important study in partnership with the Wyoming State Legislature and Wyoming Preschool program centers throughout the state. With this questionnaire, we hope to learn about your unique experience as a preschool service provider.

Your honest answers are needed to help ensure continued success for the Wyoming Preschool program in the future. Your answers are very private. Only staff at EIRI will see your answers; we will <u>not</u> show your individual responses to the state legislature or your program. Results from this questionnaire and other measures will be used to give an overall picture of how the Wyoming Preschool system works. Also, results will be used to determine ways to improve supports for preschool providers, children, and families.

This questionnaire is for professionals who provide direct service, including COTAs and contracted staff, but not aides. If you have any questions or concerns about the study or this questionnaire, you may contact *Linda Goetze* (LGoetze@eiri.usu.edu) or *Diane Behl* (behld@eiri.usu.edu) at Utah State University by e-mail or phone at 1-800-887-1699. **We ask that you please return this questionnaire to us within *2 weeks* in the provided business reply envelope.**

Thank you in advance for your time and contribution to this very important study. We look forward to receiving your completed questionnaire next week.

Section 1: Background Information

Name: _____

Center: _____

1. What is your race/ethnicity? _____

2. What is your year of birth? _____

3. In which language(s) are you able to converse with families? *Please check ALL that apply.*

    ❍ English
    ❍ Spanish
    ❍ Sign Language
    ❍ Other(s): _____

4. Do you have an additional job outside of your position with the Wyoming Preschool Program? *Please check ONE.*

    ❍ Yes; if yes please specify: _____
    ❍ No

5. Do you provide services to children that are not enrolled in Part B or Part C?
    Please check ONE.

    ❍ Yes; if yes, please describe population served: _____
    ❍ No

6. What is(are) your current position(s) with the Wyoming Preschool System?
    Please check ALL that apply.

    Part C (Birth up to age 3)
    ❍ Family Service Coordinator
    ❍ Orientation/Mobility Specialist
    ❍ Physical Therapist
    ❍ Psychologist/Behavioral Specialist
    ❍ Social Worker
    ❍ Speech/Language Pathologist
    ❍ Occupational Therapist
    ❍ Early childhood special educator
    ❍ Early interventionist/
        Developmental Specialist
    ❍ Adaptive Physical Education Specialist
    ❍ Other: _____

    Part B (3 to 5 years)
    ❍ Case manager
    ❍ Orientation/Mobility Specialist
    ❍ Physical Therapist
    ❍ Psychologist/Behavioral Specialist
    ❍ Social Worker
    ❍ Speech/Language Pathologist
    ❍ Occupational Therapist
    ❍ Early childhood special educator
    ❍ Early interventionist/
        Developmental Specialist
    ❍ Adaptive Physical Education Specialist
    ❍ Preschool classroom teacher
    ❍ Other: _____

7. How many hours a week do you typically work as a Part C (Birth up to age 3) Family Service Coordinator? *Please give your best estimate.* _____

8. How many hours a week do you typically work as a Part B (3 to 5 years) Case manager? *Please give your best estimate.* _____

9. How many hours a week do you typically work as a Preschool classroom teacher? *Please give your best estimate.* _____

10. How many hours a week do you typically work as a Part C (Birth up to age 3) therapist? *Please give your best estimate.* _____

11. How many hours a week do you typically work as a Part B (3 to 5 years) therapist? *Please give your best estimate.* _____

12. How many hours a week do you typically work as an early interventionist/developmental specialist? *Please give your best estimate.* _____

Section 2: Experience and Training

13. How many years have you worked in your current position(s) with the Wyoming Preschool System? *Please give your best estimate.* _____

14. How many years have you worked professionally with children ages birth through 5 years? *Please give your best estimate.* _____

15. How many years have you worked professionally with children with disabilities? *Please give your best estimate.* _____

16. Please check each kind of degree you have received. Then, using the space provided, please write in the discipline(s) or major(s) of your degree(s). *Please check ALL that apply.*

     ○ High School Diploma or GED
     ○ Associate Degree   Discipline/Major: _____
     ○ Bachelor's Degree   Discipline/Major: _____
     ○ Master's Degree   Discipline/Major: _____
     ○ Doctoral Degree   Discipline/Major: _____

17. Please indicate any discipline(s) in which you hold a current professional license, credential, or certificate. *Please check ALL that apply. If you don't have any, please write N/A in the margin.*

	Discipline		*Discipline*
	Audiology		Orientation/Mobility
	Child Development		Physical Therapy
	Elementary/Secondary Education		Psychology
	Early Childhood Education		Public Health
	Early Childhood Special Education		Social Work
	Family Therapy/Counseling		Special Education
	Medicine		Speech/Language Pathology
	Nursing		WY Part C credential
	Nutrition		Other: _____
	Occupational Therapy		Other: _____

18. Please rate your understanding of and knowledge about the Individuals with Disabilities Education Act (IDEA) regulations for children birth to age 5. *Please check ONE.*

       Poor   Fair   Good   Excellent
        ○   ○   ○   ○

19. How informed are you about work done by the local interagency coordinating council (LICC) or other interagency efforts occurring in your area? *Please check ONE.*

Not at all informed	Somewhat informed	Fairly well informed	Very well informed
○	○	○	○

20. During the last 12 months, how many hours of training have you received? Training includes both individual and group trainings or workshops conducted by your program or others in the local or state community. *Please give your best estimate.* _____

21. Please rate trainings currently offered by the Wyoming Preschool system: *Please check ONE.*

Poor	Fair	Good	Excellent	N/A (have not attended)
○	○	○	○	○

22. How could trainings be improved? _____

_____

_____

Section 3: Supervision

23. Do you have a supervisor? *Please check ONE.*

   ○ Yes
   ○ No

24. If you have a work-related concern or problem how do you solve it? *Please check ALL that apply.*

   ○ Discuss with co-workers
   ○ Discuss with supervisor
   ○ Solve it on own
   ○ Refer to policies
   ○ Other: _____

25. Which one of the above do you use most often? _____

26. Other than at IFSP/IEP meetings, how do you and other staff come together to discuss and plan for the children in your program? *Please check ALL that apply.*

   ❍ Staff communicates on an as-needed basis.
   ❍ We hold regular weekly meetings.
   ❍ We hold regular biweekly meetings.
   ❍ We hold regular monthly meetings.
   ❍ We provide release time or change program hours so that both service coordinators and other providers can attend meetings regularly.
   ❍ We hold common in-service meetings and training sessions for early intervention staff.
   ❍ Other: _____

   _____

Section 4: Case Load

27. What is the number of *Part C* children in your current caseload for whom you are the family service coordinator only? _____

28. What is the number of *Part C* children in your current caseload for whom you are both the family service coordinator and therapist/interventionist? _____

29. What is the number of *Part B* children in your current caseload for whom you are the case manager only? _____

30. What is the number of *Part B* children in your current caseload for whom you are both the case manager and therapist/interventionist? _____

31. What is the number of *Part C* (Birth up to age 3) children in your current caseload for whom you are the therapist/interventionist only? _____

32. What is the number of *Part B* (3 to 5 years) children in your current caseload for whom you are the therapist/interventionist only? _____

Section 5: Service Coordinators and Case Managers

Are you a family service coordinator (Part C) or case manager (Part B) for the Wyoming Preschool System? *Please check ONE.*

   ❍ Yes
   ❍ No *(Please skip to Section 6, you do not need to complete this section.)*

33. How many of the families you serve also have a family service coordinator/case manager from another agency or program? *Please check ONE.*

None	Less than 25%	25-50%	51-75%	Over 75%
○	○	○	○	○

34. During the last 12 months, on average, how often have you communicated (by phone, in person, or in writing) with each family about their child's progress, excluding routine IFSP/IEP meetings? *Please check ONE.*

- ○ At least once a week
- ○ A few times a month
- ○ About once a month
- ○ Less than once a month
- ○ Never

Perceptions

35. How satisfied are you with your current job as a family service coordinator/case manager? *Please check ONE.*

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
○	○	○	○

36. What is the most pleasurable part of your job as a family service coordinator/case manager?_____

_____

_____

37. What is the least pleasurable part of your job as a family service coordinator/case manager?_____

_____

_____

38. Please rate the adequacy of your pay considering your responsibilities and hours worked. *Please check ONE.*

Very Inadequate	Inadequate	Adequate	Very Adequate
○	○	○	○

39. In general, how well do you think the family service coordination/case management model in your community is working? *Please check ONE.*

Not working	Working poorly	Working well	Working extremely well
❍	❍	❍	❍

40. What would help improve your performance as a family service coordinator/case manager?_____

_____

_____

Section 6: Preschool Classroom Teachers

Are you a preschool classroom teacher for the Wyoming preschool system? *Please check ONE.*

❍ Yes
❍ No *(Please skip to Section 7, you do not need to complete this section.)*

The Classroom Experience

Thinking of all the children in your classroom, regardless of what program they have transitioned from, please rate how often the following strategies are used **before** children start in your program in order to support the transition **into** your school, program, or classroom? *Please check ONE in each row.*

Please rate the following:	Rarely (<10%)	Sometimes (10-50%)	Often (51-90%)	Almost Always (>90%)
41. You receive each child's previous records…	❍	❍	❍	❍
42. The sending programs provide information about each child……………………………..	❍	❍	❍	❍
43. Someone from your program provides parents with written information about your program…………………………………..	❍	❍	❍	❍
44. Someone from your program calls each child's parents…………………………….…	❍	❍	❍	❍
45. The parents or guardians of each child are encouraged to meet the staff…………………	❍	❍	❍	❍
46. Each child and family visits your classroom or school…………………………………..	❍	❍	❍	❍

Please rate the following:	Rarely (<10%)	Sometimes (10-50%)	Often (51-90%)	Almost Always (>90%)
47. Someone from your program visits each child's home………………………………………	❍	❍	❍	❍
48. Someone from your program visits each child's previous setting………………………	❍	❍	❍	❍
49. Someone from your program meets with staff of the sending program(s) about each child……………………………………………..	❍	❍	❍	❍
50. Someone from your program participates in IEP development for each child…………..	❍	❍	❍	❍
51. Your staff develops preparatory strategies for each child (e.g. behavior plans, school scheduling modifications, etc.) ………………	❍	❍	❍	❍
52. Other:_____	❍	❍	❍	❍

53. How do you communicate with the parent(s) or guardian(s) of your students?
Please check ALL that apply.

- ❍ I give parents regular written progress reports.
- ❍ I call them on the phone, send email, or send notes home.
- ❍ I speak with parents before or after school when their child is being dropped off or picked up.
- ❍ We have regularly scheduled parent-teacher meetings.
- ❍ We share a daily or weekly journal for their child.
- ❍ There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- ❍ Parents have access to the school's web site with information specifically for parents.
- ❍ Other (Specify: _____)

54. Thinking of the daily routine of students in your class, how do the students spend their day? Please rate each of the following activities in order of frequency. Order them from 1 to 5 where 1=most frequent activity and 5=least frequent activity.
Please enter one number on each line.

Instructional or therapy services outside the classroom	
Adult-directed whole class activities	
Adult-directed small group activities	
Adult-directed individual activities	
Child-selected activities	

Please indicate whether or not your program uses each of the following methods to support social interaction between children with and without disabilities.
Please check ONE in each row.

Method	Yes	No
55. We present a specific disability awareness program during group times….	○	○
56. We assign children without disabilities to be "helpers" or "buddies" to children with disabilities…………………………………………………………..	○	○
57. We prompt and reinforce children with disabilities for initiating and maintaining interactions with children without disabilities………………….	○	○
58. We prompt and reinforce the children without disabilities for initiating and maintaining interactions with children with disabilities…………………	○	○
59. We structure play and task situations so that they require interaction between children with and without disabilities………………………………..	○	○
60. Other: _____ _____	○	○

Perceptions

61. The following are statements commonly associated with various educational philosophies. Please read over this list and then rate the top three philosophies that reflect your approach to working with students. Please use the boxes provided below to indicate your first preference, your second preference, and your third preference by placing the item letter in the appropriate box.

#1:	#2:	#3:

A	I assume that children learn naturally when they are developmentally ready. The interests of the children and age appropriateness of skills are emphasized in determining program content.
B	I believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.
C	I emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.
D	I combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.
E	I emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian who is taught to interpret the child's behavior and respond appropriately.
F	I focus on a child's medical diagnosis and concentrate on therapeutic intervention.
G	I recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.

62. How satisfied are you with your current job as a preschool teacher? *Please check ONE.*

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
❍	❍	❍	❍

63. What is the most pleasurable part of your job as a preschool teacher? _____

_____

_____

_____

_____

64. What is the least pleasurable part of your job as a preschool teacher? _____

_____

_____

_____

65. Please rate the adequacy of your pay considering your responsibilities and hours worked.
Please check ONE.

Very Inadequate	Inadequate	Adequate	Very Adequate
❍	❍	❍	❍

66. In general, how well do you think the Preschool model in your community is working?
Please check ONE.

Not working	Working poorly	Working well	Working extremely well
❍	❍	❍	❍

67. What would help improve your performance as a preschool provider? _____

_____

_____

_____

Section 7: Therapists & Early Interventionists/Developmental Specialists

Are you a therapist/interventionist for the Wyoming Preschool System? *Please check ONE.*
- ❍ Yes
- ❍ No *(Please discontinue, you do not need to complete this section.)*

Perceptions

From your experience with the Wyoming Preschool System as a whole (including Part C and Part B), please rate the following statements. *Please check ONE in each row.*

Please rate the following:	Almost Never	Sometimes	Often	Almost Always
68. Parents participate in therapy sessions…….…....	❍	❍	❍	❍
69. Parents follow therapist recommendations……....	❍	❍	❍	❍
70. Specialized equipment is available for families to borrow………………………………………....	❍	❍	❍	❍
71. Specialized equipment is available for therapists to borrow……………………………....…...	❍	❍	❍	❍

Please rate the following:	Almost Never	Sometimes	Often	Almost Always
72. It is easy for families to find needed services in our community to meet with child and family needs……………………	❍	❍	❍	❍
73. Families without private insurance or Medicaid have access to the broad array of needed services	❍	❍	❍	❍
74. Providers in our community share resource information……………………………………………..	❍	❍	❍	❍
75. Individual providers communicate well with one another..…………………………………………	❍	❍	❍	❍
76. There are few waiting lists for services (such as respite, SCHIP, etc.) for eligible children and families in our community…………………………	❍	❍	❍	❍
77. Therapy services include evening hours……...…	❍	❍	❍	❍
78. IFSPs/IEPs are developed within 45 days………	❍	❍	❍	❍
79. Providers who serve children and their families are dedicated…………………………………………	❍	❍	❍	❍
80. Partnerships with child care and preschool programs are being established so that children with disabilities are included and accommodated	❍	❍	❍	❍
81. The IFSP/IEP is a meaningful plan that is followed……………………………………………	❍	❍	❍	❍

Wyoming Preschool Study
Provider Survey on Direct and Non-Direct Services

Purpose:
To learn about the system of care for the children and families participating in this study.

Information needed:
This survey is designed to capture the services **delivered** for children and families during a typical 4 week service period (20 continuous work days) for the children who are on your caseload <u>and</u> who are also enrolled in this study.

Procedures:
1) Think of a "typical 4 weeks" this would <u>not</u> include extensive holidays, trainings, or assessments for example. Also the beginning and end of the calendar year or school year may not be typical.
2) Check your case notes, calendar, and the child's file when filling out these forms.
3) Keep in mind children and families do not always receive the services prescribed on their IFSP or IEP due to illness, vacations, and or for other reasons.
4) The first set of forms deals with direct services and the second with non-direct services. A **direct service** form will need to be completed for each of the children on your caseload who are also enrolled in this study. The **non-direct service** form describes activities that benefit all of the children on your case load and will only need to be filled out once. With this information we are better able to understand both the direct one-on-one and/or group services that these children and families are receiving as well as the non-direct behind the scenes work that you are doing that also benefits them.

Who completes this survey:
This survey is for professionals (Special Education teachers and Regular Education Teachers employed by CDC, COTAs, therapists, service coordinators/case workers) who provide direct service.

For help:
If you have any questions or concerns about the study or this survey, you may contact *Linda Goetze* (LGoetze@eiri.usu.edu), *Diane Behl* (behld@eiri.usu.edu), or *Rachel Johnson* (rachel@eiri.usu.edu) at Utah State University by e-mail or phone at 1-800-887-1699.

***

We ask that you please return this survey to us within *2 weeks* in the provided business reply envelope. Thank you in advance for your time and contribution to this very important study. We look forward to receiving your completed survey shortly.

Provider Name: _____ Date Completed: _____
Position(s): _____
Center(s) where you work: _____

How many hours do you typically work in a 4 week service period? _____

Child/Family Direct Services

You will need to fill out one form for each child that is on your case load and enrolled in this study. When describing the services that you provide for this child/family please think of a typical 4 week service period. Examples of direct services include: child-related transportation, transition planning, individual and group therapy, and classroom instruction.

Provider's Name: _____ **Child's Name:** _____

Section A: Individual services or services related specifically to this child/family
1) How often do you provide this child/family with one-on-one services or services related specifically to them (enter number of times per month)? _____
2) How long does it take each time (excluding travel time; enter average number of minutes or a range if needed)? _____
3) If you must travel to do this activity how many minutes does this take round trip (enter average number of minutes for a trip or a range if needed)? _____

Section B: Group services provided that included this child and family
4) How often do you serve this child/family in a group setting (enter number of times per month)? _____ What is the typical size of these groups? _____
5) How long does it take each time (excluding travel time; enter average number of minutes or a range if needed)? _____
6) If you must travel to do this activity how many minutes does this take round trip (enter average number of minutes for a trip or a range if needed)? _____

Section C: Supervision/training of other staff in implementing direct services for this child
7) How often do you supervise/train other staff in providing direct service to this child (enter number of times per month)? _____
8) How many minutes do you spend supervising/training staff in the 4 week service period (excluding travel time; enter average number of minutes or a range if needed)? _____
9) If you must travel to do this activity how many minutes does this take round trip (enter average number of minutes for a trip or a range if needed)? _____

Section D: Comments and Thoughts
_____
_____

Non-Direct Services

You only need to fill out one form for the non-direct services as these services benefit all the children and families that you serve! When describing these activities please think of a typical 4 week service period. Descriptions for each of the non-direct service activities are provided on page 4 if needed.

Provider's Name: _____

How much time do you spend in the following activities (please enter the average number of minutes per month)?

1) Education Team meetings: _____
2) Classroom preparation/lesson planning: _____
3) Screening: _____
4) Transition: _____
5) IEP/IFSP related: _____
6) Non-clinical Administration: _____
7) Staff Training: _____
8) Other; please describe: _____; _____

_____
_____
_____
_____

Total time spent in non-direct service activities in 4 weeks = _____

Non-Direct Service Activity Descriptions

Education Team Meetings	These are meetings that are organized around serving the needs of specific children, such as a staff meeting to coordinate child services, discuss changes in the child's plan, etc. Often these are also called "inter-disciplinary" or "trans-disciplinary" team meetings.
Classroom Preparation	This is time spent in planning classroom lessons/activities, adapting lessons, or planning therapy activities.
Screening	This is time spent in the planning of as well as administration of screening tests, typically to determine if full diagnostic testing is needed. It includes time spent organizing and participating in interagency screening clinics as well as administering individual screenings. Screening may be in the areas of development, hearing, or vision.
Transition	- transitioning clients from Part C to Part B, Part B to kindergarten, or out of the program when the child is no longer eligible for services - meetings with families and other professionals - arranging visits to potential placements and report writing
IFSP/IEP Related	- intake and eligibility determination - initial and re-evaluations/assessments: performance of, review of, planning for, preparing for - report writing to develop a plan for services with appropriate strategies and outcomes - case notes, progress notes, data-entry, follow-up notes - identifying and/or accessing resources, supports, and services for families - arranging for services such as transportation (taxi) - identifying needed financial assistance (i.e. Medicaid, insurance, TANF, food, housing, etc.) - meeting with families and/or other professionals or just working on paperwork related to IFSP/IEP - providing information, counseling, or support to parents - consultation with other team members
Non-Clinical Administration	- written reports or forms of record keeping for administrative purposes - non-child related staff meetings - supervision of staff - budget and grant preparation - program monitoring and evaluation - court appearances - filling out time sheets or travel reports - participating in research such as this study
Staff Training	- receiving or conducting preservice or inservice training as part of employment in the Wyoming preschool system - training not specific to a child or family

2004-2005 Wyoming Developmental Preschool Program Information & Cost Survey

Regional Office Information

Interview Date _____ **Interviewer's initials** _____ **Region ID #** _____

Preschool Regional Director's Name: _____

Region/Program Name: _____

Address 1_____

Address 2 _____

City _____, WY   **Zip**_____

Telephone: _____

SECTION 1: ENROLLMENT

1. **We would like to compare changes in enrollment by age of children for your region. Please complete the following table.**

	NUMBER OF CHILDREN ENROLLED		
Age Group	**December 2003**	**May 2004**	**December 2004**
0-3 years (Part C)			
0-3 years (Non Part C)			
3-5 years (Part B)			
3-5 years (Non Part B)			
5 years (kindergarteners)			
6 and over (school age)			

2. **How many referrals to your Part C and Part B programs were received from the following sources during the time period of Dec. 1, 2003 to Dec. 1, 2004? If different, specify time period:**_____

Referral Source	Number – Part C	Number – Part B
Physicians		
Public Health		
Early Head Start		
Head Start		
Screening		
Schools		
Child Care Providers		
Self-Referrals		
Hospital		
Other Families		
Social Services/child welfare		
Other (specify)		
Other (specify)		

3. **How many of those children who were referred were screened or evaluated and not subsequently found eligible for services?** _____

4. **Are there preschool aged children (birth to five) served in your region who live outside of your region's boundaries?**
    - ❑ No
    - ❑ Yes
    - ❑ If yes, how many? _____
    - ❑ Don't know

5. How many Spanish speaking families were served by your birth to five Developmental Preschool Program for children with disabilities as of 12-1-04? _____

SECTION 2: FUNDING

6. In the fiscal year 2004-2005 how much total <u>Part C</u> funding did you receive from the following sources? How much (or what % of these funds) were used for <u>Part C</u> services? Do these funds go directly to the region or through the state lead agency?

2004-2005	Total Earnings/Revenue for Part C	$/% for Part C	Region or State Lead Agency (circle one)	
Federal IDEA Part C			Region	State
State Part C			Region	State
Title I			Region	State
Early Head Start			Region	State
Migrant Head Start			Region	State
Medicaid			Region	State
SCHIP			Region	State
State Department of Family Services			Region	State
Other state sources (describe_____)			Region	State
TANF			Region	State
Parent Fees (non disabled)			Region	State
Bilingual Education			Region	State
Reimbursed Transportation			Region	State
Family's private insurance			Region	State
10% Local Match (was this in-kind? _____)			Region	State
Community development block grants			Region	State
State Discretionary 6B Grant			Region	State
Child Find			Region	State
State District Contract			Region	State
Private insurance			Region	State
Other Local Funds (describe_____)			Region	State
Other (specify_____)			Region	State

7a. Were any of these funds granted for this fiscal year only?   Yes   No
7b. If yes, please describe. _____

_____
_____
_____
_____

8.   In the fiscal year 2004-2005 how much total <u>Part B 3-5</u> funding did you receive from the following sources? How much (or what % of these funds were used for <u>Part B 3-5</u> services) Do these funds go directly to the region or through the state lead agency?

2004-2005	Total Earnings/Revenue for Part B	$/% for Part B	Region or Lead Agency (circle one)	
IDEA Federal Preschool			Region	State
IDEA Federal school age			Region	State
IDEA Federal pass through			Region	State
Medicaid-direct services			Region	State
State special education preschool SCHIP			Region	State
State 6B Discretionary funds			Region	State
State Department of Family Services			Region	State
Parent fees for non-disabled (i.e. preschool tuition)			Region	State
Bilingual education			Region	State
Migrant Head Start			Region	State
Head Start			Region	State
State special education school age funds			Region	State
Community development block grants			Region	State
TANF			Region	State
Child Find			Region	State
10% Local Match (was this in-kind? _____)			Region	State
Other local funds (describe_____)			Region	State
Other (describe_____)			Region	State

9a. Were any of these funds granted for this fiscal year only?   Yes   No
9b. If yes please describe. _____

_____
_____
_____
_____

SECTION 3: STAFFING

10. Consider any staff persons from your region who have left their position within the past 24 months. List the number who have left according to their reason for leaving.
For our purposes, a Head Teacher is defined as a teacher who supervises other teachers, while a Teacher or Lead Teacher is the main teacher in a classroom.

Position	Left voluntarily (employee chose to leave)	Laid off for reasons other than low enrollment	Dismissed for inadequate performance	Don't Know
# Regular Ed Head Teachers				
# Regular Ed Teachers				
# Special Ed Head Teachers				
# Special Ed Teachers				
# Assistant Teachers/ Aides				
# Administrative Directors				
# Related Staff (e.g. PT, OT, SP/L etc.)				
# Other Staff (specify_____)				

11. Thinking about the last time you tried to fill a job vacancy, how much time passed from the time the staff member left and a replacement was hired?

Position	Less than one month	More than two months	One to Two years	Unfilled
Regular Ed Head Teacher				
Regular Ed Teacher				
Special Ed Head Teacher				
Special Ed Teacher				
Assistant teacher/aide				
Administrative director				
Physical Therapist				
Occupational Therapist				
Speech/Language Therapist				
Other position (please specify _____)				

12. In those cases where it took you 3 to 4 weeks or more to fill the vacancy, which of the following are the most accurate reasons? *check all that apply*
- ❑ the pay was too low
- ❑ not enough adequately trained people applied
- ❑ low responses to advertisements
- ❑ offered positions to candidates, but they accepted jobs elsewhere
- ❑ wanted to save money, so used a substitute, temp, or floater
- ❑ because of normal administrative procedures or problems
- ❑ hours offered not a good fit with applicants' needs
- ❑ problem with location
- ❑ inadequate benefits
- ❑ Other, describe_____

13. In your most recent hiring, have you offered higher wages than that earned by your present staff that have comparable experience, training, and responsibilities?
- ❏ Yes
- ❏ No
- ❏ Don't know

14. On average, how much did you raise wages and salaries in the last 12 months?
- ❏ No raise
- ❏ 1-3% raise
- ❏ 3.1-6% raise
- ❏ over 6% raise

15. Do the new hires from the last 12 months have more or less education or qualifications than staff at the same level?
- ❏ More
- ❏ Less
- ❏ Same
- ❏ Don't Know

16. How many staff positions have you added or eliminated in the past 12 months?

Position	Number Added		Number Eliminated		*Don't Know*
	Full-time	**Part-time**	**Full-time**	**Part-time**	
Regular Ed Head Teachers					
Regular Ed Teachers					
Special Ed Head Teachers					
Special Ed Teachers					
Assistant teachers/aides					
Administrators					
Physical Therapists					
Occupational Therapists					
Speech/Language Therapists					
Other Related Services Personnel: _____ _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Center Director					
Other: _____					

17. **Working Conditions and Non-wage Benefits: Which of the following do you provide for your paid, full-time teachers, your teachers' assistants /aides, and your part-time employees? Please check all that apply.** *Note*: **"Paid" means paid by the region.**

	Full-Time			Part-Time			Other Staff
	Teachers	Teachers' assistants/aides	PTs, OTs, Sp/L & Professional Related Services Staff	Teachers	Teachers' assistants/aides	PTs, OTs, Sp/L & Professional Related Services Staff	
At least partially paid retirement plan							
Life insurance (whether paid or unpaid)							
Paid maternity/paternity leave							
Unpaid maternity/paternity leave							
Fully paid health insurance							
Partially paid health insurance							
Paid health insurance for dependents							
At least partially paid dental insurance							
Paid sick leave or personal leave							
Paid vacations							
Paid to attend staff meetings and training							
Compensation for overtime							
Flexible hours							
Written job description							
Written contract							
Written salary schedule							
Ability to bring children to work							
Reduced child care fees							
Service awards or bonuses							
Paid meals							
Disability insurance							
In-service training fees							
Travel							
Other (specify):							

SECTION 4: 2004-2005 EXPENSES

We would like to collect information about the region's expenses. We need to know how much you spend on each major category of expenses in order to calculate your total costs. If you have any records of 2004-2005 expenses, we can get this information from these reports. This can be any kind of annual report summarizing costs, such as a cash flow statement, audit, profit and loss statement, purchase or expenditure record, operating cost record, or your current annual budget if it shows expenses for the current fiscal year. You may attach a copy of this report to the survey, if it is more convenient.

Our objective in this section is to estimate the annual total costs and expenses in each major cost category for 2004-2005. If annual figures are unavailable for your region, we may use monthly figures to make estimates. Please note on the form next to your answer if you are using monthly figures.

Some of the financial information may be available through a different office or contact person, if so, please provide the information for that contact below.

Contact Person for financial information:

Name:_____

Company/Organization:_____

Address: _____

Phone Number: _____

What are the beginning and ending dates of the region's last fiscal year? _____/_____

                                                             Month   Year

Cost Category A. Personnel

How many hours are in a typical full-time work week?_____

How many hours are in a typical work day?_____

How many total hours per year do your employees work (after deducting paid sick and annual leave)?_____

Developmental Disabilities Preschool Program Personnel Costs

Name	Job Titles/Positions	Education Level/Discipline	Years Experience at This Position	Prior Experience in ECE	Case Load Number of Children Served	Part C Hours per Week	Part B Hours per Week	Total Hours Employed per Week	Months Worked per Year	Salary or Wage (gross before taxes)	Benefits

Name	Job Titles/Positions	Education Level/Discipline	Years Experience at This Position	Prior Experience in ECE	Case Load Number of Children Served	Part C Hours per Week	Part B Hours per Week	Total Hours Employed per Week	Months Worked per Year	Salary or Wage (gross before taxes)	Benefits

Name	Job Titles/Positions	Education Level/Discipline	Years Experience at This Position	Prior Experience in ECE	Case Load Number of Children Served	Part C Hours per Week	Part B Hours per Week	Total Hours Employed per Week	Months Worked per Year	Salary or Wage (gross before taxes)	Benefits

Name	Job Titles/Positions	Education Level/Discipline	Years Experience at This Position	Prior Experience in ECE	Case Load Number of Children Served	Part C Hours per Week	Part B Hours per Week	Total Hours Employed per Week	Months Worked per Year	Salary or Wage (gross before taxes)	Benefits

Wages and Salaries:

18. Do you have a breakdown of total annual wages by types of staff for 2004-2005? This figure does not include the employer's share of non-wage benefits (employer's share of non-wage benefits are included in a later question). We want to know total wages and salaries for all staff before deduction of taxes. Please include all staff that work with children, administrative staff, and any other type of employees the region employs. Do not include subcontracted workers. If you do not have a breakdown, please fill out the "total" line at the bottom of the table.

	Total annual wages
Regular Education Head Teachers	
Regular Education Teachers	
Regular Education Teacher Assistants/Aides	
Special Education Head Teachers	
Special Education Teachers	
Special Education Teacher Assistants/Aides	
Substitutes or Floaters (if they are not contracted labor)	
Specialized staff working with children	
Administrative Directors	
Related Services Staff	
Other Administrative Staff	
Food Preparation Staff	
Other noncontracted employees	
TOTAL ANNUAL WAGES PAID BY REGION	

Non-Wage Benefits:

19. What was the region's total expenditure on non-wage employee benefits for 2004-2005, for all staff, including office and kitchen staff? Include only the employer's contribution (you will be asked for the employee's contribution in a later question). Your records may have the employer's contribution listed as employee benefits and payroll taxes. Below is a list of the types of expenses typically in this category.

Non-Wage Benefits:	**Employer's contribution (in dollars)**
1. FICA (note: only the employer's matching amount)	
2. Retirement Account (employer's contribution)	
2. Unemployment insurance	
3. Worker's compensation	
4. Disability insurance	
5. Health/dental/vision insurance	
6. Life insurance for staff	
TOTAL YEAR'S NON-WAGE BENEFITS	

Staff Education/Training Costs:

20.   What was the total expenditure for the 2004-2005 fiscal year for all staff for their professional development, education or training? This would include the following:

    a. Fees for workshops or non-college courses $_____

    b. Conferences $_____

    c. Off site fees at college or university $_____

    d. State professional or public training $_____

    e. Travel allowances (for trainings only) $_____

    f. Other types of staff training/professional development $_____

       Total year's staff education/training costs: $ _____

SUBCONTRACTORS AND/OR CONSULTANTS (not including substitute teachers)

We would like to know about people who work for your region on a more irregular basis as sub-contractors/consultants. These are the people for whom you do not pay benefits and who operate more independently than the region's regular staff. Some regions will not have any people who fit in this category. (Examples of typically contracted work include accounting, therapists, psychologists, translators, etc.). Please do not include contracted substitute teachers or any food preparation expenditures in this category. (You will be asked for information about contracted substitute teachers and food costs later in the survey.)

21. Do you have workers who are hired for the region as subcontractors/consultants (do not include substitute teachers)?
- ❑ Yes
- ❑ No
- ❑ Don't Know

22. Description of Consultants Fiscal Year 2004-2005
In column A indicate the type of service the consultant or organization performed for the program (e.g., assessment, therapy, in-service training). In column B indicate when service started and ended. If service has not been completed, estimate the date of completion. In column C indicate actual or estimated number of days or hours for which the consultant will be paid. If service included training with staff, indicate how many staff received training. In column D list the hourly or daily rate paid to the consultant for services (may not apply to organizational contracts). In column E .list the total amount paid to the consultant for services based on columns C & D. Please provide the percent of total compensation for Part C services in column F and for Part B 619 services in column G.

In some cases it may be easier to list costs by type of service (A), total days or hours (C), compensation rate (D), and total compensation (E) for each type of service. You may do that if you wish.

(A) Type of Service	(B) Dates of Services	(C) Total Days or Service Hours	(D) Compensation Rate	(E) Total Compensation	(F) Part C Percent Total Compensation	(G) Part B Preschool Percent Total Compensation

23. Does your region use substitute teachers who are paid as subcontractors?
- ❑ Yes
- ❑ No
- ❑ Don't Know

24. If you do not use substitute teachers, how does your program cover when a regular teacher is absent?
- ❑ Another teacher covers
- ❑ The center director covers
- ❑ An assistant teacher/aid covers
- ❑ Other (please specify) _____

25. If you used substitute teachers paid as subcontractors last year, please enter the total annual expenditure for this expense for 2004-2005.

Total annual expenditures on subcontracted substitute teachers $ _____

26. If you hired substitute teachers as subcontractors, what were they paid on average per diem?

Substitute teachers were paid an average of $_____ per diem.

27. Please provide the number of days that subcontracted substitute teachers were used in 2004-2005 (note: the per diem amount multiplied by the number of days hired should approximate the total annual expenditure on substitute teachers).

Substitute teachers were used _____ days last year.

28. Please provide a copy of your 2004-2005 salary schedule if you have one.

SECTION 5: OTHER OPERATING COSTS

We would like to collect information on other operating costs, such as the cost of supplies, materials, and equipment that are <u>spent at the regional level</u>. Do not include costs reported on the center forms.

For our purposes we will use the following definition for equipment:

<u>Equipment</u>: something that <u>lasts more than 1 year</u> and costs over $500 such as a copy machine, dishwasher, computers, certain types of toys and furniture.

<u>This information may be available on a financial report, budget, tax statement, audit or other type of document. You may attach a copy of any such documents to this survey.</u>

Table 1. **2004-2005 Other Regional Annual Expenditures:**

Cost type:	Total Regional Cost:

Cost type:	Total Regional Cost:
Licensing and fees	
Dues and subscriptions	
Interest payments and bank service charges	
Internet Access	
Child Find	
Capital Equipment (current value)	
Rental Equipment	
Equipment maintenance and repair	
Building maintenance and repair	
Travel: Vehicle maintenance and repair	
Staff travel Mileage Reimbursement:	
Parent reimbursement for travel	
Other staff mileage reimbursement	
Insurance: property and liability	
Professional development	
Other Materials and Supplies	
Scholarships paid for regular preschool	
Other, please specify:	
Other, please specify:	
Other, please specify:	
TOTAL ANNUAL "OTHER" OPERATING COSTS	

SECTION 6: TOTAL ANNUAL OVERHEAD COSTS

If you are a part of a large sponsoring agency which provides services to your region or centers, please answer the following question.

29. How much are you charged for overhead costs, as a contribution for the costs of operating your larger system of centers?

TOTAL ANNUAL OVERHEAD COSTS: $ _____

SECTION 7: TOTAL OPERATING BUDGET

30. Please provide your total operating budget for fiscal year 2004-2005.

a. Total annual operating budget $ _____

COMMENTS/CLARIFICATION

Describe other expenditures/revenues that are important to understanding fiscal operation of your Region. Please include revenue/expenditure issues that may not be typical that occurred during the 2004-2005 fiscal year.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2004-2005 Wyoming Developmental Preschool Program Information & Cost Survey

Developmental Center Information

Interview Date _____ Interviewer's initials _____ Center ID # _____

Preschool Center Director's Name: _____

Center/Program Name: _____

Address 1_____

Address 2 _____

City _____ **, WY   Zip**_____

Telephone: _____

SECTION 1: GENERAL CENTER INFORMATION

We would like to know about the services you provide for children and families. Particularly those children age birth to five eligible for Part C & Part B 619 services. The questions in this section ask about the general structure and history of your program.

1. **What is the date this center first started to operate?** _____/_____

    month   year

2. **When did this center first begin its preschool program for birth to 5-year-olds (if different from above)?**   _____/_____

    month   year

3. **What types of programs does your center offer? (Check all that apply)**
    - ❑ *Administrative center only no direct services (**SKIP TO SECTION 5**)*
    - ❑ Full-day program (a full day program is defined as more than 30 hours per week and at least 5 days per week)
    - ❑ Part-day program (1-5 day per week program with fewer than 30 hours per week)
    - ❑ Child care program
    - ❑ Inclusive preschool/child care classrooms
    - ❑ Self-contained School
    - ❑ Self contained classrooms
    - ❑ Extended School Year Program for Preschool
    - ❑ Year-round services for Part C birth to three
    - ❑ Extended-hours care offered before, during, or after the regular school program.
    - ❑ Head Start sponsored program
    - ❑ Clinic services
    - ❑ Evening services
    - ❑ Weekend services
    - ❑ Parent support group services
    - ❑ Sick care
    - ❑ 24-hour care
    - ❑ Bilingual program
    - ❑ Other (please specify) _____

Adapted from a form developed by NIEER

4. **Which best describes your agency/program:**
   _____private/nonprofit
   _____state agency
   _____for-profit
   _____school district
   _____other

5. **What are the hours of the day your center is open? Please indicate on the table below.**

Day	Center opens at:	Center closes at:
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm
Saturday	am/pm	am/pm
Sunday	am/pm	am/pm

6. **How many months of the year is your center CLOSED? (Write "0" if your center is open 12 months a year).**
   Our center is CLOSED _____ months a year.

7. **Do you use a specific curriculum approach based on a particular philosophy, such as Montessori, High/Scope, a agency, etc.? (Check all that apply)**
   ❑ No specific curriculum approach
   ❑ Yes, Creative Curriculum
   ❑ Yes, Hawaii Early Learning Profile (HELP)
   ❑ Yes, Montessori
   ❑ Yes, High/Scope
   ❑ Yes, Waldorf
   ❑ Yes, Piaget
   ❑ Yes, Portage project
   ❑ Yes, Other (please specify):_____

8. **Did your program use any regular volunteers during 2004-2005 (parents or non-parent) who worked at your program at least 4 hours per week?**
   ❑ Yes
   ❑ No

9. **If you did not have any volunteers, how would you fulfill the tasks/services they perform?**
   ❑ Would hire additional staff
   ❑ Would contract out for these services
   ❑ Would use current staff
   ❑ Would do without these services

SECTION 2: SERVICE SETTING & ENROLLMENT

10a. Where are services delivered for children ages 0-3 that you serve? Specify Usually, Sometimes, or Never.

Developmental Center Birth to Three	Usually	Sometimes	Never
Program Office/Clinics			
Family's Home			
Child Care Centers			
Phone			
Private Preschools			
Head Start Programs			
Other (specify):_____			

10b. Where are services delivered for children ages 3-5 that you serve? Specify Usually, Sometimes, or Never.

Developmental Preschool/Private Preschool Three to Five	Usually	Sometimes	Never
Program Office/Clinics			
Family's Home			
Child Care Centers			
Phone			
Private Preschools			
Head Start Programs			
Other (specify):_____			

11. What is the maximum capacity of children your center is allowed to hold? _____

12. How many hours per day is the typical Part C, birth to three year old, child present at your center? _____ hours per day

13. How many hours per day is the typical preschool, three to five year old, special education child present at your center? _____ hours per day

14. How many hours per day is the typical child, without disabilities, present at your center? _____ hours per day

15. Do you have waitlists for any of the services offered by your center? ___Yes ___No

   If yes, please describe_____

16. Please indicate whether your center provides each of the services listed below. Note: This is a large list of services and not all centers would be expected to provide all of them.

Service	Provided by your program	Contract with Independent Provider	Not Provided or referred	Referred to other provider, but not paid by Preschool	Other (Specify)
family and parent training					
developmental therapy					
speech/language therapy and audiology services					
occupational therapy					
physical therapy					
mental health, counseling					
service coordination services					
physician services					
early identification, screening, and assessment services					
health services (public health nursing, in-home nursing)					
social work services					
vision services					
assistive technology					
Transportation Reimbursement to families					
Transportation to your program					
Transportation to or from another program					
nutrition services					
child care services					
respite care services					
travel reimbursement					
Hearing					
Adaptive Physical Education					
Orientation and Mobility					
Translation					
Meals for children (not just snacks)					
Developmental Assessments					
Psychological/Behavioral					
other:					

SECTION 3: CENTER INDIVIDUAL CLASS INFORMATION

We would like to collect information describing the make up of your individual classes. How many classes do you have at this center?_____number of classes. *(**This question refers to the number of classes, or groups of children taught in a classroom, it does not refer**

to the physical rooms). **Please refer to the following definitions when filling out the table below.**

TEACHER refers to persons in charge of the group or class of children.

RELATED SERVICES PERSONNEL refers to other professional staff such as physical therapists, occupational therapists, speech/language pathologist or other specialists such as vision or orientation and mobility experts.

ASSISTANT TEACHER/AIDS refers to persons working in a class under the supervision of a teacher or other professional.

CLASS MEETING TIME refers to the times that each class begins and ends in a typical day. This time period includes nap, snack, recess and educational components.

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials	Number of Assistants/Aids in classroom	Number of Related Service Personnel **Please fill in a number, do not check**	Number of children enrolled in each age group in class **Please fill in a number, do not check**
1	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
2	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
3	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
4	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
5	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials	Number of Assistants/Aids in classroom	Number of Related Service Personnel Please fill in a number, do not check	Number of children enrolled in each age group in class Please fill in a number, do not check
6	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
7	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
8	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
9	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
10	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
11	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
12	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials	Number of Assistants/Aids in classroom	Number of Related Service Personnel **Please fill in a number, do not check**	Number of children enrolled in each age group in class **Please fill in a number, do not check**
13	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
14	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
15	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
16	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
17	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
18	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
19	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials	Number of Assistants/Aids in classroom	Number of Related Service Personnel **Please fill in a number, do not check**	Number of children enrolled in each age group in class **Please fill in a number, do not check**
20	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
21	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
22	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
23	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
24	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
25	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
26	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials	Number of Assistants/Aids in classroom	Number of Related Service Personnel **Please fill in a number, do not check**	Number of children enrolled in each age group in class **Please fill in a number, do not check**
27	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
28	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
29	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
30	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
31	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
32	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities
33	From: _____am/pm To: _____am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ PT _____ OT _____ SP/L _____ Other (please specify _____ _____	_____ 0-3 Part C Children _____ 3-5 Part B Children _____ Other with disabilities _____ Other without disabilities

SECTION 4: FAMILY SERVICE COORDINATON PART C

17. How is the Part C family service coordinator assigned to a family? Check all that apply.
- ❑ Geographic Location of Family
- ❑ Family Service Coordinator Caseload
- ❑ Family Choice
- ❑ Family's Insurance Plan
- ❑ Complexity of Child/Family
- ❑ Other (specify) _____

18. How many children and families on average does each family service coordinator serve? _____

19. Is there an Interim Service Coordinator assigned to support the family through the eligibility process?   ___ Yes ___ No

20. Does this Interim Service Coordinator also serve the family during the IFSP process?
___ Yes   ___ No   ___ Other

21. Following the IFSP process, are families then assigned a long-term Family Service Coordinator to support them throughout the IFSP process and implementation, or do they have the same FSC that was present during the eligibility process?
- ❑ Keep the same Family Service Coordinator
- ❑ Assigned a new one
- ❑ It varies. If you marked this one, please explain the conditions that determine if a family receives a new FSC after eligibility:

_____

_____

_____

SECTION 5: CASE MANAGEMENT PART B PRESCHOOL

22. How is the Case Manager assigned to a family? Check all that apply.
- ❑ Geographic Location of Family
- ❑ Case Manger Caseload
- ❑ Family Choice
- ❑ Family's Insurance Plan
- ❑ Complexity of Child/Family
- ❑ Other (specify) _____
- ❑ N/A; our center does not have case managers for families

23. How many children and families on average does each Case Manager serve? _____

24. Is there an Interim Case Manager assigned to support the family through the eligibility process?   ___ Yes   ___ No

25. Does this interim Case Manager also serve the family during the IEP process?
___ Yes   ___ No   ___ Other

26. Following the IEP process, are families then assigned a long-term Case Manger to support them throughout the IEP process and implementation, or do they have the same CM that was present during the eligibility process?

❑ Keep the same Case Manger
❑ Assigned a new one
❑ It varies. If you marked this one, please explain the conditions that determine if a family receives a new CM after eligibility:

_____

_____

_____

SECTION 6: IFSP/IEP PROCESS

27. We are interested in the extent to which agencies and providers participate in developing IFSPs/IEPs by attending the IFSP/IEP meetings for children and families served. For each provider, CIRCLE THE NUMBER that corresponds to their level of participation in developing IFSPs/IEPs.

PART C Birth to Three

Providers	Never Participates	Participates less than 10% of the cases	Participates 10-25% of the cases	Participates 26-50% of the cases	Participates 51-75% of the cases	Participates more than 75% of the cases
a. Physicians	0	1	2	3	4	5
b. Hospitals	0	1	2	3	4	5
c. Schools	0	1	2	3	4	5
d. Social service	0	1	2	3	4	5
e. Public health nurse/ Public health agency	0	1	2	3	4	5
f. Head start/Home start	0	1	2	3	4	5
g. Child care provider	0	1	2	3	4	5
h. Community service organizations (e.g., Kiwanis, Easter Seals)	0	1	2	3	4	5
j. Community mental health center	0	1	2	3	4	5
j. Other private providers (PTs, OTs, psychologists, etc.)	0	1	2	3	4	5
k. Family advocates	0	1	2	3	4	5
l. Other, specify _____	0	1	2	3	4	5

PART B PRESCHOOL 3-5

Providers	Never Participates	Participated less than 10% of the cases	Participates 10-25% of the cases	Participates 26-50% of the cases	Participates 51-75% of the cases	Participates more than 75% of the cases
a. Physicians	0	1	2	3	4	5
b. Hospitals	0	1	2	3	4	5
c. Schools	0	1	2	3	4	5
d. Social service	0	1	2	3	4	5
e. Public health nurse/ Public health agency	0	1	2	3	4	5
f. Head start/Home start	0	1	2	3	4	5
g. Child care provider	0	1	2	3	4	5
h. Community service organizations (e.g., Kiwanis, Easter Seals)	0	1	2	3	4	5
j. Community mental health center	0	1	2	3	4	5
j. Other private providers (PTs, OTs, psychologists, etc.)	0	1	2	3	4	5
k. Family advocates	0	1	2	3	4	5
l. Other, specify _____	0	1	2	3	4	5

28. Please tell us how often individualized team meetings are conducted for Part C families you serve. Team meetings include activities such as parent teacher conferences, team staffing, semi-annual IFSP reviews, and annual IFSP reviews.

IFSP

How often	<10% of Families	10-25% of Families	25-50% of Families	50-75% of Families	>75% of Families
Monthly					
Quarterly					
Semi-Annually					
Annually					
Other (specify):_____					

29. Please tell us how often individualized team meetings are conducted for families of Part B 3-5 year old students you serve. Team meetings include activities such as parent teacher conferences, team staffing, semi-annual IEP reviews, and annual IEP reviews.

IEP

How often	<10%	10-25%	25-50%	50-75%	>75%
Monthly					
Quarterly					
Semi-Annually					
Annually					
Other (specify):_____					

SECTION 7: FACILITIES—Part of the Center Information

The next questions deal with your annual costs for space and the facility your center occupies. We are interested in your facilities costs as well as any donations you might receive that are related to your facilities.

Building Costs: We would like to know the value of the building your center occupies. If you rent, your monthly or yearly rent is fine. If you own your facility, the market value of your facility is the best estimate. If you have had an appraisal of your facility, please indicate this value for <mark>question 33</mark>. If you own and do not know the value of your building, we ask that you provide us with some information to help us estimate your facility's value.

30. Do you rent or own the facility your center is in?
- ❑ Rent
- ❑ Own
- ❑ Don't Know
- ❑ Other (please specify): _____

31. Please provide the dollar amount of your <u>monthly</u> rent or mortgage for the past three fiscal years as indicated on the table below:

Fiscal Year	Rent or Mortgage (circle one)	Amount of Monthly Rent/Mortgage
2002-2003	Rent Mortgage	$
2003-2004	Rent Mortgage	$
2004-2005	Rent Mortgage	$

32. If you rent, are any of your utilities included in the rent, such as heat, electric, trash removal, hot water, etc.?
- ❑ No utilities are included in the rent
- ❑ Yes, the following utilities are included in the rent:
  - o Heat
  - o Hot water
  - o Electric
  - o Trash removal
  - o Other (please specify) _____.

33. If you own your facility, we would like to get an estimate of its market value. If you own your facility and you know the facility's approximate current market value (for example, through an appraisal), please indicate the value below and move on to <mark>question 35.</mark> If you do not know the current market value of your facility, please continue with <mark>question 34.</mark>

The current market value of our facility is approximately $ _____

34. (Answer only if you did NOT answer <mark>question 33</mark>). On which floor is your center located?
- ❑ Basement
- ❑ First floor
- ❑ First and second floor
- ❑ Basement and first floor
- ❑ Other _____

35. If you own your facility, please give the year your facility was purchased:

Our facility was purchased _____
<div align="center">Year</div>

36. If you own your facility, please provide its purchase price. Note: You may provide this figure in dollars per square foot in the space indicated if you know the number of square feet purchased:

The purchase price of our facility was $ _____.

The purchase price of our facility was $_____ per square foot for _____sq. ft.

37. This section asks about the physical square footage of the center. If you do not know the measurements, you may take them yourself or one of our assistants will be happy to come to your center and take the measurements. Or, you may attach a copy of your center's floor plans instead (the owner or landlord may have floor plans; make sure they are labeled according to the space designations listed below).

Please provide the square footage of your center.

Classroom space: _____ sq. ft.

Staff Office Space_____sq. ft.

Evaluation & Assessment space:_____ sq. ft.

Administrative space: _____ sq. ft.

Indoor play space: _____ sq. ft.

Outdoor play space: _____ sq. ft.

Kitchen space: _____ sq ft.

Bathroom space _____ sq. ft.

Other space (please specify if not on list): _____sq. ft.

38. If you own your building, we would like to know the annual value or costs of any capital improvements for fiscal years below. Capital Facilities Cost is defined as a one-time or non-recurring expenditure (usually financed over a certain period of time) for physical improvements to your facility such as acquisition of existing buildings or land, construction of new buildings/structures including additions or major alterations (such as roof replacement), acquisition of fixed equipment (permanent equipment such as furnace or air conditioning, desks, shelves, lighting, kitchen) and similar expenditures.

Capital Costs

Table 1 — **Cost**

Item	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Ex: Modular Classroom Unit	$2000 (financed at $2000/yr for 10 years)				
Ex: New electrical wiring	$10,000 (paid all at once)				
Ex: Playground Playscape	$500 ($500/yr for 6 years)				

39a. Is any of the building/space donated to you? (please check the most accurate statement)
- ❑ Yes, all our space is donated
- ❑ Yes, part of our space is donated
- ❑ No, none of our space is donated
- ❑ Don't know
- ❑ Other (please specify) _____

  39b. If yes, what is the number of square feet donated_____

40. Do you receive any kind of financial help on your rent/mortgage which reduces your annual rent/mortgage below what it would be normally be if you had to pay the market rate?
- ❑ Yes
- ❑ No
- ❑ Don't know
- ❑ Other (please specify) _____

41. If you answered yes to the preceding question, please choose the most accurate statement regarding the amount of financial help you receive annually:
- ❑ We receive a rent or mortgage discount/financial help in the amount of $_____ per year.
- ❑ We receive a rent or mortgage discount/financial help in the amount of $ _____ per square foot per year.
- ❑ We receive a rent or mortgage discount but I don't know the amount.
- ❑ Other (please specify) _____.

42. If you receive a rent/mortgage discount or use donated space, and it were discontinued, what would you do?
- ❑ we would plan to look for a smaller facility
- ❑ we would plan to pay to stay in the same size facility
- ❑ we would plant to look for cheaper facility, the same size
- ❑ don't know

43. If you receive a rent/mortgage discount or use donated space, and there any unused rooms or classrooms at your center please estimate the square footage of unused space. (By unused, we mean rooms that remain completely empty for the entire year).

We have about _____ square feet of empty space and there are _____ empty rooms.

44. Are any of your utilities donated? (such as gas, water, electric, trash removal, telephone service)
- ❑ No, utilities are not donated
- ❑ Yes (please mark any donated utilities from the following list):
  - o Gas
  - o Water
  - o Electric
  - o Trash Removal
  - o Telephone Service
  - o Other (please specify) : _____
- ❑ Don't know

45. If you have any donated utilities, please provide your most accurate estimate of their annual value.

The total value of our donated utilities is $ _____ per year

46. Are any services donated to your center, such as janitorial, lawn care, snow removal, repairs, etc.? (This does not include center volunteers such as parents or other community-members).

Total annual value of donated services $ _____

Please specify the services donated _____

47. If you use donated services, what would you do if the services were not donated?
- ❑ Do without the service
- ❑ Pay for the service
- ❑ Ask a center volunteer to do the service
- ❑ Other (please specify): _____

48. Is your center air-conditioned?
- ❑ Yes
- ❑ No
- ❑ Don't know

SECTION 8: FOOD SERVICE

This section asks for information about the costs for serving meals and snacks to the children.

(this does not include the cost of serving food at fundraisers or board meetings)

49. Please provide the cost of food services (<u>excluding personnel/staff costs:</u> these should be included in the "staff information" section) for the last fiscal year. Most centers have food service preparation on-site, or they hire some type of food service.

Total annual food service costs (excluding staff wages) $ _____

50. Was any food donated to the center during the last fiscal year?
- ❑ Yes
- ❑ No
- ❑ Don't know

51. If food was donated, what was the total value of donated food for the year?

Total value of donated food $ _____

SECTION 9: INSURANCE

52. What was your total annual cost of insurance for 2004-2005? Include all forms of insurance such as: insurance for the facilities, liability, fire, theft, flood, vehicle, accident for children, staff or others, child abuse, etc. <u>DO NOT include health insurance or any insurance programs which are part of employee benefits.</u>

TOTAL ANNUAL INSURANCE COSTS $ _____

SECTION 10: EQUIPMENT

53. <u>Do NOT fill out this table if you know your annual depreciation costs.</u> Include the depreciation cost in Table 5. This table will help us determine the value of your equipment. Only list items that cost more than $500.

Table 2

Type of Equipment (only list if worth over $500)	How old is it?	Condition Please circle one			How much did you pay for it?
Office equipment:		**Good**	**Fair**	**Poor**	
Computer 1		**Good**	**Fair**	**Poor**	
Computer 2		**Good**	**Fair**	**Poor**	
Computer 3		**Good**	**Fair**	**Poor**	
Etc.		**Good**	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
Printer		**Good**	**Fair**	**Poor**	
Copy Machine		**Good**	**Fair**	**Poor**	
Telephones		**Good**	**Fair**	**Poor**	
Lawn mower		**Good**	**Fair**	**Poor**	
Fax machine		**Good**	**Fair**	**Poor**	
Vacuum		**Good**	**Fair**	**Poor**	
Playground equipment:		**Good**	**Fair**	**Poor**	
Jungle gym		**Good**	**Fair**	**Poor**	
Swings		**Good**	**Fair**	**Poor**	
Sandbox		**Good**	**Fair**	**Poor**	
Other (please list)		**Good**	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	

DONATED EQUIPMENT:

54. In 2004-2005, did the region receive any donated equipment worth more than $500? If you received donated equipment, please give us a list of the donated items in the table below. For each item, we would like to know its condition and approximate replacement value.

Table 3

Donated Equipment	How Old is it?	Condition (circle one)			Replacement Value
(Example) Copy machine		**Good**	**Fair**	**Poor**	$ 150
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
		Good	**Fair**	**Poor**	
Total Value of Donated Equipment					

SECTION 11: TRANSPORTATION

55. Does your region provide transportation to the children?
- ❑ Yes
- ❑ No
- ❑ Other (please explain) _____

56. If you answered "yes" to the preceding question, does your region own or rent the cars/buses used to transport the children?
- ❑ Own
- ❑ Rent
- ❑ Other (please explain) _____

57. How many vehicles used for transporting children are owned and how many are rented?

_____ vehicle(s) owned

_____ vehicle(s) rented

58. If you rent, how much did your region spend last year on renting transportation vehicles?

Annual cost of renting transportation vehicle(s): $ _____

59. If you own the vehicle(s), please fill out the table below:

Table 4

Owned Vehicle	Year of vehicle	Purchase price	Condition (circle)	Approximate Current market value (if known)
1			Good Fair Poor	
2			Good Fair Poor	
3			Good Fair Poor	
4			Good Fair Poor	
5			Good Fair Poor	

60. How much was spent on gas last year for all the vehicles used to transport children?

Cost of gas for transporting children last fiscal year $ _____

61. How much was spent in 2004-2005 on insurance associated with transportation for your region?

Cost of transportation insurance last fiscal year: $ _____

SECTION 12: OTHER COSTS SUPPLIES AND MATERIALS
Total Center Cost/Value of:
Please report costs incurred at the center that have not been reported elsewhere on this form.
Table 5. 2004-2005 Other Operating costs:

Cost type:	Total Center Cost/Value of:
Office Supplies	
Children's Program Supplies	
Maintenance/Janitorial Supplies	
Rental Equipment and maintenance on rental equipment	
Non-depreciated equipment purchased during the last year.	
Depreciation on all purchased equipment (if available)	
Transportation and travel	
Telephone	
Utilities:	
Gas/Electric	
Water	
Other:	
Property Taxes	
Medical Supplies	
Postage	
Marketing, advertising, public relations	
Photocopying, printing, publications	
Copy paper	
Assistive Technology	
Parking Spaces	
Food	
Miscellaneous	
Other, please specify:	
Other, please specify:	
Other, please specify:	
TOTAL ANNUAL "OTHER" OPERATING COSTS	

SECTION 13: FEES AND REVENUE

62. Please provide the total amount of your regular monthly parent fees per child for the following age groups for fiscal year 2004-2005. You may add age groups in the blank rows if you have more than those listed. Please include total parent fee amount for all those served by the center including non-disabled students.

Age Group	Parent Fee Per Child	Number of Children Eligible for Fees
Part C Infants/toddlers	$	
Preschoolers	$	
Other	$	

63. Do you charge a sliding scale fee (based on family income)?
- ❑ Yes
- ❑ No
- ❑ Don't know

64. Which revenue sources are used to subsidize services to families on sliding fee scale?
- ❑ From other fee revenue or program profits
- ❑ From funds from our sponsoring agency
- ❑ From outside funding
- ❑ Other (please specify): _____.

65. Please describe other revenue sources that are received/generated by this center.

Revenue	Source	Amount

COMMENTS/CLARIFICATION

Describe other expenditures/revenues that are important to understanding fiscal operation of your Center. Describe any revenues or expenditure that may be unusual and one-time only.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Adapted from a form
developed by NIEER

Wyoming Preschool Study

County Self-Assessment

Date: _____

Name of Program: _____

Person(s) completing form: _____

Title(s): _____

Demographics and Services within County

1. Name of county: _____

2. What is the size of the county *total* population? _____
    Source of data: _____

3. What is the percentage of ethnic and racial populations in the county?

    a. Caucasian _____%   d. Asian or Pacific Islander ____%

    b. African American _____%   e. Native American or Alaskan ____%

    c. Latino _____%   f. Other: _____ ____%

4. **EIRI collects:** To answer the following items, EIRI will refer to Wyoming's Kids Count or another source to obtain the following information.

Socio-Demographic Questions	Percent or Amount
a. Percent of the county's population to be living below 100% of the federal poverty level.	
b. Median income of families with children in the county.	
c. Percent of children under age 18 in the county living with both parents.	
d. Percent of children living in the county without insurance (i.e., no private or public insurance.)	
e. Percent of the county's population eligible for food stamps.	
f. Percent of live births in the county to women who received prenatal care during the 1st trimester of pregnancy.	
g. Percent of babies born with low birth weight (LBW).	
h. County's infant mortality rate.	

i. County's immunization rate for 2 year-olds.	
j. Percent of children covered by Medicaid.	
k. Percent of children covered by SCHIP.	
l. Percent of births to teenage mothers (≤17)	

5. Briefly describe efforts in your county to assist children who are uninsured or under-insured either in obtaining coverage or obtaining needed services. _____

_____

_____

_____

_____

_____

_____

_____

6. Which of the following provider types are located for the majority of families in your county within about a 60-mile radius? Round trip? A local resource directory or phone book will serve as a start.
   Note: In general, not just preschool providers.

Provider Type	**Number practicing within 60 mile round trip (Public or Private)**	**Is the supply of providers adequate? (Yes or No)**	**Is the # of providers serving the publicly insured or uninsured adequate? (Yes or No)**
a. EI Developmental specialist			
b. Mental Health Counselors			
c. Psychologist/ Psychiatrist			
d. Public Health Nurses			
e. Speech/ Language Pathologist			
f. Audiologist			
g. Occupational Therapist			
h. Physical Therapist			
i. Nutritionist; WIC			
j. Social Worker			

Provider Type	Number practicing within 60 mile round trip (Public or Private)	Is the supply of providers adequate? (Yes or No)	Is the # of providers serving the publicly insured or uninsured adequate? (Yes or No)
k. Family practitioner			
l. Pediatrician			
m. Orthopedic Specialist			
n. Neurologist			
o. Dentists			
p. Parent Support/Resource Center			
q. Child Care provider			
r. Respite Care			
s. Crisis Center			
t. Head Start			
u. Early Head Start			
v. Other_____			

7. Which of the following health care facilities and clinics are located within a 60-mile round trip for most of your families? Indicate name of facility and location.

Facility	Name of facility(ies)	If greater than 60 miles round trip, list distance in miles
a. List Neonatal Intensive Care Units		
b. List specialty medical clinics		
c. List other tertiary hospitals/ services		
d. List school based health centers		

8. Over the past five years, what changes have had an **impact** on your county and the children and families you serve? *Please check ALL that apply.*
   ○ Our county has not changed significantly in recent years
   ○ Significant increase in unemployment
   ○ Significant decrease in unemployment
   ○ Significant increase in population
   ○ Significant decrease in population
   ○ Significant ethnic/cultural changes in our county
   ○ Significant increase in funding
   ○ Significant decrease in funding
   ○ Natural disaster
   ○ Other:

9. Briefly describe any changes in your county that have had an impact on children and families living in the county. _____

   _____

   _____

   _____

   _____

Screening for Early Intervention

10. Are any of the following types of developmental screening programs conducted in your county? *Remember to list any other screening programs offered.*
    ○ Part C program screening
    ○ Part B program screening
    ○ Health Department screening (e.g., WIC)
    ○ Early Head Start
    ○ Head Start
    ○ School system
    ○ Other: _____

11. Describe any interagency screening in your county. _____

    _____

    _____

    _____

    _____

    _____

Physician participation

12. In what ways do physicians participate in the Part B and Part C Services?

Mechanism	Not at All	Occasionally	Routinely	Comments?
a. Physicians participate in IFSP/IEP and team meetings.				
b. Physicians sign IFSPs/IEPs				
c. Physicians are members of LICC				

Coordinated Care

Coordination of Care involves the establishment of mechanisms to ensure that the various services work together to meet the needs of the child and family. Efforts are made to reduce gaps and duplication in services, exchange information, and support the overall well-being of the child and family.

13. What other agencies do service coordination for children (such as Public Health, Children's Special Needs Services, Direct Family Services etc)?
   Birth to 3: _____
   3 to 5: _____
   Birth to adulthood: _____

14. How are decisions made when a family has ***more than one*** service coordinator?
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

15. Are any of the following resources available in the county **to assist** in coordinating services to assure necessary follow-up and avoidance of gaps, redundancies, and incompatible approaches?

Resource	Not Available	Currently Under Development	Moderate Availability	Widespread Availability
a. common forms for inter-agency referrals or consent to share information				
b. common application form				
c. a directory of county services				
d. centralized telephone information and referral service				
e. Interagency councils consisting of representatives of core county provider agencies/ programs and families				
f. standards and/or interagency agreements outlining responsibility for health care				
g. Interagency service coordination to address child/ family plans (case management)				
h. hospital discharge and follow-up planning into county services				
i. pooled or decategorized funding to enhance the availability of services				
j. multi-agency administration to improve coordination				
k. co-location of programs/services				
l. Interagency staff training				
m. Other: _____ _____				

16. Indicate county or state-wide mechanisms that allow **reporting of uniform data** across multiple services, providers, payers, and programs, such as Part C, CSHCN, MCH, Medicaid, WIC, social services, family planning, and private insurers?

Mechanism	Not Developed	Well Developed	Data or Software Type	Agencies Sharing Info?
a. shared definitions (of data indicators) exist and are used				
b. shared client identifiers are developed				
c. standardized health history formats/protocols exist				
d. data reports are physically shared across agencies/programs				
e. electronically linked/shared data systems operate				
f. Other: _____ _____				

17. In what way does collaboration occur with other local agencies and service providers/coordinators? *Please check ALL that apply.*
- ❍ No collaboration
- ❍ Shared care/service coordination
- ❍ Development of local guidelines for service coordinator
- ❍ County information network or clearinghouse
- ❍ County needs assessment
- ❍ Subcontracts with other agencies to provide services
- ❍ Provider support group
- ❍ Common referral process
- ❍ Inter-agency team meeting
- ❍ Inter-agency training activities
- ❍ Inter-agency/county risks assessments
- ❍ Inter-agency policy re: service coordinator activities
- ❍ Inter-agency policy re: payment for services
- ❍ Other: _____

18. Which of the following are **significant barriers** to interagency collaboration in serving children and families in your county? *Please check ALL that apply.*
- ❍ No effective mechanism for communication between agencies is established
- ❍ Confidentiality policies impede the sharing of client information
- ❍ Agencies are protective of their "professional turf"
- ❍ Historically, there is a lack of trust among agencies
- ❍ Agencies do not share the same philosophy for serving the same children and families
- ❍ Agencies are frequently unaware that they are serving the same children and families
- ❍ Case loads are too large
- ❍ Insufficient time is available for coordination
- ❍ Inflexible funding regulations
- ❍ Other: _____

19. In what ways are the following members involved in developing or supporting your county's system of care? (List strategies for involvement: serve on interagency councils, provide funding, vote on policies, sponsor activities: awareness fairs, screenings, serve on program's advisory board.)

Type of Organization	Types of Involvement
a. Parents of children with special health care needs/disabilities	
b. Churches/religious groups	
c. Civic groups/nonprofit organizations	
d. Racial/cultural minority groups	
e. Private businesses	
f. School district/educational system	
g. Health care providers	
h. County agencies (e.g., parks & recreation, fire department, policy, city council)	

20. At the present time, do any of the following serve as significant barriers to the availability, acceptability, accessibility, and affordability of care for children birth to 5 years in the county?

Barriers	Mark Yes or No If yes, specify services	Rank top 5 barriers (1 = most significant)
a. Waiting lists		
b. Lack of adequate insurance		
c. Insurance capitation rules		
d. Private insurers do not adequately cover preventive care or specialized home- and county-based services.		
e. Costs of services are too high		
f. The number and/or distribution of specific types of providers is inadequate (specify)		
g. Lack of facilities with convenient locations		
h. Lack of facilities with convenient operating times		
i. Lack of homebased services		
j. Transportation barriers *if live outside*		
k. Cultural/linguistic barriers		
l. Lacking service coordination to assist families in accessing services		
m. Number of providers		
n. Lack of buildings/facilities that are wheelchair accessible		
o. Other: _____ _____		

21. What kinds of activities are occurring to increase your county's awareness of services and needs of children ages Birth to 5?

Activity	Is this occurring? (Yes or No)	For which services/agencies?
a. Brochures/posters placed in prominent places in county		
b. TV/radio announcements		
c. Newspaper articles/ advertisement		
d. Newsletters		
e. Presentations to county groups		
f. Specially designated outreach workers		
g. Free materials (e.g, notepads, magnets, etc.)		
h. Information hotlines		
i. Interagency information network		
j. internet website information		
k. Other: _____ _____		

22. What strategies are used in your county to address cultural competency in your county's service system? *Please check one in each row and specify services.*

	Not developed	Partially developed	Well-developed	Specify services or agencies
a. Employees recruited from cultural/racial groups				
b. Training in cultural issues is available				
c. Translation assistance is available				
d. Translated written materials are available				
e. Interagency councils include representation from county's cultural/racial groups				
f. Outreach to minorities via non-English media				
g. Other: _____ _____				

23. How are parents encouraged to collaborate in your service system?
    Please check ALL that apply.
    ○ parent input is sought when developing general policies or guidelines
    ○ advisory board membership
    ○ outreach efforts that link new parents with other families who have similar needs
    ○ participation in joint training with providers
    ○ parents hired as staff
    ○ parent satisfaction surveys
    ○ Other, please specify: _____

Local Interagency Coordinating Council or Interagency Task Force

24. Is there an LICC or other interagency group that addresses needs of young children with special needs?

    ❍ Yes; if yes, list groups and contact information below (continue on back if needed).

    ❍ No

Group name: _____

Chair/primary contact person: _____ (name)

_____ (phone)

Catchment area served:_____

Group name: _____

Chair/primary contact person: _____ (name)

_____ (phone)

Catchment area served:_____

Group name: _____

Chair/primary contact person: _____ (name)

_____ (phone)

Catchment area served:_____

Group name: _____

Chair/primary contact person: _____ (name)

_____ (phone)

Catchment area served:_____

Wyoming Preschool Study
Community Interagency Council Questionnaire

Date: _____
Person(s) completing form: _____
Title(s): _____
Interagency Council/Collaborative Body: _____
Contact Person(s): _____
Address: _____
Telephone: _____

General Information:

1. How many members are on your council/task force? _____

2. **Is there a specific length of term on the council for members?** *Please check one.*
    ❍ **Yes; if yes please specify:**

    _____

    ❍ **No**

3. How are replacements recruited? _____
    _____
    _____
    _____

4. Who is the chair or convenor? *If more than one, list all.*
    Name: _____
    Title: _____

5. What is the Professional Background of the chair or convenor? *Please check ALL that apply.*
    ❍ **Education**
    ❍ Child Care/Development
    ❍ Social Services
    ❍ Health
    ❍ Mental Health
    ❍ Juvenile Justice
    ❍ Community Advocacy
    ❍ Other: _____

6. How is the chair or convenor selected? _____
    _____
    _____
    _____

7. What are the age groups served by your policies and projects? *Please check ALL that apply.*
   - ❍ Prenatal
   - ❍ Infant/Toddler (0-2)
   - ❍ Preschool (3-5)
   - ❍ Early Childhood (0-5)
   - ❍ Elementary (6-10)
   - ❍ Middle School (11-13)
   - ❍ High School (14-17)
   - ❍ Adolescents (11-17)
   - ❍ Children (0-17)
   - ❍ Young Adult (18-24)
   - ❍ Families

8. What are the groups that have been targeted by your organization in its work over the past three years? *Please check ALL that apply.*
   - ❍ Children in poverty
   - ❍ Dropouts
   - ❍ Pregnant and parenting teens
   - ❍ Children with developmental disabilities
   - ❍ Children with physical handicaps
   - ❍ Children with mental health needs and/or behavioral disorders
   - ❍ Substance abusers
   - ❍ Children in need of primary health care
   - ❍ Juvenile delinquents
   - ❍ Immigrant children
   - ❍ Foster care children
   - ❍ Drug-exposed infants
   - ❍ Children in protective services
   - ❍ Children with HIV/AIDS
   - ❍ Runaways
   - ❍ Other: _____

9. How long the council has been in existence? _____ years.

10. **How was the council formed?** *Please check one.*
   - ❍ Action of local government
   - ❍ Through interagency memorandum
   - ❍ State mandate
   - ❍ Grassroots action (e.g., community-based organizations, commissions, and/or boards)
   - ❍ Other: _____

11. **How often does your interagency body meet?** *Please check one.*
   - ❍ Bi-weekly
   - ❍ Monthly
   - ❍ Quarterly
   - ❍ Other: _____

12. Please list the members of your council and their affiliation.

Member's Name	Affiliation

13. Please describe how the interagency council body is staffed.
      a. Number of paid positions: _____
      b. Combined total FTE: _____
      c. Where are paid council staff housed? *Please check ALL that apply.*
            ❍ Within participating agency
            ❍ Independent site
            ❍ Other: _____

14. How does your interagency council decide what projects it will undertake?
    Please check ALL that apply.
            ❍ Committee consensus
            ❍ Request for Proposal (RFP)
            ❍ Assignment by chair
            ❍ Needs Assessment
            ❍ Other: _____

15. Where are council meetings held? _____
_____

16. Do participating agencies include interagency responsibilities as part of their job descriptions? *Please check one.*
    ○ **Yes; if yes, at what level?** *Please check one.*
        ❑ Agency Director
        ❑ Mid-level Management
        ❑ Line Staff
        ❑ Other: _____
    ○ **No**

Mission Statement

17. What is your council's mission statement? _____
_____
_____
_____
_____

18. What was the process used to develop the statement? _____
_____
_____
_____
_____

19. How is the statement used to guide the activities of the council? _____
_____
_____
_____
_____

20. Has the statement been rewritten or updated? *Please check one.*
    ○ **Yes; if yes, when was the last revision?**
        _____
        if yes, how many times has it been revised or rewritten?
        _____
    ○ **No**

Family Representation

21. Does the council membership include family and/or consumers? *Please check one.*
    ○ **Yes; if yes, how many family?**
        _____
        if yes, how many consumers?
        _____
    ○ **No**

22. How were families recruited? _____
_____
_____

23. Do parent members receive an orientation related to their participation on the council?
Please check one.
  - ○ **Yes; if yes, please describe:**
    _____
  - ○ **No**

24. Do parent members receive any financial support for their participation? (e.g. reimbursement for mileage, childcare, etc.) *Please check one.*
  - ○ **Yes; if yes, please describe:**
    _____
  - ○ **No**

25. If parent participation on the council is limited (or non-existent), why and how might this be improved? _____
_____
_____

<u>Leadership</u>

26. What is the leadership style of the chairperson? _____
_____
_____

27. What is the length of term of office for the council chairman? _____

28. Are there any other leadership positions on the council? *Please check one.*
  - ○ **Yes; if yes, what are the positions?**
    _____
  - ○ **No**

29. Do you have any standing sub-committees? *Please check one.*
  - ○ **Yes; if yes, please list:**
    _____
    _____
    _____
    _____
  - ○ **No**

30. Are there any other interagency or governing bodies actively involved with your interagency council? *Please check one.*
  - ○ **Yes; if yes, please list:**
    _____
    _____
    _____
    _____
    _____
  - ○ **No**

Decision Making Power

31. What level of decision-making power do the members of the council have within their respective agencies? Can the council make a decision on the spot that is binding, or do they have to get approval from elsewhere? _____
_____
_____
_____

32. How would you describe the council's governance and authority? *Please check all that apply.*
    - ❍ State legislation/policies negatively control what the council can accomplish.
    - ❍ Decisions made via informal dialogues among council members.
    - ❍ Decision made vial formal procedures.
    - ❍ Parliamentary procedures followed with majority vote.
    - ❍ Consensus of group.
    - ❍ Chair or other leaders make decisions.

33. Does the council have bylaws, guidelines, or other? Please explain. _____
_____
_____
_____

34. What financial resources are available to support the activities of the council? _____
_____
_____
_____

Working Relationships

35. Do new members receive orientation? _____
    If yes, what components are present in the orientation? _____
    _____

36. Does the council conduct activities to encourage interaction between members?
    Please check one.
    - ❍ **Yes; if yes, please describe:**
      _____
    - ❍ **No**

37. Are minutes generated from council meetings and distributed to all members (even those absent)? *Please check one.*
    - ❍ **Yes**
    - ❍ **No**

38. Does the council periodically celebrate its efforts? *Please check one.*
    - ❍ **Yes; if yes, please describe:**
      _____
    - ❍ **No**

39. What is the relationship between the state interagency coordinating council (SICC) and the community council?
    _____

40. How are services among agencies on the council coordinated? *Please check all that apply.*
   - ❍ No coordination.
   - ❍ Informal; dependent on communication efforts of individual service coordinators.
   - ❍ Formal, signed interagency agreements to support information sharing and general communication.
   - ❍ Formal procedures to delineate procedures involving service coordinators from multiple agencies, interagency training for staff, common referral forms, IFSP participation.
   - ❍ Integrated council application procedures used by multiple agencies; agencies co-located and have shared administration.
   - ❍ Other: _____

Evaluation

41. Is there a process used by the council to evaluate its efforts? *Please check one.*
   - ❍ **Yes; if yes, please describe:**

   _____

   _____

   - ❍ **No**

42. Are there specific methods used to collect data and information as part of an evaluation process? *Please check one.*
   - ❍ **Yes; if yes, please describe:**

   _____

   - ❍ **No**

43. Has the process (as described in 42) worked to provide helpful and meaningful information? *Please check one.*
   - ❍ **Yes**
   - ❍ **No**

   Please explain your answer: _____
   _____
   _____
   _____

Community Awareness

44. How does the council promote community awareness so that others are aware of its goals and activities? _____
   _____
   _____
   _____

45. Please describe successful community awareness activities.
   _____
   _____
   _____

46. What kind of tangible and intangible benefits have resulted from the community's awareness of the council's efforts? _____
_____
_____
_____

47. How does state legislation/state policies impact the council? *Please check all that apply.*
    ○ State legislation/policies negatively control what the council can accomplish.
    ○ State legislation/policies have little or no influence on council's accomplishments.
    ○ State legislation/policies support local council.
    ○ Informal support via offering advice, vertical communication within agencies.
    ○ Formal support via funding, training, state guidelines for local councils.

    Please elaborate if needed: _____
    _____
    _____
    _____
    _____

48. Please describe interagency financing and budgeting across members on the council.
    Please check all that apply.
    ○ No relationship among agency budgets or finance decisions.
    ○ Agencies keep independent budgets, but communication with other agencies regarding their capacity to support services.
    ○ Agencies keep independent budgets but contribute a portion of their funds to a blended pot to support a joint venture.
    ○ Agency budgets are separate but coordinated by a central administration.
    ○ Agency budgets are fully integrated and managed by central administration.
    ○ Council leverages private sector/grant/foundation dollars to support joint venture.
    ○ Other: _____

49. Please describe Information Systems and Data Management. *Please check all that apply.*
    ○ Agencies represented on the council have separate data systems and no data-based information is shared with other agencies.
    ○ Agencies have separate data systems but information based on their data are shared to guide council efforts, e.g., demographics, results of needs assessments.
    ○ Common forms are used across agencies and formal procedures are in place to support sharing of forms.
    ○ Data warehousing is established.
    ○ Data integration is established.

Thank you for providing us with this valuable information for the Wyoming Preschool Study!

Wyoming Preschool Study
Regional Level Interview

Date: _____

Name of Program:

_____

Person interviewed:

_____

Person(s) conducting interview:

_____

Title(s):

_____

History of System Characteristics and Collaboration

1. **Historically, what influenced the decisions made regarding how (*name of Part C and Part B program*) was designed to be implemented in your community, including the model for service coordination?**

    - What existed prior to PL 99-457, the federal law pertaining to services for children birth to five?

    - Who was providing services to children birth the 3 prior to this law?

    - Who was providing services to children 3 to 5 prior to this law?

    - What influenced the population deemed eligible?

    - What influenced how services and service coordination were designed?

2. **What is the history of collaboration across agencies and programs serving young children with special needs and their families?**

    - Interagency councils in place, for how long?

    - Who/which agencies are key leaders?

    - How have the philosophies of various agencies influenced collaboration?

3. **Historically, to what extent have families been a driving force in the design of Part C & Part B service system?**

- Lobbying efforts

- Strong family advocacy groups were involved

- Efforts were extended to obtain family input

- Families created services/programs

Current System Characteristics

4. **How are services among agencies in the region coordinated, particularly among agencies providing service coordination?**

- Poor coordination?

- Informal; dependent on communication efforts of individual service coordinators.

- Interagency councils or community collaboratives formed?

- Formal, signed interagency agreements to support information sharing and general communication.

- Policies and procedures in place to determine policies re: service coordinators from multiple agencies, interagency training for staff, common referral forms, IFSP/IEP participation.

- Interagency agreements with specific language about agency fiscal responsibilities

- Mechanism to share information about families/children served by different agencies

- Common application process

- Joint service plans

5. **What is the relationship among state and local level administration?**

- Do state legislation/policies encourage or restrict Part C and Part B implementation and coordination at the community level?

(For example, does the state provide informal support via offering advice, communication of issues with other state agencies, or formal support via funding, training, state guidelines for Communities?)

6. To what extent are families partners in decision making regarding services they receive?

- Do families serve on advisory boards or the interagency council?

- Are they voting members re: budgetary decisions?

- Are families hired as staff or as consultants on projects?

- Are there active family advocacy groups in the community?

- Are they reimbursed for expenses and/or do they receive a stipend for their time?

7. What are the current challenges the community faces in coordination of services?

Economy and Politics

8. How would you describe your community's support for young children with special needs as well as the broader population of young children and families? Please offer examples of the kind of activity occurring in the community that reflects this support (or lack of support).

- community awareness campaigns

- legislative action

- tax support

9. How has the economy of the community influenced the support available?

- Increase or decrease in economic conditions?

- Increase or decrease in funds available via public/private enterprise

10. How much autonomy does the region have in making decisions regarding spending for Part C and Part B as well as early childhood and family supports in general?

- Level of community-based decision making

- State vs. local level control of how funds are spent

Future System Changes

11. Are there anticipated changes to the service system?

- Within your agency?

- Across agencies?

- Are these changes to occur at the state and/or community level?

- What is the impetus for these changes?

Wyoming Preschool Study
State-Level Interview

Date: _____

Person interviewed:

_____

Person(s) conducting interview:

_____

Title(s):

_____

Part C Eligibility:

_____
_____
_____

Part B Eligibility:

_____
_____
_____

The following questions are designed to provide contextual information to understand the influences on the state service system for young children and their families, particularly the Part C and Part B service system. The interview questions will be asked of the State Preschool coordinator, and also may be asked of administrators for Education, Health, and Developmental Disabilities.

History of System Characteristics and Collaboration

4. **Historically, what influenced the decisions made regarding how the Wyoming Preschool System was designed to be implemented, including the model for service coordination?**

    - What existed prior to PL 99-457, the federal law pertaining to services for children birth to five?

    - Who was providing services to children birth the 3 prior to this law?

- Who was providing services to children 3 to 5 prior to this law?

- What influenced the population deemed eligible?

- What influenced how services and service coordination were designed?

5. **What is the history of collaboration across agencies and programs serving young children with special needs and their families?**

- Interagency councils in place, for how long? Who/which agencies are key leaders?

- Who/which agencies are key leaders?

- How have the philosophies of various agencies influenced collaboration?

6. **Historically, to what extent have families been a driving force in the design of the Wyoming Preschool System as well as the service system in general for young children and families?**

- Lobbying efforts

- Strong family advocacy groups were involved

- Efforts were extended to obtain family input

- Families created services/programs

Current System Characteristics

7. **How are services among state agencies coordinated, particularly among agencies providing service coordination?**

- Poor coordination?

- Informal; dependent on communication efforts of individual service coordinators.

- Interagency councils or community collaboratives formed?

- Formal, signed interagency agreements to support information sharing and general communication.

- Policies and procedures in place to determine policies re: service coordinators from multiple agencies, interagency training for staff, common referral forms, IFSP

participation.

- Interagency agreements with specific language about agency fiscal responsibilities.
- Mechanism to share information about families/children served by different agencies (common release of information or referral form).

- Common application process.

- Joint service plans.

8. What is the role of the State Interagency Coordinating Council and what is the council's level of decision making power?

9. Are there other state-level collaborative groups or councils to support children and families that include the Preschool population?

10. What is the relationship among state and local level administration?
(For example, does the state provide informal support via offering advice, communication of issues with other state agencies, or formal support via funding, training, state guidelines for Communities?)

- Do state legislation/policies encourage or restrict Part C and Part B implementation and coordination at the community level?

11. To what extent are families partners in decision making regarding services they receive? For example:

- Do families serve on advisory boards or the interagency council?

- Are they voting members re: budgetary decisions?

- Are families hired as staff or as consultants on projects?

- Are there active family advocacy groups?

- Are they reimbursed for expenses and/or do they receive a stipend for their time?

12.   Describe   the   state's   policies   for   accessing   funds   for   services:

- Medicaid and CHIP accessed?

- Private insurance billed?

- Parent out of pocket fees?

13. What are the current funding issues related to Preschool that the state is facing?

14. Are there interagency agreements that allow agencies to pool monies? Are flexible funds available at the community level?

15. What are the current challenges the community faces in coordination of services?

- Adequate supply of qualified service coordinators

- Funding for service coordination

- Training, certification of service coordinators

- State or federal regulations

- Lack of agreement on service coordination policies, e.g., issue of families having multiple service coordinators

Economy and Politics

7. How would you describe the Wyoming Preschool system in your state; is it:

- a set of specific services for a specific population?

- a comprehensive service system to meet the needs of eligible children and their families?

- a part of a broader comprehensive service system to meet the needs of all children and families, including the Part C and Part B eligible population?

8. **How would you describe your state's support for young children with special needs as well as the broader population of young children and families?**

    Please offer examples of the kind of activity occurring in the community that reflects this support (or lack of support).

    - community awareness campaigns

    - legislative action

    - tax support

    - fund raising efforts

    - public awareness campaigns

    - volunteer efforts

9. **How has the economy of the state influenced the support available?**

    - Increase or decrease in economic conditions?

    - Increase or decrease in funds available via public/private enterprise?

Future System Changes

16. Are there anticipated changes to the service system?

    - Within your agency?

    - Across agencies?

    - Are these changes to occur at the state and/or community level?

    - What is the impetus for these changes?

Appendix B

Mean caseloads as reported by Wyoming Preschool Program Providers

Region	Service Coordinators			Teachers			Therapists		
	Mean	*N*	*SD*	Mean	*N*	*SD*	Mean	*N*	*SD*
1	31	18	18	27	5	24	28	20	14
2	29	8	9	19	1	0	27	11	8
3	37	4	33	13	1	0	17	3	6
4	23	5	7	12	3	6	21	6	7
5	24	7	13	22	2	15	25	5	13
6	34	5	17	20	2	8	38	9	18
7	38	6	16	35	2	14	51	9	19
8	67	2	30	13	6	8	56	3	29
9	34	11	17	15	7	4	32	13	13
10	18	20	13	8	11	4	23	16	12
11	24	6	11	24	1	0	22	6	8
12	37	19	29	20	10	16	40	18	15
13	19	8	16	12	12	2	29	11	22
14	24	5	9	20	2	28	24	7	17

Appendix B:

Time Spent in Direct Services per Child by Region (Minutes per Week)

Region	1	2	3	4	5	6	7	8	9	10	11	12	13	14
One on One Services	74	108	14	99	49	20	94	49	87	147	65	78	56	165
Sample Size	*54*	*30*	*84*	*24*	*32*	*19*	*59*	*23*	*60*	*51*	*20*	*33*	*22*	*14*
Group Services	127	154	183	352	41	314	148	338	529	750	117	264	1018	586
Sample Size	*37*	*25*	*7*	*6*	*20*	*9*	*54*	*19*	*43*	*38*	*11*	*29*	*54*	*6*
Supervision	19	10	44	22	13	37	58	136	9	57	41	47	69	13
Sample Size	*37*	*23*	*9*	*12*	*27*	*10*	*54*	*22*	*40*	*46*	*19*	*31*	*62*	*6*
Total	170	236	196	198	83	178	278	458	472	757	168	343	931	422
Sample Size	*55*	*31*	*15*	*24*	*33*	*20*	*60*	*23*	*60*	*51*	*20*	*34*	*65*	*14*

Appendix B:

Region	total DD sq ft	total DD facilities	donated DD facilities		Total	Value per child	sq ft /child	DD child count y05
1	14,533.20	79,602.68		0	$79,602.68	$240.86	43.97	330.5
2	7,579.50	46,906.00 [b]		0	$46,906.00	$293.16	47.37	160
3	4,438.50	9,400.32	5,214.66 [b]		$16,959.98	$201.90	52.84	84
4	4,621.44	9,161.03	305,395.20		$314,556.23	$2,759.27	40.54	114
5	9,114.98	41,015.75	50,301.45		$91,317.20	$435.88	43.51	209.5
6	18,233.04	15,288.87	15,550.99 [b]		$30,839.86	$126.39	74.73	244
7	7,260.00	10,200.00	76,112.00 [b]		$86,312.00	$355.19	29.88	243
8	6,554.64	34,185.60		0	$34,185.60	$257.03	49.28	133
9	19,521.00	9,120.00	76,152.00		$85,272.00	$265.64	60.81	321
10	14,085.06	66,480.79		0	$66,480.79	$308.50	65.36	215.5
11	6,314.88	12,837.99		0	$12,837.99	$109.26	53.74	117.5
12	18,859.22	67,113.71		0	$67,113.71	$144.80	40.69	463.5
13	15,870.00	87,386.76		0	$95,746.76	$594.70	98.57	161
14	5,405.40	6,191.56	13,267.88 [b]		$24,499.44	$306.24	67.57	80
total	152,390.86	494,891.05	541,994.18		$ 1,052,630.23	$365.94	52.98	2876.5

All highlighted have values estimated from building cost of $165 per sq. ft. with 30 year depreciation

Region 14 states that they receive help on their rent; namely, they pay $200 per month.
They also state that "market value of building is 20/sq foot per month to rent."

Estimated from average rent in region

Appendix B:
Provider Characteristics (Percentages)

Region		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sample size		25	14	7	11	10	11	16	7	29	28	9	30	18	10
Education Level	**HS Diploma or AA**	0	7	0	0	0	18	0	0	7	11	0	33	29	10
	BA	40	50	71	55	30	64	44	57	45	54	56	40	56	60
	MA or PhD	56	43	29	45	70	18	56	43	48	43	44	27	17	30
Satisfaction	**Satisfied with Job**	100	80	70	82	87.5	70	67	100	80	62	88	94	100	75
	Feel pay is Adequate	91	50	50	67	80	50	50	63	85	55	100	87	100	75

Appendix C:

Study Sample Child and Family Characteristics (Percentages)

Region	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sample Size	58	37	16	24	41	30	60	23	62	52	20	36	66	15
Mean Age (months)	48	50	46	38	46	41	52	54	46	46	47	47	48	41
Male	68.8	74.3	62.5	66.7	67.5	59.3	71.7	66.7	67.8	53.8	85.0	58.3	72.7	66.7
Female	31.3	25.7	37.5	33.3	32.5	40.7	28.3	33.3	32.2	46.2	15.0	41.7	27.3	33.3
White	92.2	91.2	93.3	78.3	84.6	80.0	82.5	81.3	81.5	86.7	65.0	79.4	86.9	0.0
Latino	3.9	0.0	0.0	8.7	2.6	0.0	10.5	6.3	7.4	2.2	10.0	5.9	6.6	0.0
African-American	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.0
Native American	0.0	2.9	0.0	0.0	2.6	8.0	0.0	0.0	1.9	2.2	0.0	0.0	1.6	100.0
Asian	0.0	0.0	0.0	4.3	0.0	0.0	1.8	0.0	1.9	0.0	0.0	2.9	0.0	0.0
Multi-Ethnic / Racial	3.9	5.9	6.7	8.7	10.3	12.0	5.3	12.5	5.6	8.9	25.0	11.8	4.9	0.0
Child Has Health Insurance	98.0	94.3	100.0	100.0	97.4	100.0	96.5	87.5	96.3	100.0	100.0	100.0	85.9	100.0
Public	40.0	54.5	26.7	34.8	37.8	48.0	23.6	35.7	46.0	48.9	35.0	51.4	39.6	85.7
Private	36.0	39.4	46.7	52.2	48.6	40.0	58.2	42.9	38.0	40.0	55.0	34.3	47.2	0.0
Both Public & Private	22.0	6.1	26.7	8.7	13.5	12.0	18.2	14.3	14.0	11.1	10.0	14.3	13.2	14.3
< $20,000	25.0	20.6	33.3	9.5	16.2	25.0	16.3	20.0	25.0	44.2	22.2	17.6	30.4	50.0
$20,000 - $39,999	35.4	26.5	25.0	33.3	29.7	37.5	30.6	40.0	28.8	25.6	16.7	38.2	21.4	10.0
$40,000 - $59,999	25.0	26.5	8.3	9.5	29.7	20.8	18.4	26.7	21.2	11.6	38.9	11.8	21.4	30.0
$60,000 - $79,999	8.3	11.8	8.3	19.0	16.2	0.0	26.5	6.7	13.5	11.6	11.1	11.8	19.6	10.0
$80,000 - $99,999	2.1	5.9	8.3	14.3	2.7	8.3	6.1	0.0	5.8	2.3	0.0	11.8	3.6	0.0
$100,000 or more	4.2	8.8	16.7	14.3	5.4	8.3	2.0	6.7	5.8	4.7	11.1	8.8	3.6	0.0
< or Some High School*	2.6	1.5	5.1	2.6	5.4	1.2	5.3	0.0	6.0	5.2	1.3	2.3	5.8	7.4
Diploma / GED	23.0	35.4	38.3	24.5	18.3	32.6	30.1	41.1	19.6	40.1	2.6	19.3	28.0	29.9
Some College / Associate's	19.2	16.1	18.8	8.1	25.2	20.9	21.2	24.4	23.4	19.5	14.5	23.9	22.1	25.7
Bachelor's	21.9	16.1	6.9	42.3	14.9	20.8	10.6	7.0	15.9	7.0	26.3	13.5	10.6	0.0
Some Grad School / Master's	5.1	3.7	3.5	4.6	2.7	1.2	3.1	1.6	1.9	1.8	14.5	6.7	2.4	1.9
PhD	1.1	6.0	0.0	2.6	0.0	0.0	0.0	0.0	2.0	0.0	10.5	1.5	0.9	0.0

*Parents' Education Level

Large Racial/Ethnic Population Differences Between the Study Sample and the Regions in General

Region	Ethnicity	Sample %	General %	Region	Ethnicity	Sample %	General %
4	White ; Latino ; Asian	78 ; 8.7 ; 4.3	94 ; 4.2 ; .4	10	Native American	2.2	7
6	Latino	0	4.4	11	White	65	88
8	Latino	6.3	14	12	Latino	5.9	10.9
9	White	82	92	14	White; Native American	0 ; 100	20.6 ; 79.4

Appendix D:

Family Domains (Percentages)

Region	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Sample Size	58	37	16	24	41	30	60	23	62	52	20	36	66	15
Entry Satisfaction	89.8	93.3	83.4	87.0	82.0	87.0	90.1	89.1	92.1	88.6	91.9	93.3	95.0	80.4
Evaluation Satisfaction	88.3	90.1	81.6	86.4	86.3	85.0	90.8	87.5	93.5	88.4	90.0	93.9	89.3	80.4
Working Relationship with SC/CM	83.4	88.3	83.4	85.8	85.5	83.5	83.5	84.1	86.1	88.4	84.3	91.5	87.9	77.6
SC/CM characteristics	89.7	91.5	84.2	84.2	86.0	84.3	88.25	91.4	88.6	86.8	91.0	91.0	91.3	81.0
Satisfaction w/Services	87.5	83.9	75.9	87.5	80.5	97.5	82.5	79.1	89.6	83.7	79.4	88.9	89.4	77.6
EIP Fit	91.4	88.2	86.2	88.3	83.0	87.8	87.6	86.8	88.5	89.6	88.8	92.8	87.3	78.6
Social Participation	81.4	87.5	82.1	84.3	87.0	83.0	86.1	89.9	86.7	83.6	89.4	85.0	85.8	81.8
Transition Satisfaction	82.7	88.5	70.4	82.5	82.5	73.5	80.5	87.5	80.3	82.1	73.6	84.9	86.4	59.4

Appendix E:

Socio-demographic characteristics by region

Region	1*	2*	3*	4*	5*	6	7	8	9	10*	11	12	13	14
% Below Poverty	12.9	10.4	9.5	7.9	9.5	17.6 (6&14)	7.8	12.9	11.8	12.7	21	9.1	7.6	53.2
Population	51,423	33,635	12,531	24,171	34,315	28,124	37,613	15,639	66,533	35,804	30,214	81,067	33,698	7,680
% Minorities	7.4	3.7	2.9	5.3	5	24.5 (6&14)	11.7	16.6	7.1	6.4	11.4	15.4	5	79.4
Median Income	$29,752	$21,150	$21,553	$54,458	$22,460	$37,983 (6&14)	$54,173	$41,991	$45,575	$38,324	$44,334	$46,536	$53,927	$12,300
Rate of births (per 1000) to teen (15-17) mothers	8.85	7.65	15.9	25.1	6.3	26.8 (6&14)	2	20.6	23.2	20.3	12.1	21.1	1.4	35%

Percent of children uninsured statewide: 13

* Counties averaged for region

Best Practices in Special Education Services for Children from Birth to Age 5
Literature Review

Kenneth Robin, Psy.D.

National Institute for Early Education Research

Rutgers University

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

Special Education Services for Children from Birth to Age 5

Literature Review

Since the passage of the Education for All Handicapped Children Act in 1975, states have gradually improved and expanded services for young children with disabilities. The main federal program regulating these services is the Individuals with Disabilities Education Act (IDEA), which has been revised and amended several times since its initial approval. Most recently, President Bush signed the Individuals with Disabilities Education Improvement Act into law in December of 2004. Since most new provisions of this Act go into effect in July of 2005, states are currently in the process of formulating new approaches to several aspects of service delivery for preschoolers and toddlers with disabilities. The following is a review of available literature on best practices in early childhood special education. A dearth of research in this area necessitates some generalization to special education services for all ages. Where no best practices are evident, practices currently in effect are reviewed.

Special education presents complex challenges to researchers, and may be the most difficult field of education to study due to the variability of participants and a multi-contextual approach to service delivery (Odom et al., 2005). Multiple methodologies are necessary to establish an accepted set of evidence-based practices, but as of yet the special education community has not developed guidelines specifying the levels of evidence needed to identify research-based best practices.

Personnel

The IDEA Improvement Act contains an extensive definition of "highly qualified" teachers, and explicitly requires that all special education teachers be highly qualified. Under this new definition, teacher requirements differ depending on child age and severity of disability, as well as teacher experience and whether or not one or more core academic subjects are taught. General requirements

that apply to all special education teachers include completion of a BA and full state special education certification or equivalent licensure. Teachers who hold an emergency or temporary certificate do not meet the definition of highly qualified contained in this legislation.

Teacher degree and specialized training requirements are critical components of quality for early childhood programs providing either general or special education services (Barnett, 2003; Bowman, Donovan, & Burns, 2001). While the general requirement in the IDEA Improvement Act addresses basic elements of teacher quality, a rigorous, ongoing and multi-faceted approach is necessary to recruit and maintain a highly qualified staff.

Who Teaches Young Children With Disabilities?

Data from the Study of Personnel Needs in Special Education (SPeNSE) indicate that the vast majority of special education teachers are white females, with an average teaching experience of about 13 years, and an average age of 27 (Carlson et al., 2002). Most teachers feel well prepared and competent, though beginning teachers are less confident in their skills than colleagues with 3 or more years of experience. The most common areas in which teachers reported insufficient training were supervision of paraprofessionals, accommodating cultural diversity, and collaborating with general education teachers. About one-third of special education teachers have at least 4 different disabilities represented in their caseloads, and a similar percentage report their workload to be unmanageable. Special education teachers reported working an average of 55 hours per week, and spending 59 hours per year engaged in professional development activities. Average time devoted to professional development far exceeded state requirements, and, in fact, most state and local policies regarding professional development did not seem to impact overall teacher quality. Activities that promote and perpetuate teacher quality may be teacher-motivated at least as often as they are mandated through program regulations.

Special education services for children age 5 or younger may be delivered in public schools, private centers, other community settings such as hospitals, or in the child's home. State standards only apply to teachers in nonpublic settings if they are directly responsible for the delivery of special education or related services (Walsh, Smith, & Taylor, 2000). Expectations and roles must be clearly defined and understood among all individuals and agencies involved in implementing an IEP so that appropriately qualified personnel deliver all aspects of intervention.

Certification

It is now accepted that any individual in charge of a preschool special education classroom should have completed a 4-year undergraduate education, but additional certification and licensure requirements can ensure specialized training and skills that acknowledge the uniqueness of early childhood as a developmental phase, as well as the specific challenges of serving children with disabilities. Research suggests that certified teachers are more effective and better equipped to respond to the many challenges of educating groups of children with disabilities (Balfour, 2001; Darling-Hammond, Berry, & Thoreson, 2001). A recent study by Nougaret, Scruggs, and Mastropieri (2005) provides strong evidence that fully certified first-year special education teachers outperform peers with emergency provisional licensure. In this study, an experienced supervisor evaluated 40 first-year special education teachers, half of whom were fully licensed and half of whom had emergency licensure. Teachers were rated on three dimensions: planning and preparation, classroom environment, and instruction. Across all dimensions, fully licensed teachers were rated significantly higher, with substantial effect sizes exceeding 1.5 standard deviation units. Self-ratings of teaching competence did not differ between groups.

The Division for Early Childhood (DEC), a branch of the Council for Exceptional Children (CEC), supports the recommendation that certification

standards should apply to all individuals involved in services for preschoolers with special needs, including general education, special education, and related services personnel (Stayton, Miller, & Dinnebeil, 2000). Even for children without disabilities, early childhood certification should be separate from other types of existing general education certifications. Most states now have curriculum standards that are specific to the preschool years (Scott-Little, Kagan, & Frelow, 2004), so logically personnel who deliver these curricula should receive training that is equally sensitive to the specific developmental needs of this age group.

To enhance collaboration and continuity between general and special education services, training and requirements should be delineated for: a) an individual who will possess both general early childhood and early childhood special education knowledge and skills, b) an individual who will possess specialized knowledge and abilities related to serving preschoolers with special needs and their families, including the ability to work productively as part of a Child Study Team that provides and coordinates comprehensive services. These two separate certifications should be closely linked to allow for professional mobility between roles. If state certification standards include the age range birth through age 8, sub-specializations should be required that recognize the unique developmental needs of children birth to age 3, ages 3 to 5, and ages 5 to 8.

Technical Assistance and Professional Development

The amount of time that a teacher is required to spend engaged in professional development (PD) activities each year is a critical component of policy efforts to improve quality of instruction (Frede, 1998). In 2003, 27 of the nation's 44 state-funded preschool initiatives required teachers to participate in at least 15 hours of in-service training per year (Barnett, Hustedt, Robin, & Schulman, 2004). Quality professional development programs can be particularly valuable to special education teachers because they are often asked to deliver services to a diverse group of children in terms of age as well as type and severity of disability. Successful implementation of each child's IEP

demands a broad range of expertise covering multiple domains. Yet, in some states, continuing education is not a requirement for working in the state's early intervention system (Campbell & Halbert, 2002). An effective technical assistance (TA) program can be another useful source of support for teachers. In most states, technical assistance is primarily offered in response to specific requests from an individual or service site, while professional development is usually more systematized, with activities often planned months in advance.

Management of PD and TA activities is usually handled regionally to cut down on travel distances to provide on-site assistance, but may be centralized in small states such as Rhode Island (Hanft, 2001). To improve program quality, states and districts should be open to the idea of subcontracting certain types of development workshops or assistance efforts to expert agencies.   However, the most effective systems also involve special education staff in their own development and assistance activities so that strengths and skills of individuals can be shared (Carlson et al., 2002). To promote collaboration and continuity of services, which is a recurring theme in special education literature, activities should involve families, general education teachers, special education teachers, as well as directors and administrators. Cooperation and coordination between SEAs and LEAs is also necessary to improve states' capacity to evaluate and track existing PD and TA systems. Few states currently have comprehensive systems in place, and in many cases the frequency and content of technical assistance phone calls is unknown. Better data and an improved flow of information would help identify program weaknesses through accurate needs assessments, and ultimately allow states to address those weaknesses through policy.

Improvement to PD and TA systems depends in large measure on strong local leadership on the part of principals and special education directors. Evidence suggests the importance of reinforcing the content of PD workshops with follow-up consultation (Campbell & Milbourne, 2005). Follow-up also sends a positive message to teachers about the district's commitment to activities that it sponsors. Such a commitment may ultimately lead to a more effective special

education workforce. The scope and quality of professional development experiences were associated with overall teacher quality in SPeNSE. Teachers who perceived these experiences to be relevant scored higher on a general measure of teacher quality compared to peers who had less favorable impressions of their PD options. Providing teachers with a wide range of options was associated with favorable outcomes.

Personnel Recommendations

- Recruit a diverse pool of fully certified applicants, to the extent possible including males.
- Encourage and provide incentives for experienced or retiring teachers to work as mentors.
- Monitor turnover, and if rates exceed 15% perform an evaluation of causes and potential detriments.
- Examine policies that might reduce the paperwork burden for teachers.
- Professional development and technical assistance programs should address a broad range of content areas, while targeting needs and weaknesses reported by teachers.
- Involve teachers, parents, and community groups in the process of designing programs, so that teachers do not perceive professional development as a form of supervision, and taxpayers do not view these activities as a waste of money.
- Find and fund substitutes to provide release time so that teachers can practice and implement the skills and instructional activities introduced during professional development workshops.
- Support ongoing evaluation of the PD and TA programs for early childhood special education.

<u>Class Size, Ratio, and Caseloads</u>

The issue of class size has received considerable attention for decades in the literature on general education. Parents and teachers most often believe that smaller class sizes are better because they provide a higher quality educational environment, improve student-teacher relationships, and facilitate student learning (Nye, Boyd-Zaharias, Fulton, & Wallenhorst, 1992). A review of 100 studies conducted between 1950 and 1985 that addressed class size revealed that most beneficial effects of reducing class size occur in grades K-3, and that smaller classes may positively affect the academic achievement of disadvantaged children (Robinson, 1990). More recent research further supports the potential benefits of smaller classes for young children (Finn, 2002). Reductions in class size, however, are often accompanied by changes in instructional methods, so the unique impact of having fewer students in the room is difficult to isolate.

Class size in programs serving students with disabilities is not regulated by federal special education laws, but is instead left in the control of state-level policy. In contrast to general education literature, there is a dearth of class size research conducted in special education settings. It is somewhat inappropriate to apply the term "class size" to special education, with students spending time in inclusive settings and in various other pullout arrangements. Instead, special education teachers refer to "caseloads", or the number of students for whom a teacher holds some degree of responsibility. As of the mid 1990s, many states did not regulate class size or caseloads in special education (McCrae, 1996).

A national survey documenting student to teacher ratios for children with mild disabilities found an average of about 5:1 across elementary and secondary school respondents (Ysseldyke, Thurlow, & Wotruba, 1989). The highest reported ratio was 15:1. Nearly half of the teachers who responded did not know their district's policy regarding ratios and caseloads. Another multi-state study

examined caseloads of teachers of students with serious emotional impairments (Algozzine, Hendrickson, Gable, & White, 1993). Data showed an average caseload of about 12, and smaller caseloads seemed to predict better student achievement. While larger elementary-level special education classes may reduce academic engagement time, and may also lead to more acting-out behaviors, research also shows that the impact of class size is mediated by other factors (MAGI, 1995). Appropriate student placement and grouping, teacher experience, and effective use of paraprofessionals can all reduce negative consequences of larger special education classes.

Class size research in special education is complicated by the fact that no two states have the same regulations regarding class size and caseload in special education (Project Forum, 2000). Some states base regulations on elements such as program type (resource, self-contained, consultation), type of staff (resource specialists, therapists), and/or type and severity of disability. Policy in Connecticut is simply that the number of children in a class will allow the specifications of each child's IEP to be met. Many states allow districts to apply for waivers to class size and ratio restrictions. Policies are flexible to ensure that states are able to provide a free and appropriate education (FAPE) to all preschoolers who require special education services. For example, the general requirement in New York limits class size to 12 preschool students with disabilities, but temporary increases are allowed if necessary to provide FAPE.

Some states base class size policy in part on the age range of children in the room, which is regulated in states such as Massachusetts, New Jersey, and New York. A single state may allow a class of up to 15 students identified as educable mentally retarded, but limit a class of students with severe autism to 3 or 4 children. When a paraprofessional is included in the staffing pattern, the maximum allowable number of students increases and in some cases doubles. In Missouri and Oklahoma, a teacher's caseload is determined by formula, based on the intensity of the services required by each child included in the computation. For example, Oklahoma assigns a percentage of the total caseload

to each child, so that no teacher may exceed a sum total of 1.0, or 100% (Ahearn, 1995).

Examples of regulations regarding class size, teacher to student ratios or caseloads specific to early childhood special education include:

- Illinois – 5:1 ratio in early childhood instructional programs
- Kansas – Maximum class size ranges from 4 to 18, depending on type of class. Maximum caseload of 16, unless a paraprofessional is included in staffing plan.
- Nebraska – maximum class size of 10 for children 3 to 5 years old, and 6 for children 18 months to 3 years.
- New Hampshire – 8:1 ratio and a maximum class size of 12 in early childhood programs.
- New Jersey – 4:1 ratio and maximum class size of 8 in preschool special education.
- North Carolina – Caseloads flexible enough to allow provision of appropriate services.

Preschool Special Education Funding

Section 619 of Part B of IDEA authorizes the Preschool Grants Program to provide funds to states to serve 3- to 5-yesr-old children with disabilities. As of July 2003, nearly 650,000 children were receiving services, and total appropriations approached $400 million during fiscal year 2004 (U.S. Office of Special Education Programs). States use various types of formulas to fund their special education systems. The most common approach, used by 17 states, allocates funds on a weighted per-pupil basis, with student weights depending on placement and type of disability (Wisconsin Council on Children and Families, 2003). Other approaches include a Census-based flat grant and a resource-based allocation in which specific education resources such as teachers, aides, or equipment are funded separately.

IDEA funds alone do not pay for all special education services. State and local governments bear most of the cost for these services, with the local share growing over time (Bergert & Burnette, 2001). Initial legislation authorized federal funding for special education of up to 40% of average per pupil expenditure (APPE), but in fiscal year 2001 federal funds totaled 15% of the APPE. With national spending on special education rising quickly in recent years, states have looked to other sources of funding for support. Beginning in 1988, Medicaid funds were made available to pay for services specified in an IEP or IFSP. Since that time, many states are using significant portions of Medicaid revenue to help pay for special education services. Data suggest that rising special education costs are not due to rising numbers of high-cost students receiving extravagant services, but rather to rising numbers of students being identified with disabilities (Parrish et al., 2004). In 2000-2001, more than 10% of the nation's student body received some special education service.

For the 1999-2000 school year, the average expenditure to educate a student without a disability or other special need was $6,556. The average expenditure, including both regular and special education costs, for a student in special education was $12,525, nearly double the amount spent on a typical general education student (Chambers, Shkolnik, & Perez, 2003). Expenditures differed significantly by disability category. The least expensive category was specific learning disability ($10,558), while the most expensive disability category was multiple disabilities ($20,095). The average cost to provide services for students placed in nonpublic schools or other public agencies outside the school was $25,580, considerably higher than the average expenditure for students with multiple disabilities in public schools. The highest incidence disability categories were the lowest in per pupil spending, with specific learning disabilities and speech/language impairments accounting for 63% of students who received special education services. Costs for these services can be broken down into 4 categories: special education classes, resource specialist, related services (speech and language, physical or occupational therapy), and other special education services.

To address the extreme expense of providing special education services in separate schools for which counties and school districts reimburse costs, The New York State Education Department (1999) conducted an audit to examine the process of setting tuition rates for these schools. The auditors concluded that the Education Department did not analyze costs claimed by providers extensively enough to ensure that these claims were valid or reasonable. A considerable reduction in cost could result if private providers were held accountable for staffing needs and rates paid to contracted therapists. Alternative reimbursement methodologies are recommended, including a fee-for-service approach, full or partially capitated payment systems based on enrollment, and a cost-based reimbursement where tuition is equal to total allowable costs divided by enrollment. The New York study suggests that districts need to improve data and accountability systems when special education services are provided by outside agencies.

Services for Infants and Toddlers

Research shows that successful early intervention benefits children and families and yields long-term savings to school districts and society.   Part C of IDEA supports children under the age of 3 who require special services. In fiscal year 2003, $434 million dollars were appropriated and about 275,000 children were served (Danaher & Armijo, 2004). The primary intervention setting for over three-quarters of these children was the home. The most common reason for exiting Part C programs is eligibility for Part B, so transition and continuity of services is a critical component of early intervention. While a wide range of services is available through Part C, the most common categories of service are Speech/Language Pathology and Special Instruction.

The National Early Intervention Longitudinal Study (NEILS) is based on a nationally representative sample of over 3,000 families with children who received early intervention services. Compared to the general population, NEILS

data show that African-American children are over-represented among infants and toddlers entering early intervention, as are low-income families (Hebbeler, Spiker, Mallik, Scarborough, & Simeonsson, 2004), but there is no typical child or family entering into this program. A recent review of family outcomes yielded data that reflect very positively on the early intervention service system (Bailey, Scarborough, Hebbeler, Spiker, & Mallik, 2004). Over 80% of families reported that early intervention services made a positive difference in their lives, helped them build a strong support system, and enhanced the family's perceived quality of life. Families were more than twice as likely to experience less positive outcomes if they were any ethnicity other than White.

Services for children of any age should be culturally competent, which requires professionals to obtain knowledge and skills regarding the relationships between culture and several areas of service delivery. Staff working with minority children should be aware of legal and ethical issues, be competent in institutional advocacy, understand limits of psychological assessment, be able to work with interpreters, and understand how to apply research findings to different populations (Rogers et al., 1999).

Because early intervention involves infants and toddlers, Part C programs are more intensely family-focused than any other component of the special education system. Positive outcomes are associated with greater parental involvement in the program. To incorporate family involvement into intervention plans, most children supported by Part C have an IFSP rather than an IEP. Intervention practitioners report increased parental involvement as one of the focus areas to improve services, along with increased opportunities for teaming and collaboration (Campbell & Halbert, 2002).

Collaboration and continuity are essential components of quality early intervention and preschool special education. Service delivery is often spread among several individuals and agencies, all of which must communicate effectively to avoid duplication of or gaps in services. Positive child outcomes have been found associated with a collaborative teaming process that coordinated the efforts of general and special education personnel (Hunt, Soto,

Maier, Liboiron, & Bae, 2004).   Streamlining of services is also provides a continuum of service delivery options and is cost effective. States are now required in grant applications to describe procedures to coordinate transition from early intervention to preschool at age 3 (Shotts & RosenKoetter, 1994). Widespread use of local interagency agreements in conjunction with clear state policies related to transition can promote efficient and optimal placement decisions, uninterrupted services, and reduced stress for children, families, and providers.

Effective Implementation of IDEA

The following elements of implementation were identified in districts considered to have most successfully implemented IDEA legislation (from the *Study of State and Local Implementation and Impact of the Individuals with Disabilities Act: A View From the Field of District Implementation*):

Addressing Student Behavior
> Districts had a comprehensive range of policies and practices to prevent and manage behavior problems, including codes of conduct and safety plans, and guidelines for conducting functional behavioral assessments. Character development programs were also in place, as well as multiple staff opportunities for professional development (access to experts).

Parent Participation
> Districts were aggressive in engaging parents in their children's education. Parents participated in workshops and were part of decision-making bodies at the school or district level.

Curricular Access and Placement in Least Restrictive Environment (LRE)

Districts provided a continuum of LRE options for students, with IEP teams determining placement. Districts taught the same content to students with and without disabilities, providing instructional support where needed. Expectations were the same for all students. Teachers had assistance from support staff, including school psychologists.

Characteristics of Districts

The districts described above tended to be smaller in size, have fewer students living in poverty compared to districts who seemed less successful at implementing IDEA. The model districts were mostly suburban and located in the Northeast. There does not seem to be equal opportunity across districts to optimize the potential impact of IDEA. Districts most in need are likely to struggle with successful implemention.

Benefits and Costs of Inclusion
Literature Review

Kirsty Brown, Ph.D.

National Institute for Early Education Research

Rutgers University

Submitted to Linda Goetze, Utah State University
August 9, 2005

What is Inclusion?
Inclusion occurs, according to Guralnick (2001), when "special education and related services are integrated into the ongoing curriculum, and general program activities are implemented by all staff."

Odom (2000, p.21) reports that there is controversy over the ratio of children with disabilities and typically developing children necessary to define inclusion —ranging from representation reflecting the natural population (about 6 percent of children with disabilities) to up to one-third of children in the class having disabilities— but defines inclusion broadly as involving participation in a class with a "critical mass" of typically developing children for a "substantial portion" of the day (Odom, 2000, p.22).

The rationale for inclusion programs is that all children deserve the same quality program (Odom, 2000); that children with special needs are more likely to become participating community members when enmeshed in the community; and that children can develop meaningful social relationships when they are engaged in programs with other children. There is also a belief that there are educational benefits to at least the children with special needs, and possibly the typically developing children also (Odom, Schwartz et al, 2002). Since 1975, inclusion in a least restrictive environment (LRE) has been a legal requirement as well, since passage of the Education for the Handicapped Act, PL-94-142. State programs for *preschool* children were specifically mandated in 1991, in PL-99-457, the Individuals with Disabilities Education Act (Odom, 2002).

Guralnick (2001, p.13) reports that universal access to inclusion programs for children with disabilities has not been achieved, and points out that poor quality programs are effectively a barrier to access for some students, as are cultural differences, parental attitudes, and some service delivery systems. However, inclusion programs are provided in a variety of ways across states: most often in Head Start programs (because of Head Start's service requirements), public school pre-kindergartens, then by public school kindergartens, and finally, by private child-care and community-based providers (Odom, 2000). Children with less-serious disabilities are most likely to be involved in inclusion programs (Guralnick, 2001).

The numbers of children in inclusion programs increased from 40 percent from 1987-1988 to more than 50 percent from 1996-1997 (Guralnick, 2001; Odom, 2000), but only became a serious alternative for families in the 1990s (Odom, 2000). As of 1993, at least three-quarters of preschool programs in the US reported serving at least one child with a disability (Guralnick, 2001, p.4).

Research on Inclusion: Overview
The research on inclusion programs has shown that there are few, if any, detrimental effects for either typically developing children or those with special needs who are enrolled in the program—and there may be social benefits to children with special needs, especially if teachers incorporate specific activities to encourage peer interactions. Based in a philosophical perspective that 'normalization' and integration into the community is the best approach—and pushed forward by IDEA— inclusion has been increasingly incorporated into state programs, especially for children with less severe disabilities. Empirical goals for these programs appear to have been vaguely defined, however. As implementation continues, it would be beneficial from a research perspective to define clear developmental and social goals for programs, and to assess any change in children's

skills from before they start the program to when they have finished. This can be challenging, however, as services to children with disabilities are necessarily very individualized, and programs providing services are heavily dependent on local resources and context for development.

Models of Inclusion
Guralnick (2001, pp.10-11) describes various models of inclusion. *Cluster model inclusion* is when children with special education needs are included in an existing program developed for typically developing children. *Reverse inclusion* is exactly the opposite—typically developing children are included in a program originally developed to serve children with special needs. A *social inclusion* program provides time for children who are typically developing and those with special needs to interact during play times, rather than during the otherwise more structured "educational" portion of the school day. School districts have also developed other kinds of programs to serve individuals with special needs. Programs have developed over time within specific contexts to serve local and individual needs, supported by varied resources (Odom et al, 2002; Guralnick, 2001). Guralnick reports, however, that the field has not examined the rationale for any of these individual service delivery options, nor examined the benefits to be derived from each. He suggests that the original PL-94-142 was developed based on "ideological, theoretical, and legal grounds (2001, p.4) rather than on empirical evidence that children would benefit from inclusion. He does note, however, that research has not demonstrated any advantage to pull-out programs over integrated service delivery (2001, p.12)

Benefits of Inclusion
In an exhaustive literature review, Odom has reported that there are positive outcomes for both typically developing children, and those with special needs, in inclusion classrooms. (Odom, 2000, p.20) He reports that "Individualized instructional techniques and curricula have been employed in inclusive settings and have produced positive behavioral and developmental outcomes." In outlining goals for inclusion programs, he notes that along with performance on standardized measures, it is useful to assess a child's membership in the classroom (that is, their participation as a full member) along with their relationships in the classroom, with peers who have disabilities and those who are typically developing (Odom, 2000, p.24). He cites a number of observational studies reporting improved behavior of children with disabilities, and improved attitudes toward those children among typically developing children (Odom, 2000, p.20), but notes that there is not a specific measure of the degree of inclusion of a child in a classroom.

    After later research, Odom et al (2002, p.168) conclude from review of the literature that "children with disabilities make at least as much developmental progress as in inclusive programs as they do in non-inclusive programs. Furthermore, there is evidence that greater progress of more mature levels of performance may occur in communication skills, social competence, and perhaps play skills." Guralnick notes that an appropriate developmental goal for children in inclusion programs would be fairly broad, but modest, such as "children will do at least as well developmentally and socially in inclusive programs as they do in specialized ones" (2001, p.19).

In a comprehensive review of 22 studies on inclusion, Buysse and Bailey (1993) address the benefits of inclusion programs, noting that initially, inclusion had little basis in scientific measurement, and was centered instead in the philosophical concept of "normalization." This was based in the idea that inclusion programs would reduce discrimination and increase acceptance of children with special needs, and on an expectation from professionals and parents that integration is "the norm." The studies they reviewed used a variety of outcome measures, but were too few and methodologically diverse to permit a meta-analysis. All were focused on children from birth to 5 years old, used a within- (children experienced both integrated and segregated programs) or between-group (one group of children experienced integrated, one experienced segregated) design, and used at least one relevant outcome measure to compare the impact of programs (they note that only a few used standardized tests, perhaps reflecting the age group of the sample children).

They found that social integration does occur, and is enhanced when adults are active and facilitating interaction (Buysse & Bailey, 1993, p.435), a finding supported by Odom et al (2002). Adult-child interaction was found to occur more often in segregated programs, however, where more seriously disabled children were likely to be enrolled. (The authors noted several concerns about experimental designs of studies used here, including small sample size, the absence of direct comparisons of integrated and segregated programs, lack of randomized assignment to groups, and insufficient information about researcher "blindness" to awareness of assignment or the purpose of the study.)

Among the 22 studies only 7 reported on developmental outcomes, and they found that "mean level of children's performance over time as assessed by standardized measures did not vary as a function of integrated versus segregated placement" (Buysse, 1993). The finding holds for both weak and strong studies, but is based on means, and most studies did not include analysis of the role of children's abilities before entering the programs. One study did show improved expressive language skills for children in a segregated classroom, but that was attributed to particular program factors rather than the segregation of the program.

Overall, they found that "high performing children made more language and cognitive gains in integrated classes, while lower performing students made more progress in segregated settings" (Buysse, 1993, p.449).

Ten studies reported on behavioral outcomes: three measured no difference, the remainder indicated positive results for integrated settings (Buysse & Bailey, 1993, p.452), exhibiting fewer object-directed behaviors, playing more appropriately and with more sophistication with toys.

This study examined other elements of the integrated and segregated classrooms and found that:

- Staff-child ratios varied widely with higher ratios in the segregated classrooms.
- The majority of the studies focused on 3-5-year-olds.
- Few studies included children with severe disabilities.

The authors concluded that integration "may be socially beneficial for some preschoolers with disabilities" (Bussye & Bailey, 1993, p.457), and that social integration may require specific effort for children with more severe disabilities. They note however that wide variations in study design and in program features made it difficult to draw solid conclusions about the specific impacts of programs on child outcomes.

Schwartz et al. report that "the most replicated finding in preschool inclusion literature" is that "children with disabilities engage in social interaction with peers less often than typically developing children in inclusive classrooms" (Schwartz, 2002), and Harper & McCluskey (2002) cite numerous studies indicating that children with disabilities may experience some isolation in inclusion classrooms, unless teachers are trained to encourage interaction. Guralnick, Gottman, & Hammond (1996), however, report that disabled children in *segregated* classrooms engage in fewer social interactions than those in mixed-ability classrooms.

In researching inclusion programs as part of a 5-year research project, the Early Childhood Research Institute on Inclusion, the group found that children with disabilities participated just as much in inclusion classrooms as the typically developing children in those classrooms, and they tended to be grouped most of the time with peers without disabilities. As well, about two-thirds of children with disabilities in inclusion programs were socially accepted in the classroom and most children had at least one friend (Odom et al, 2002, p.168).

This project did not specifically assess the progress of the typically developing children in the program, but noted parents' anecdotal reports of progress, and positive attitudes towards children with disabilities (Odom et al., 2000, p.140). Another study determined that children in an inclusion classroom have a better understanding of the long-term impact of disabilities, and rated children with disabilities higher on an acceptability scale than children in non-inclusive classrooms (Diamond, 1997). Hibbert & Sprinthall (1995) compared two kinds of inclusion programs and found that neither the typically developing children nor those with special needs were negatively affected in terms of emotional development by participation in heterogeneous classrooms. Other authors have also found no negative impacts of inclusion for typically developing children (Guralnick, Gottman, & Hammond, 1996).

Odom reports also that the quality of inclusion classrooms appears to be "at least comparable to quality in traditional special education classes, and community-based early childhood programs serving only typically developing children." He notes, however, that "the quality of childcare environments in general appears to be mediocre, and concerns about quality in inclusive programs exist" (Odom, 2000).

Guralnick summarizes research indicating that some children may remain quite isolated in inclusion classrooms, but that the tendency is for the *frequency* of social interactions of children with disabilities to increase, although social competency may not (2001, p.26).

Family Perceptions of Programs
Family perceptions of inclusion programs are mixed: generally, parents of children who are attending inclusive programs are more positive about inclusion than parents of children in segregated programs, based on family reports from 80 families with children

with special needs and 32 families with children who were typically developing (and attending inclusion programs) (Beckman, 2002).

The authors note that attitudes were highly contextual, depending on family experience with the current program, previous programs, their goals for the child, and the child's happiness in the program. However, they found that families gave good reports when program logistics (cost and location) worked out for a family, when specialized services were available, and when class sizes were suited to the child's needs. Families with children in inclusive programs are more likely to be positive about inclusion experiences than parents of children in segregated programs, according to a number of parent-report studies. Guralnick (2001, p.28) reports that parents are sometimes concerned that their children will not be able to get the special services or individual instruction that they need, and that staff will not be qualified to properly care for their child. Odom also (2000) notes that positive attitudes increase with time spent in programs. He concludes that families often feel that their options are limited, and they have few choices for their children. (Beckman, 2002, p.101), and that they had little information about inclusion, their rights, and programs available in their areas (Beckman, 2002, p.104).

Teacher Perceptions of Programs

Odom (2000) determined that teacher attitudes toward inclusion are generally positive, although they do have some concerns. Guralnick (2001, p.15), while noting that data are limited and early, indicates that early childhood programs can be maintained while including children with disabilities, and reports that "educators perceive that their general activities can be relatively easily adapted to accommodate children with disabilities." Obviously, the more severe the child's disability, the more accommodations are necessary.

Barriers to Inclusion

Odom (2002, p.5) points out that preschool inclusion is quite different in some ways from K-12 inclusion programs. For example, many public schools do not offer preschool programs to typically developing children, and therefore cannot provide an inclusion program, per se, only reverse inclusion. Developmentally appropriate curricula in preschool programs may be quite different from more academically focused elementary school programs, developmental skills are more varied among younger children, relationships with peers appear to be less fixed, and high stakes testing is less relevant and common in preschool (Odom, 2002, p.5).

Other barriers to developing programs, or to participating in them include: space for public programs, transportation costs, dedicated funding streams (which may or may not cover service delivery by community programs), administrative resistance to inclusion within any given system, and blending of various programs which ultimately lead into the public school system (Odom et al., p.122). For example, "some programs will not allow special education teachers to work in settings in which typically developing children are enrolled, because the teachers' salaries are paid with special education funding" (Odom, 2000, p.25). Community influences may also come into play. Odom et al report that parents are sometimes critical of developing systems, which may slow or halt implementation (Odom et al., p.124). Other identified barriers to developing

inclusion programs include: program policies (such as requiring service in public school settings); fiscal policies (blending and availability of funds issues); personnel and staffing policies along with pre-service and in-service training issues; and attitudes of policymakers and implementers. Cultural and language issues also have an impact of the types of inclusion programs in which families choose to participate (Odom, 2002).

Based on a 5-year study of various systems developed to provide inclusion programs and service delivery for children with special needs, Odom et al. concluded that training of staff, external support, a comprehensive organizational structure, and shared vision (including commitment from administrators, teachers, and other staff) are essential elements for success. In addition, they noted that many systems succeeded because one "key person" was able to move policy and development forward within the local context. State and national policy also come into play, as they can have a strong impact even at the local level, especially in terms of funding and administration issues (Odom et al, 2001, pp.124-126).

Policy Implications

Regardless of the kind if inclusion program implemented, context is critical. Parents, community and the developmental and social needs of the children must all be considered when developing and implementing programs (Odom, 2002).

Guralnick (2001) addresses the issue of incorporating inclusion programs within developmentally appropriate preschool programs, and indicates that providing individualized services, especially pull-out services, may be important to parents because it makes visible the services their child is receiving—although it is philosophically different to the integrated service approach required for true inclusion.

Costs of Inclusion

Calculating the cost of inclusion is challenging, as many costs are hidden amid regular education costs, and there are various delivery service systems and revenue streams to consider. Consequently, there are very few studies examining the costs of special education, and apparently only one researching the costs of preschool inclusion.

In a study of special education costs, Chaikind and Danielson (1993) note that eligibility and placement criteria have an impact on costs, as do reimbursement formulas and appropriation amounts. They used the Expenditures Survey, which examined costs in a sample of 60 school districts in 18 states across a single school year (1985-1986); national cost studies from previous decades; and state-reported annual data to examine special education costs—not specifically *preschool* inclusion costs, however. (Preschool inclusion is different from K-12 inclusion in many ways, as noted by Odom et al., 2002).

The Expenditures Survey provided very detailed information on the types of services offered, student-teacher ratios, class sizes, caseload hours, and providers. Chaikind and Danielson used a resource cost methodology to compute costs per student, by gathering detailed information on the resources used, and assigning market values to determine per pupil costs for services.

Explaining that states calculate costs differently, and that cost differences must consider whether services provided are supplemental to regular education, or replacing regular education costs, the authors concluded that costs were consistently about twice those for regular education over the course of two decades, at about $7,800 per student in

1989-90 dollars. Excluding what would have been spent on regular education for those children, about $3,649 was strictly special education costs (Chaikind & Danielson, 1993, p.3). This was true despite the dramatic change in programs and services offered over that time. Costs ranged widely, of course, depending on the services being offered and the needs of the children served, from $1,000 to $30,000 per student; they also varied depending on the number of students served and their specific needs from year to year. Although they considered children in various programs, they did not specify cost differences between inclusion and traditional programs.

Generally, the most expensive cost component was teacher salary and other personnel costs, and higher costs were associated with more severe disabilities and with lower student-teacher ratios (Chaikind & Danielson, 1993, p.4)—all of which would indicate that inclusion programs, which often have higher student-teacher ratios than traditional programs and serve children with less severe disabilities—might be less expensive. The authors called for improved data to enhance future cost analyses.

In a later study of *preschool* inclusion costs, Odom, Hanson, Lieber, et al (2001) reviewed costs of inclusion in 5 local educational agencies (LEAs) in different states, by comparing costs for children in inclusion programs to costs for children attending traditional special education programs. In 4 of those states inclusion cost less than traditional provision of special education services. Overall, the authors concluded that "within agency models suggested that inclusive models were generally less expensive or comparable in costs to traditional forms of special education" (Odom et al., 2001, p.1). They noted the difficulty in gathering non-educational cost information (such as costs related to buildings, administration, and transportation, for example) and identified two other weaknesses in their study: the mild degree of disability in both sets of children compared, and the "potentially different groups of children enrolled in inclusive and traditional models" (Odom et al., 2001, p.1) .

Using a case-study type of analysis, the researchers chose a range of classrooms representing different models of inclusive service delivery across a range of states, and selected up to 7 children from each model within a program. This study intentionally compared the costs of serving only children with less severe disabilities in traditional programs to any children in inclusion programs, since children with less severe disabilities (and those who are less expensive to serve) are more likely to participate in inclusion programs. Using a resource-based cost approach, the researchers gathered information about the children, services provided, equipment, tuition provided by the LEA, employment status and background of the provider, hours of service, number of children served on that provider's caseload, salary for the provider, and employee benefits (Odom et al., 2001, p.2). They also attempted to gather transportation, building, and administrative costs, but were unable to do so for all programs. There were variations across states in the costs of services provided (varying by number of children served, and the severity of their disabilities), and in the types of expenses borne by districts (often influenced by state or district policies).

Costs per child were then calculated, adjusting for service hours provided, number of children being served by each provider, and other costs involved, such as equipment. These were generated per child per year, and per child per service hour. Total costs of the program were calculated, along with costs to the LEA per program (as some programs

were also supported by tuition and other funding). Altogether, 9 comparisons of within-program inclusive and traditional models were completed. The authors determined that:

> "for total instructional costs and costs to the LEA, inclusive services were less expensive than traditional programs in six of the nine comparisons. When the cost per service hours was compared, inclusive programs were less expensive also in six of the nine comparisons (i.e. for both total costs and costs to LEAs)." (Odom et al, 2001, p.6)

They also found that "community programs were less expensive than the Head Start or the public school team teaching programs if the LEAs do not pay the tuition to the community-based programs" (Odom et al., 2001, p.8). This factor makes some inclusive programs appear to be relatively more expensive, note the authors, and should be factored into future research. They conclude, overall, that "instructional costs of inclusive programs are generally less expensive than or comparable to traditional special education programs," and encourage LEAs to do their own comparisons, including for analysis teacher salaries, service hours, and teacher-student ratios as highly relevant factors—and those contributing most to instructional costs (Odom et al., 2001, p.9).

The authors report that "for some school administrators, providing inclusive services for young children with disabilities through the LEA is complicated, because classrooms for 3-5-year-olds may not be offered within the public school system" (Odom et al., 2002, p.1).

The authors note that their study did not assess classroom quality or child outcomes, and suggest that future studies consider those factors, as well as the costs of educating children with more severe disabilities.

Bibliography

Beckman, P. J., Hanson, M.J., & Horn, E. (2002). Family perceptions of inclusion. In S. L. Odom (Ed.), *Widening the Circle: including Children with Disabilities in Preschool Programs* (pp. 98-108). New York, NY: Teachers College Press.

Buysse, V., & Bailey, B.D. (1993). Behavioral and developmental outcomes in young children with disabilities in integrated and segregated settings: a review of comparative studies. *The Journal of Special Education, 26*(4), 434-461.

Chaikind, S., & Danielson, L.C. (1993). What do we know about the costs of special education? A selected review. *Journal of Special Education, 26*(4), 344-371.

Diamond, K. E., Hestenes, L.L., Carpenter, E.S., & Innes, F.K. (1997). Relationships between enrollment in an inclusive class and preschool children's ideas about people with disabilities. *Topics in Early Childhood Special Education, 17*(4), 520-537.

Guralnick, M. J. (2001). A framework for change in early childhood inclusion. In M. J. Guralnick (Ed.), *Early Childhood Inclusion: Focus on Change*. Baltimore, MD: Paul H. Brookes Publishing Co.

Guralnick, M.J., Gottman, J.M., & Hammond, M.A. (1996.) Effects of social setting on the friendship formation of young children differing in developmental status. *Journal of Applied Developmental Psychology, 17,* 625-651.

Harper, L.V., & McCluskey, K.S. (2002.) Caregiver and peer responses to children with language and motor disabilities in inclusive preschool programs. *Early Childhood Research Quarterly, 17,* 148-166.

Hibbert, M.T., & Sprinthall, N.A. (1995.) Promoting social and emotional development of preschoolers: Inclusion and mainstreaming for children with special needs. *Elementary School Guidance and Counseling, 30*(2), 131-14.

Odom, S. L. (2000). Preschool inclusion: What we know and where we go from here. *Topics in Early Childhood Special Education, 20*(1), 20-27.

Odom, S. L. (2002). Learning about the barriers to and facilitators of inclusion for young children with disabilities. In S. L. Odom (Ed.), *Widening the Circle: Including Children with Disabilities in Preschool Programs* (pp. 1-9). New York, NY: Teachers College Press.

Odom, S.L., Hanson, Z., C., Marquart, J., Li, S., Sandall, S.R., & Wolfberg, P. (2002). Social relationships of children with disabilities and their peers in inclusive preschool classrooms. In S. L. Odom (Ed.), *Widening the Circle: Including Children with Disabilities in Preschool Programs* (pp. 61-80). New York, NY: Teachers College Press.

Schwartz, I. S., Sandall, S.R., Odom, S.L., Horn, E., & Beckman, P.J. (2002). "I know it when I see it": In search of a common definition of inclusion. In S. L. Odom (Ed.), *Widening the Circle: including Children with Disabilities in Preschool Programs* (pp. 10-24). New York, NY: Teachers College Press.

Key Points for Best Practice

Inclusion

Regardless of the kind of inclusion program implemented, context is critical. Parents, community and the developmental and social needs of the children must all be considered when developing and implementing programs. This also makes it difficult to determine the relative benefits and/or costs of any one type of program, as service delivery is varied by child and family needs, as well as by policy.

- The field has not examined the rationale for any individual service delivery options, nor examined the benefits to be derived from each.
- There are positive outcomes for both typically developing children, and those with special needs, in inclusion classrooms. "Children with disabilities make at least as much developmental progress as in inclusive programs as they do in non-inclusive programs. Furthermore, there is evidence that greater progress of more mature levels of performance may occur in communication skills, social competence, and perhaps play skills." (Odom et al., 2002, p.168).
- Based on a 5-year study of various systems developed to provide inclusion programs and service delivery for children with special needs, Odom et al. concluded that training of staff, external support, a comprehensive organizational structure, and shared vision (including commitment from administrators, teachers, and other staff) are essential elements for success.

Personnel

Policy recommendations to promote the recruitment and maintenance of a high quality early childhood special education workforce:

- Develop application procedures for teacher training programs that facilitate the recruitment of a diverse pool of qualified applicants.
- Lead teachers should be fully certified and have completed specialized training to meet the needs of preschoolers with disabilities.
- To enhance collaboration and continuity between general and special education services, training and requirements should be delineated for: a) an individual who will possess both general early childhood and early childhood special education knowledge and skills, b) an individual who will possess specialized knowledge and abilities related to serving preschoolers with special needs and their families, including the ability to work productively as part of a Child Study Team that provides and coordinates comprehensive services.
- If state certification standards include the age range of birth through age 8, sub-specializations should be required that recognize the unique developmental needs of children birth to age 3, ages 3 to 5, and ages 5 to 8.
- Encourage and provide incentives for experienced or retiring teachers to work as mentors.

- Monitor turnover, and if rates exceed 15% perform an evaluation of causes and potential detriments.
- Examine policies that might reduce the paperwork burden for teachers.
- Professional development and technical assistance programs should address a broad range of content areas, while targeting needs and weaknesses reported by teachers. Common areas of need include supervision of paraprofessionals, accommodating cultural diversity, and collaborating with general education teachers.
- Find and fund substitutes to provide release time so that teachers can practice and implement the skills and instructional activities introduced during professional development workshops.
- Support ongoing evaluation of the professional development and technical assistance programs for early childhood special education.

Caseloads, Class Size and Ratio

Class size and ratio restrictions, as well as policies limiting caseloads for early childhood special education teachers, are not regulated by federal special education laws, but are instead left in the control of state-level policy. There is tremendous variation among early childhood special education classrooms in terms of the types of disabilities, severity of disabilities, and age ranges of students served. Specific best practice recommendations depend upon each of these factors, as well as the availability of paraprofessionals and other support staff.

- Most beneficial effects of reducing class size for general education programs occur in grades K-3, including particularly positive effects on the academic achievement of disadvantaged children.
- For some special education populations, smaller caseloads may predict better student achievement.
- Appropriate student placement and grouping, teacher experience, and effective use of paraprofessionals can all reduce negative consequences of larger special education classes.
- No two states have the same regulations regarding class size and caseload in special education. Flexibility is necessary to ensure that states are able to provide a free and appropriate education to all preschoolers with disabilities, and meet the requirements of each child's IEP.

Finance

States use various types of formulas to fund their special education systems. The most common approach, used by 17 states, allocates funds on a weighted per-pupil basis, with student weights depending on placement and type of disability. Other approaches include a Census-based flat grant and a resource-based allocation in which specific education resources such as teachers, aides, or equipment are funded separately. There is no single approach to funding that is currently considered best practice.

- In fiscal year 2001 federal funds paid for only 15% of the average per-pupil expenditure in special education. With total spending on special education rising quickly in recent years, states have looked to other sources of funding, such as Medicaid, for support.
- Expenditures differed significantly by disability category. The highest incidence disability categories - specific learning disabilities and speech/language impairments - were the lowest in per pupil spending.
- Improved data and accountability systems for all special education services provided by outside agencies may lead to some reduction in costs. State education departments should hold private providers accountable for staffing needs and rates paid to contracted therapists.

Intensity

Given the scarcity of available studies directly addressing the impact of intensity on the efficacy of early childhood special education programs, it is difficult to offer research-based recommendations on this issue. However, abundant evidence gathered from studies of children not receiving special education services strongly indicates that high-quality, intensive preschool programs produce larger, more persistent gains for disadvantaged populations. In general, studies of early childhood programs serving children at risk find that long-term benefits are associated with participation in the most intensive, earliest starting and longest lasting programs. Across most studies, effect sizes of short-term benefits also tend to increase with the quality and duration of the program.

General Recommendations for the Effective Implementation of IDEA

- Services for children of any age should be culturally competent. Staff working with minority children should be aware of legal and ethical issues, be competent in institutional advocacy, understand limits of psychological assessment, be able to work with interpreters, and understand how to apply research findings to different populations.
- Collaboration and continuity are essential components of quality early intervention and preschool special education. Positive child outcomes have been found associated with a collaborative teaming process that coordinated the efforts of general and special education personnel. The most common reason for exiting Part C infant and toddler programs is eligibility for Part B preschool services, so transition and continuity among these programs is essential.
- Behavior problems are effectively prevented or managed through a comprehensive range of policies and practices, including codes of conduct and safety plans, and guidelines for conducting functional behavioral assessments.
- Actively engaging parents in their children's education is a critical component of service delivery that establishes continuity between the school and home. Parents can participate in workshops and be part of decision-making bodies at the school or district level.
- A continuum of Least Restrictive Environment options should be available for students, with IEP teams determining placement.

- Curricular content, as much as possible, should be the same for students with and without disabilities, with instructional support provided as needed. Expectations are thus the same for all students.
- Teachers are most effective when provided assistance from support staff, including school psychologists.