INVESTIGATION INTO THE CURRENT PRACTICES IN THE IDENTIFICATION OF
THE ELIGIBILITY AND
ASSESSMENT OF 3-YEAR-OLD EARLY
CHILDHOOD INTERVENTION
PROGRAMS IN THE
PUBLIC SCHOOLS

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COLLEGE OF EDUCATION AND HUMAN ECOLOGY

BY
LOIS MC CORMICK, A.B.

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To the Associate Vice-President for Research
And Dean of Graduate Studies:

I am submitting herewith a thesis written by Lois McCormick
titled "Investigation into the Current Practices in the
Identification of the Eligibility, Evaluation, and
Assessment Criteria for 3-year-old Early Childhood
Intervention Programs in the Public Schools." I have
examined the final copy of this thesis for form and content
and recommend that it be accepted in partial fulfillment of
the requirements for the degree of Master of Arts, with a
major in Special Education

Jane Irons, Major Advisor

We have read this thesis
And recommend its acceptance:

Linda Henderson-Schmitt

David S. Marshall

Joseph Kinnin

Department Chair

David Smith

Dean, College of Education
And Human Ecology

Accepted
Leslie M. Thompson
Associate Vice President
for Research and Dean of
Graduate Studies
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ABSTRACT

Investigation into the Current Practices in the Identification of the Eligibility, Evaluation and Assessment Criteria for 3-Year-Old Early Childhood Intervention Programs in the Public Schools

Lois Mc Cormick, B.A.

Master’s Thesis, May 1998

Early Childhood Intervention has gained momentum since the inception of the Individuals with Disabilities Education Act. Under House Bill 105-17, a child referred for services must be tested and placed by his third birthday. This created concern for public schools as to transition and programs.

Statewide surveys were sent to directors of special education to obtain their perceptions of current trends and issues related to early childhood special education. The majority of respondents were females ages 46 to 59 who have been Special Education Directors for less than 5 years. Most districts have half-day 3-year-old programs with staff trained in special education. In line
with literature review, children have been assessed by a person trained in testing young children with speech delays. Emerging issues were communication between interagencies and district personnel, concern for new curriculum, eligibility for public school 3-year-old programs, increasing severity of developmental delays, and demand for related service.
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CHAPTER I

INTRODUCTION AND RATIONALE

Early Childhood Intervention (ECI) is a critical component of quality services for young children with disabilities. A number of issues have emerged through a review of current literature which demonstrates a lack of consistency of interaction between programs, assessment and transition. The differences in the philosophy of early childhood educators (ECE) and early childhood special educators (ECSE) significantly impact programs for preschool children with disabilities ages birth to 3 years. In particular, the ECE was more concerned with establishing guidelines for curricular practice while the ECSE was more focused on comprehensive, multidisciplinary individualized intervention with the child and their families.

The identification of the infant and toddlers in the ECI programs is one of the most controversial when linked to transition into the public school preschool programs. Many experts suggest that the problem in the ECI programs is related to the issues of analysis of developmental levels and skills requirements which causes the discontinuity
between the programs during transition (Howard, Williams, Porter, & Lepper, 1997). Initially, identification of a child for the ECI program is a judgment performed by a physician or staff personnel utilizing a medical model. Many of the children are identified because of low birth weight or premature birth. Some authors suggest, relative to preschool transition, that assessment processes should be selected that accommodate children with disabilities (Giesinger & Carlson, 1995). A multidisciplinary approach to assessment has been recommended by some authors (Vacca & Ritter, 1995) to integrate the whole child with respect to appropriate programming. Lack of consistency in preschool screening criteria directly impacts entrance for a number of ECI children, particularly those with disabilities.

A major obstacle of transition from early intervention to a compensatory preschool is the different admission criteria used for admittance of children into specific programs. Head Start is an example where a child with a heart problem may not qualify for services because of socio-economic classifications (Buschemi, Bennet, Thomas, & Deluca, 1996). At the time exceptional children are ready for transition into the preschool program, they are evaluated with normed instruments that exclude some of the
children presently enrolled in the ECI programs. They are excluded because they do not meet the eligibility criteria for Special Education as specified by Federal/State mandates (Vacca & Ritter, 1995). For example, a child receiving speech therapy may not be found eligible for some preschool programs. Interpretation of Federal mandates for this particular Special Education area varies from state to state (Rouch, Harrison, Palsha, & Davidson, 1992). There is confusion between different early childhood programs like the Title I and the ECI Programs serving the handicapped. Assessment of eligibility for transition into school district preschool programs under Part H of the Federal Special Education mandates remains unclear. The problem has been compounded by the introduction of Public Law 105-17 IDEA amendments of 1997 which has not been completely interpreted. There are a variety of methods being used in Texas. For example, there are arena assessments, assessment provided by diagnosticians/psychologists/speech pathologists, and yet others using medical diagnosis.

There appears to be a need for training of assessment personnel for working with young children (Cook, 1997). Personnel being trained for ECI programs and many of the assessment personnel have had no previous experience with
children ages 3 to 5 years. In addition, there are no consistent guidelines for admitting children with disabilities into ECI day care or private preschools.

The problem is exacerbated by the lack of interagency collaboration and cooperation. The Texas Department of Protective and Regulatory Services is the regulator of daycare and preschool facilities and sets the minimum standards and guidelines. The quality control for the preschool programs focuses upon the director of the programs. A program director must be at least 21 years of age and possess an associate degree with 6 college credit hours in business management and 6 to 9 credit hours in child development. Formal training in working with young children with disabilities is not mandated. This subject again focuses a need of training on personnel who are responsible for assessment and programs for exceptional young children (TEA, Division of Special Education, 1996).

Statement of the Problem

At the present time, there are no consistent guidelines for admitting children with disabilities into (ECI) day care or private preschools. In addition, assessment and program policies differ among the Public School programs for the
young children with disabilities. Telephone interviews with several districts show that the Keller Independent School District does an arena assessment before school starts on all children who are potential candidates for their ECI program (Diagnostician, personal communication, April 1997). The Irving Independent School District takes referrals from parents and ECI agencies throughout the year. The initial referral is filled out by the parents and the Special Education Director refers these to the diagnostician of the school the child will be attending. The diagnostician decides which test would be appropriate for the child to be given before their third birthday (Coordinator of Special Education, personal communication, July 16, 1997). Another issue is differences between philosophies of ECE program personnel who focus on developmentally appropriate curriculum and ECSE program personnel who focus on the individualized intervention for children with disabilities. Thus, there is confusion in policies and procedures to address programs for children with disabilities (Burton, Hains, Hanline, McLean, & McCormick, 1992). Part H of the IDEA legislation passed in 1986 was to have been implemented by 1991. This law mandated comprehensive services for preschool children with disabilities. There is a need to
investigate the current practices and procedures in programs for young children with disabilities. More specifically, these issues deal with assessment, training, intervention and staff development related to children 3 to 5 years of age (Florian, 1995).

Purpose of Project

The purpose of this project is twofold: (a) to design and pilot a survey instrument to identify critical assessment, training and intervention, and parent and staff development training issues related to ECI identification and placement of 3- to 5-year-olds; and (b) to conduct a statewide survey of the special education directors responsible for 3- to 5-year-old preschool programs serving children with disabilities for the purpose of investigating their perceptions of the current federal and state mandates and implementation of Part H with the new amendments of Public Law 105-17.
Definition of Terms

**Compensatory Preschool**—a program designed to prepare disabled and disadvantaged children who are at risk of school failure (Heward 1995).

**Developmentally Appropriate Practice (DAP)**—a philosophy that is based on ECE children's learning environment, the teaching practices and other parts of the program that are typical for the developmental age and stages that the child presently exhibits (Heward, 1996).

**Early Childhood Intervention (ECI)**—a wide variety of programs designed to reduce or prevent the occurrence of learning or developmental problems for at risk students later in life (Heward, 1996).

**Infants and toddlers with disabilities**—individuals from birth to age 2 who need early intervention services because they have experienced developmental delays or are diagnosed with a physical or mental condition which will result in development delays (McLean et al., 1996).

**Interdisciplinary team**—composed of professionals from different fields who meet to share information and develop intervention plans for a child (Heward, 1996).
Multidisciplinary team--composed of professionals from different fields or disciplines who work independent of each other when dealing with a child (Heward, 1996).

Part B--an amendment of PL. 102-119 and an extension of school age programs to include children from 3 through 5 years of age (McLean, Bailey, & Wolery, 1996).

Part H--part of Public Law 99-457 passed in 1986. This law encouraged states to develop comprehensive interdisciplinary services for infants and toddlers and to expand preschool services children with disabilities by 1991 (Heward, 1996).

Public Law 105-17--the amendments of IDEA of 1997.
This law ensures that all children have: (a) a free appropriate public education; (b) the rights of children with disabilities and parents of those children are protected; (c) assist States, Federal, and educational service agencies to provide for the education of all children; (d) assist States in implementation of ECI services for infants and toddlers; (e) enable educators and parents the necessary tools to improve the educational results for children with disabilities; and (f) assess, and ensure the effectiveness of, efforts to educate children with disabilities (Department of Education, 1997).
Limitations of the project were as follows:

1. Survey research is limited because of the narrow population being used as respondent's opinions may not accurately reflect true conditions as they exist.

2. Cross-sectional designs are drawn from a predetermined population at one point in time. At other points in time the respondent may provide different data.

3. The responses may not reflect the total population because the response is voluntary and those who choose to reply may have a concern to voice that may not accurately mirror the population being surveyed.

4. The survey research may have a low return rate due to not having direct contact with the recipient. Because of the low return rate sufficient data may not be available.

5. The survey will only generate response from the directors of special education departments in the State of Texas.
CHAPTER II

REVIEW OF LITERATURE

Early Childhood Intervention is a critical component of quality services for young children with disabilities. A number of issues have emerged through a review of current literature as follows: historical background, inconsistency in programs, individual family service plan, federal mandates and state regulations, assessment issues, transition, personnel issues and recently published reports.

Historical Background

Early childhood intervention programs evolved slowly in the United States (Heward, 1996). Historically, a sequence of programs, court cases and federal legislation provided models for today’s young children with disabilities intervention programs. These programs are presented in a sequential order beginning in the 1800s and progressing through a series of programs and legislation to the present day. Froebal’s Kindergarten, Montessori’s Program, Nursery
School Programs and Day Care Movement form the foundation for the programs and events that followed.

**Froebel’s Kindergarten**

The need of child care was the impetus for developing programs designed for young children of all social classes and religious denominations. The historical evolution of child care was started in 1840 by Froebel in Blankenburg, Thuringia (Allen, 1982). He established the first kindergarten that emphasized the training of children 3 to 6 years of age in four major developmental areas: language, social skills, motor, and cognitive. Froebel’s curriculum covered such skills as cleanliness, neatness, punctuality, courtesy, deference toward others, language, numbers, forms and eye-hand coordination through play (Kunesh, 1990). The trained teacher guided the children expressing spontaneous energies into the behavior that was accepted during that era. The expected outcome of this program was to allow the children to adjust to both peer and adult expectations. Margaret Schurz, one of Froebel’s former students, established the first German-speaking kindergarten in Watertown, Wisconsin (Howard, Williams, Port, & Lepper, 1997). It, then, was introduced to Boston where the first
English-speaking Kindergarten was established in 1860 (Kunesh, 1990).

Froebel's Kindergarten model was extended from only middle-class students to include disadvantaged children in the latter part of the 19th and early part of the 20th century. The reason for kindergarten training for young children was justified by the increase in immigrant population due to the industrialization and urbanization that the United States was experiencing during this time (Peterson, 1987). The popularity of educating young children in kindergarten provided the basis for early childhood intervention programs.

**Montessori's Program**

A medical doctor, Maria Montessori, began working with mentally retarded children in Italy during 1900 (Seldin, 1996). This became the first specific program focusing upon young children with disabilities. She experienced such success with these exceptional children that she decided to focus her attention on the urban poor. The educationally at-risk backgrounds of the urban poor matched the characteristics of children with disabilities (Howard et al., 1997). Montessori's Program was such a success that world wide attention was focused upon it and, thus, the

Nursery School Movement

The Macmillian sisters established the Defterd School Treatment Center in London in 1910 (Peterson, 1987). The goal was to prevent mental and physical illnesses with at-risk children 3 to 5 years old. The philosophy of the Nursery School was based on nurturing and concern for the whole child. They emphasized the physical, social, emotional and intellectual nature of the whole child. In the United States, new dimensions were added to the philosophy. The new concepts were interdisciplinary involvement of professionals and requiring that parents be involved in the process. This movement progressed with Yale University and the Merrill-Palmer Institute opening model nursery school programs to train teachers in this field (Morrison, 1997). The Great Depression and World War II had great impact on the need for early childhood care facilities. Women were called upon to join the labor force and fill vacancies of the men who were called to fight the war. The Lanham Act provided government funding from 1940 to 1946 for the education and care services for young children while their mothers worked (Gordon & Browne, 1993). After the war, the
government financing of these programs was withdrawn. Parents of many of the families could not monetarily afford to continue in the programs. It was especially hard on the low income families with at-risk children. This was the forerunner of the Head Start Program (Kunesh, 1990).

Day Care Movement

The essence of this program started in the 1920s to provide care while parents were working and this program continues to the present day. Through this period the program had evolved from a simple care facility to one providing educationally oriented activities, and then incorporating programs to accommodate the special needs of disadvantaged at-risk children in the 70s (Kunesh, 1990). This occurred in compliance with the Economic Opportunity Act of 1964 which was part of the War on Poverty campaign. This Act was enacted based on the special needs of the at-risk children (Howard et al., 1997).

Compensatory Education Head Start Program

The Economic Opportunity Act of 1964 (PL 88-452), and President Johnson's War on Poverty provided the driving force to the inception of Project Head Start. The nation's attention became focused on the Economic Opportunity Act. It was the earliest Federal mandate to require services for
Early Childhood Intervention causing many new day-care and nursery facilities to flourish. The most predominant program to evolve was the inception of the Head Start Program (Hildebrand, 1997).

The Head Start program was established to give 3- to 5-year-old disadvantaged children a successful entrance into the regular public school program. The purpose was to improve the growth of intellectual development and achievement of the young children. This was achieved through the Head Start program’s focusing on stimulation of the children through hands on activities, health care, nutrition, and educational opportunities (Morrison, 1997). During 1981, the Head Start Act (PL 97-35) required that no less than 10% of the total number of enrollments in the Head start program must be available to young children with handicaps (Kunesh, 1990).

Other Federally-Supported Compensatory Education Programs

The next three programs the federal government created initiated the movement of early childhood intervention for children birth to 3 years old (Peterson, 1987). These programs were instituted to intervene in the early stages of the developmental progress for those children who were
at-risk. The children exhibited signs of delays in their developmental or academic advancement.

The Parent and Child Center was started in 1967 to target a population of children from birth to 3 years old (Kunesh, 1990). The purpose of this program was to provide medical services and enrichment activities designed to prevent or minimize the occurrence of potentially damaging effects to at-risk families before they entered Head Start. The enrichment activities of the program were intended to include stimulation exercises, physical activities for the children and parenting classes (Peterson, 1987).

**Early Periodic Screening and Developmental Testing (EPSDT)**

The EPSDT program was created as part of the Medicaid (Title XIX under the Social Security Act), and the Maternal and Child Health Program (Title V) in 1976. This program provided assessment for the children enrolled in Medicaid. The children went through a regularly scheduled health screening during their infancy and preschool years. It included enrichment and stimulation activities for children and parents (Peterson, 1987).

Home Start was an early intervention program created in 1972. The program provided similar services like the Head
Start Centers to infants and preschoolers. It was not economically feasible to provide Home Start services due to the geographical distance from center base program. Community residents known as "home visitors" worked with at-risk families (Peterson, 1987).

**Court Cases**

Several important court cases evolved from the pressure of the parent organizations. Some examples were the National Association for Retarded Children, American Foundation for the Blind and United Cerebral Palsy Association (Beirne-Smith, Patton & Ittenbach, 1994). In 1954, the US Supreme court ruled in Brown v. Board of Education that "Such an opportunity [education], where the state has undertaken to provide it, is a right which must be available to all on equal terms" (Brown v. Board of Education, 1954). This decision applied to the children who where identified as disabled in that it gave all students the right to an education (Heward, 1996). The 1971 case of Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania required the state to locate and identify all school-age retarded children excluded from the public schools. The Commonwealth had to place them in a free public
program of education and training appropriate to their capacity (Henley, Ramsey, & Algozzine, 1993).

As a result of the court decision in PARC, 28 other states were challenged in court as to the rights of a child with a disability to participate in a free public educational program. Pennsylvania and the other states acquiesced and agreed to provide a preschool program for mentally retarded children in local districts concurrently with an already provided preschool program (Kunesh, 1990).

Federal Legislation

The Education of the Handicapped Amendments of 1983 (PL 98-199) expanded the age of children being provided services from birth to 5 years old for early intervention and transition programs. Importantly, it also added language impairment as a disabling condition (Verstegen, 1994). In 1986 President Ronald Reagan signed PL 99-457 into law. The new law created programs intended to deal with early intervention services for infants and toddlers with handicaps, as well as, their families. Under this law the discretionary program of Part H was only authorized for a period of 5 years (Florian, 1995). This legislation was subsequently updated through four different legislative actions culminating in 1994, known as the Improving American
Schools Act. It is now known as the Individuals with Disabilities Education Act (IDEA). These amendments became the impetus to instigate the rigorous national agenda for increasing and improving services to young children with special needs birth through 5 years old and their families (NECTAS, 1996).

**History of ECI in Texas**

The U.S. Department of Education Office of Special Education funded 10 Handicapped Children's Early Education Projects in Texas for infants and toddlers (Kirby, 1990). The Texas Department of Mental Health/Mental Retardation Service, the Texas Education Agency, and the Texas Planning Council of Developmental disabilities began funding individual early childhood intervention programs for children from birth to age 3. The goal of these programs was to identify children with developmental delays and refer them to services at a very early age. A secondary goal was to bring about public awareness of the programs available to families with at-risk infants and toddlers. These programs continued until 1978 when federal funding expired on some of the programs. The Texas Legislature instituted a review of ECI in Texas in 1979. The findings of the interim study committee led to the passing of the Texas State Legislation
of 1981 to fund the state’s ECI Program. Federal and state grants were given between 1982 and 1985 to broaden services to infants. PL 99-457 permitted all states to apply for federal grants to fund the planning and implementation of ECI programs. Texas received $3 million in federal funds. The Texas State Legislature added another $11 million in 1988 to put the program in compliance with PL 99-457 (Kirby, 1990). There were 71 programs created by this funding. The programs consisted of a therapist visiting in the home or the center. Some of the children needed a combination of therapy in both the home and center. For each child accepted into the program, through screening and evaluation, the intervention is individualized and comprehensive (Iscoe, 1989).

Inconsistency in Programs

Currently early childhood intervention has a variety of different programs and services to assist the children and their families. There also are many issues that at-risk families encounter daily. There is a lack of standardization for procedures and criteria between the various programs. This lack of standardization creates confusion and conflicting standards pertaining to enrollment and
transition. Trends and issues in the state of Texas that parent’s face are listed below.

**Day Care**

At the inception of the ECI program, many portions of the programs were therapeutic in nature rather than focusing on day care activities, which was a concern of the parents (Peterson, 1987). For working parents, their main concern was locating an enriching environment where they could leave their developmentally delayed youngster while they worked. The programs were scarce for children diagnosed with developmental delays at birth or more severely disabled. The major reason for this shortage of programs was the cost because of the small staff-child ratio required and the need of specialized equipment for the more severe disabilities (Iscoe, 1989). The following are some models of programs available that provide day care for children who are at risk.

**Family Day Homes**

Project Special Care Houston is a facility available to developmentally delayed children from birth to 2 years old. This program consists of private providers who are trained to care for the child with a disability. This home provides care Monday through Friday 7 a.m. to 6 p.m. during parent’s
normal working hours. The project is sponsored by the Children Center for Developmental Therapy, Inc. which inspects and monitors the homes to assure that they meet safety requirements and provide appropriate developmental activities (Iscoe, 1989).

**Non-integrated Programs**

Non-integrated programs serve children with specific orthopedically/neurologically handicapping conditions (Peterson, 1987). Infant Intervention Centers in the Dallas area provide a full day care for children with mild to severe disabilities for children birth to age 3. Its centers have a day-care program as well as a therapy program within the same facility. The staff of paraprofessionals are trained to handle all services for medically fragile children that their parents routinely perform in the home. The staff works toward their goal of helping the children move on to a regular day care center by the age of 3 years. This nonprofit program has been in existence for more than 20 years (Iscoe, 1989).

**Mainstreaming Programs**

The Mainstreaming is a process of serving the disabled child in natural environments that they would be in if they were not disabled (Morrison, 1997). The Open Door Preschool-
Austin program illustrates mainstreaming or the integrated child care for a developmental day care center. The program serves a group of disabled and non-disabled students. It has a 30 percent ratio of 2 to 5 year-olds and a 10% ratio of babies and toddlers with mild to severe mental and physical problems. It provides a full day program, half-day program in the morning and afternoon and an after school program. This type of arrangement enables the developmentally delayed child to attend a therapy program when needed. The children are grouped by developmental levels rather than age. The programs are individualized for each child with emphasis on learning through indoor and outdoor play (Iscoe, 1989).

**Project Homespun**

The Project Homespun--San Marcos and Permian Basin ECI Program--Odessa provide a unique service to the parents and day-care centers in their areas. They provide an opportunity for young children birth to age 6 to expand language and social skills by playing and enjoying contact with their nondelayed peers. This has been accomplished by their team of professionals working with local day care, mother's day out, preschool and gymnastics programs. They learn to work with and design developmentally appropriate activities for the children in their care. They provide the staff support
and offer help with any problems the facility may encounter with any of its children (Iscoe, 1989).

**Respite Care**

Respite care is a facility where parents can leave their child in competent care while they get away for short periods to reduce family stress. This care can last a few hours enabling a parent to devote time to the other children or to overnight care which would permit the parents to take a short vacation (Respite Care, 1998). Respite Care is in short supply. The services that are available range from the medically involved to the medically fragile children. There is a statewide information clearinghouse that began in 1985 (Respite Care, 1998). It helps families find respite services for their child. In Austin, Texas, the respite program goes to the home of chronically mentally ill children for 3 to 12 hours. The staff performs the function of a friends or companion to the child. They play with them, work on projects or take them out to activities like movies or the park (Iscoe, 1989). The San Antonio area has two different programs. The first is based at a wing of Santa Rosa Hospital where it is staffed by pediatric nurses. It serves medically fragile children who require skilled nursing care from birth to 18 years old. The second program
is for children who do not have serious medical problems but are at risk. It offers a break for the families through three types of programs: Family Day Out, In Home Care, and Host Families (Iscoe, 1989).

**Comprehensive Community Services**

Each community has many services it can offer its citizens. In Texas many cities and towns coordinate their services to provide for needs of their population. For disabled infants and toddlers with special needs, San Antonio has a model that has been recognized nationally for its innovation. Project Any Baby Can (ABC) is a community generated comprehensive program for families of children with special needs. It has created a network of more than 300 agencies that provide a support center for families, and coordinates services for young children. In times of crisis it provides aid, respite care and other vital services depending on need. It services the families and children in the San Antonio and South Texas regions (Iscoe, 1989).

These examples are very important in the implementation of new legislation concerning ECI. There are other major concepts that need to be taken into consideration. These concepts involve multidisciplinary and interdisciplinary ideas to be incorporated into the existing programs.
Interdisciplinary Programs

The Bavarian project, which believed parents were an important part of the child's therapy and planning, helped form the idea of the importance of the parents being included on the interdisciplinary team (Opp, 1993). At the beginning, it was difficult for most professionals, who had been trained to provide services in the traditional model (expert), to transition to the interdisciplinary model that requires them to be participants in roles different than they were accustomed. The same is true of the parents who were always relegated to a passive role and had to assume a proactive role in their child's evaluation and intervention. This parent/professional partnership formed a collaborative relationship that resulted in better service for the child (Edmondson, 1997).

The inception of the Head Start Program occurred during the same time period in the United States which began to view young children in a totally different way. This program had stringent guidelines set by the Federal Government (Hildebrand, 1997). The existing early childhood educators had to reevaluate their methods and goals in teaching these children, especially with the regulations that required the acceptance of special education students into their programs.
(Howard et al., 1997). The differences in the philosophy of the early childhood educators (ECE) and the early childhood special educators (ECSE) are: the ECE were more concerned with establishing guidelines for curricular practice while the ECSE were more focused on comprehensive, multi-disciplinary outcomes based on intervention to the child with their families. Today's opinions are that these two fields should unify so that they may focus on the goal of expanding the quantity and quality of existing services for the children and their families (Burton, 1992). Other programs and practices have evolved, such as the Developmental Appropriate Practices (DAP) or the Naturalistic teaching approach. These programs have common ground when compared to the ECSE. They both espouse that the curriculum should be individually appropriate and that the assessment must become more naturalistic and multi-dimensional. They also recognize the importance of child initiated activities and the importance of interaction with their peers (Carta, 1993; Fox & Hanline, 1993).

Placing all the programs that have been discussed in perspective means that the active involvement of the parents within the program exhibits a significant difference to the outcome of their child. Review of the literature appears to
confirm the need for early involvement of the parents similar to in the research project of Bruden. This project dealt with 30 toddlers to preschoolers who were part of an inclusion program within an ECE program at 20 different sites. It postulated that a consistent and ongoing system for family involvement within the programs was essential. The staff needed to document the concerns, resources, and priorities of the families. They had to have the ability to communicate effectively so they could collaborate to establish the intervention goals for the children within the context of the family (Bruden, 1993).

Individualized Family Service Plan (IFSP)

The IFSP fulfills the need to provide for the combining of resources. This plan not only deals with the child but with the family’s strengths and needs related to the enhancement of the child’s development. It targets the specific intervention services needed to meet the unique needs of each child and family (Bruden, 1993; Edmonson, 1997). The IFSP can be used on a developmental level as with the Individual Curricula Sequencing Model. It identifies the critical skills to be taught to cross reference the child. It also allows participation in a
natural environment and daily routine within the family as well as the school (Bruden, 1993). Including the family as an integral part of this team helps the child meet their own unique goals and objectives.

An important part of the IFSP is the procedure to enable the transition of the child from Early Intervention Programs to preschool programs (Howard et al., 1997). The guidelines for the Infant/Toddler and Preschool program differ from state to state. It is dependent upon the interpretation of Part H and Part B laws by the various states. There are five major issues within the transition of infant and toddlers to preschool. The Infant and Toddler Program includes at-risk premature children with developmental delays while the preschool requires greater degree of impairment, delays and omits learning disabled. The criteria for acceptance into each of the programs is different. The Infant and Toddler Program is based on professional judgment and evaluation at the preschool level. In five states, the difference between results of the two different quantitative measures may constitute acceptance into the preschool program (Harbin, 1994).

A defined process is needed to facilitate the learning of the subjects. This process should include intervention as
soon as the need is identified with children birth to age 3. Researchers have found that the rate a human learns and develops is most rapid in the preschool years (Hildebrand, 1997). There is an aspect pertaining to improving the attitude of the parents about themselves and their perception of their child. The additional information improves the reception of ideas, parenting skills for teaching their child and gives more release time for leisure and employment. This decreases the child's dependency upon social institutions, the family and increases eligibility for the child's employment (Smith, 1988). It has been suggested that children who enter an inclusive school at a preschool age learn much more readily from their peers. It has also postulated that the peers are receptive and have not shown resentment (Salsbury, 1991).

**Federal Mandates and State Regulations**

The Individuals with Disabilities Education Act (IDEA) or Public Law 94-142 of 1975 was the first of many laws which provided landmark legislation for a free and appropriate education of all children with disabilities (Howard et al., 1997). The Public Law 99-457 (Education of the Handicapped Act Amendments) extended all the acts rights
and protection to infants, toddlers, and preschoolers in 1986 (Morrison, 1997). When this was established less than half of the States had programs for preschoolers with disabilities (Howard, 1997). Almost 400,000 preschool children and 200,000 infant and toddlers had received early intervention through the assistance of federal funds by the school year of 1990-91 (OSER, 1992) The latest legislation of Public Law 105-17 has further defined the laws dealing with preschool grants for children with disabilities and early intervention programs for infants and toddlers with disabilities. Child Find, transition, Free Appropriate Public Education and Part C are just a few of the areas where changes are being made (Federal Register, 1997).

The state regulations for personnel working within Day Care Systems in Early Childhood Programs differ in each state. The difficulties of integrating an early intervention child into these programs is tremendous. A general lack of personnel qualified to deal with the child is a significant factor in these difficulties. The Rouch, Harrison, Palsha, and Davidson (1992) study of ECI being taught at 84 academic institutions found that less then half of the programs had early intervention course work dealing with infants and toddlers. The authors felt that this was a deficiency due to
the insufficiency of the state requirements. When investigating this problem one must take into consideration the requirements states place on day care facilities. The following are examples of various guidelines: the State of Texas’s requirements for day-care facilities, Head Start Programs, rural training problems, assessment and transition.

State of Texas requirements for Day Care facilities

The Texas Department of Protective and Regulatory Services is the regulator of day care and preschool facilities. They prescribe the minimum standards and guidelines for the program. The agency requires that a director must be at least 21 years of age and have a high school diploma or its equivalent. In addition, the director must have an Associate Degree, Bachelor’s Degree, sixty college credit hours, credentials from the Child Development Association or a Day Care Administrator's certificate from a professional organization. Annually, the director must take 6 clock hours of training in management and staff supervision, and at least 6 clock hours in child development or early childhood education.

The staff members of a day-care center must be at least 18 years of age and have a high school diploma. They must
also be certified in CPR and first aid. The state requires that at least 15 clock hours of training annually must be taken in areas including risk management, care of children with special needs, or other approved courses.

The guidelines established by the Texas Department of Protective and Regulatory Services do not specifically provide for the training for the staff of the children with disabilities admitted into a day-care facility. Limited exposure to disabling conditions is provided in the inservice classes where they offer training classes to assist a child with special needs.

**Head Start Programs**

The Head Start programs must comply with state regulations in the states where they operate. They also must concurrently follow the Federal Funding guidelines for the program. Some families and staff in the program are from lower socioeconomic groups, which present different challenges for training. The staffs often have lower levels of training than the public schools because of the lower pay levels (Buschemi, Bennett, Thomas, & Deluca, 1995).
Assessment is one of the most controversial issues when linked with the infant and toddler ECI. Many experts feel that the lack of consistency causes a discrepancy in the programs. The initial identification of a child for the ECI program is normally a judgment made by a physician or staff personnel. Many of the children are identified because of low birth weight or premature birth. It is believed that because of these factors the children will experience development delays (Peterson, 1987). Other children exhibiting developmental delays are identified later when compared to their peers. One philosophy proposes that a child should be assessed utilizing a standardized parent questionnaire with an individually administered developmental screening instrument (Early Screening Inventory). Henderson and Meisel (1994) believe that this is a better prediction of performance than only administering a single tool to predict those children that will be at-risk for school failure. They feel that the parents have the best opportunity to view the child over an extended period of time in a variety of situations (Henderson & Meisel, 1994).
A second philosophy believes that each instrument should be chosen to accommodate individuals with a disability. This means that the evaluator has to scrutinize the tests available to see if interpretation of the test includes specific disabilities in the standardization parameters of the test. All tests have specialized interpretive guides based on the empirical reliability and validation research of the test (Geisinger & Carlson, 1995).

A third philosophy gives credence to an observation checklist used to screen ECI preschoolers for communication disorders. The Davis Observation Checklist of Texas (DOCT) is an instrument used for effective screening of a multicultural population to identify children with language disorders. This test has been used in the Head Start Program in Texas and has successfully recognized the children who need further assessment due to developmental delays in language (Alberts, Davis, & Prentice, 1995).

A fourth philosophy is the opinion that the preschool assessment should move away from a single evaluator to an environmental approach. This is interpreted as being a combination of factors. First, criterion referenced and process oriented tests should be used to compare the individual child with other children in the developmental
areas. Selected areas that need to be reinforced to allow intervention also should be compared. This test must be tailored to the individual child. The second assessment is being an informal, indirect, and naturalistic evaluation. The child will engage in play with a person familiar to the child while a team observes. This type of tool is called a Trans-disciplinary Play Based Assessment. A third evaluation tool would be a handicap accommodated standardized assessment. Lastly, a multi-disciplinary/trans-disciplinary approach could be used which would represent all disciplines to observe and discuss the child. This would provide an evaluation of the total child rather than the specific areas where the child is having trouble functioning (Vacca, & Ritter, 1995).

**Transition from Infant Toddler to Preschool**

A major obstacle of transition from early intervention to preschool is the different criteria used to enable children to enter each of the programs. The infant and toddler program is open to all disabled children, as well as, children of low birth weight or premature birth. The majority of referrals are from the medical community and parents who suspect a developmental delay. The referral
becomes a judgmental assessment rather than a standardized evaluation appraisal.

When the disabled child is ready to transition into the preschool program, they are assessed by instruments that exclude some of the children who have already been in the programs because of more stringent rules. The cause of this problem is the lack of interagency transition, the movement of a client from a sending program to a receiving program. The "Transition Troubleshooting Guide" found in the Early Childhood Interagency Transition Model (Gallaher, Maddox, & Edgar, 1984) was created for the need to solve the problem of transition. The Guide focuses on: (a) lack of program awareness among community services and resources from neighboring agencies, (b) eligibility and entrance criteria at major transitional points, (c) exchange of information that is specific to the child to prevent duplication and fragmentation of the services, and (d) advanced planning for the family and student (Finn & Tazioli, 1993).

The parents and agency must make decisions on the type of preschool program that compliments the child and their disability. There are five major principles to take into consideration. The first consideration is the least restricted environment or natural setting that promotes the
potential for normal routine. Second, a family centered service that recognizes the child and family as an integral part of the program. The third is a transdisciplinary service delivery that allows the family members to make meaningful decisions participating as a team member. The inclusion of both empirically and value driven practices is the fourth factor. The implication is that the family will be able to communicate with mutual respect, care, and achieve a sensitive level while making the least restrictive environment for the child. The last principle is the inclusion of both developmental and individual appropriate practices. This practice promotes educational methods, tailoring the curriculum and instruction practices in the ECE program to meet the individual needs that are applicable to the actual centers (Salisbury & Smith, 1993).

Recent Studies

The Statewide Texas Educational Progress Study of 1997 (STEP)

STEPS compared young ECE children with special needs and non ECE participants. The study attempted to determine readiness for learning to read upon entering first grade. The data indicated that 43% of young ECE children were ready
to learn in the targeted programs. Results from the sample group were not considered as reliable criterion of the teacher perceptions of students readiness (TEA, 1997).

**Texas Preschool Evaluation Project of 1997 (TPEP)**

The TPEP project addressed transition into the regular classroom of children with disabilities. It was reported in the Summary of Findings that the majority of teachers surveyed expressed a need for: (a) information concerning the new student from parents and professional staff, (b) conferences with the child’s parents to enable the teacher to understand the nature of the disability, (c) inclusion of information from the parent conferences in planning, (d) involving parents in areas such as volunteer aides in the classroom and other school activities such as PTA, (e) performing home visitation, and (f) scheduling a visit to the new class for the child to participate in mainstreaming or inclusion (TEA, 1997).

The study reported that approximately two-thirds of the children were moved into the general classroom setting during the period 1994-1996. Support and resource services such as Content Mastery and Reading Recovery were provided. From the PPCD groups only about one third were moved into the self contained special education setting (TEA, 1997).

The Carnegie Report discussed the situation of a child being labeled in an educational category, and the difficulty removing the label once it has been established. The task force further identified areas that it felt were essential for all children to learn. These areas included the need for continuous comprehensive educational experiences combining the family, early care, and education and the schools. This is to integrate the child’s needs in a multidisciplinary perspective. The children need more refinement of their experiences to provide support for their unique learning styles within varied learning environments (Carnegie, 1996).

A system of monitoring to a set of higher expectations must be established to ensure timely intervention when a problem arises. Parents should be actively engaged in the total process between home and school. “Collaborate with other programs and agencies that affect children’s learning” is a important observation (Carnegie, 1996).

Summary

There were some programs for ECI that began before the Federal Government enacted legislation for intervention for infants and toddlers. As early as the 1900s, programs
started addressing the topic of children from birth to 3 years old who were considered at-risk. There are currently a variety of programs that deal with medical and development strategies dealing with this population. The programs postulated that the family is the center of success in dealing with children with disabilities. The family's feelings, ideals, goals, and involvement for the child are perceived as essential for progress. One of the requirements of the Federal Government mandates is that the IFSP complies with development of a plan that includes the family's strengths and commitments to meet the unique needs for each child. One of the major obstacles stems from the inconsistency in regulation of different programs dealing with the interpretations from each of states in their implementation to comply with the federal government's programs. The review of literature appears to show no consistency of interagency interaction between programs, assessment and transition. The most recent studies enhance this view and support the concept of more interaction between involved parties. Thus, there is a need to survey current trends and issues in the 3- to 5-year-old programs.
CHAPTER III

METHODOLOGY

The objective of this study was to examine the current issues related to early childhood intervention of 3- to 5-year-olds with respect to the new amendments of Part H of Public Law 105-17. This investigation contained two parts. First, a field study was conducted to validate a survey instrument. Second, the major study was conducted to obtain data to answer the research questions.

Pilot Study Methodology

The purpose of the pilot study was to develop and refine a questionnaire to be used in the main study. The four categories for investigation were identified through review of the literature. Survey instrument categories include: assessment issues, intervention issues, training issues, and current trends and issues.

Instrument Development

The information used to develop the basic survey instrument was obtained from reviewing the literature,
interviewing personnel from several school districts in Texas, examining the current training and reviewing the current licensing standards, and reviewing Part H and Public Law 105-17.

To obtain face validity the instrument was reviewed by a panel of knowledgeable professionals in the area of Early Childhood Intervention. In addition, the Chairman of Early Childhood and Special Education Department, the special education research advisor, a major professor of early childhood, and a coordinator of special education in a local district, served as the panel of expert reviewers in the development of the instrument. Open-ended questions were developed to investigate participant’s concerns and recommendations.

Subjects for Pilot Study

The subjects for the pilot study were volunteers from school administration graduate classes at a University. The pilot study participants were a sample of convenience. They were selected because they are educators who were familiar with the content of the study. Of the 25 surveys that were mailed out, 16 were returned, yielding a 64% return for the pilot.
Results

Construct validity was verified through factor analysis of pilot responses to identify the major categories. Five major areas were identified as: intervention programs, eligibility criterion, assessment tools, personnel training, personnel experience, and transition issues. In general survey instrument questions were clear. One change was made in the placement of question 33. "List your major concerns about implementation and/or policies/procedures concerning current ECI programs." This question was placed before the questions asked about improving the curriculum and implementation of the current ECI program. No other modifications were made in the survey instrument. Based on the field test responses, the time required to complete the survey was approximately 25 to 40 minutes. The demographic information about participants focused upon age, gender, years of experience, as well as, the size of a district. Pilot test data were tabulated in Table 1 below.
Table 1

Descriptive Data of Pilot Study Respondents

(N = 16)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mode</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range</td>
<td>25-35 Years</td>
<td>46.7%</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td>Years Experience</td>
<td>1-5 Years</td>
<td>77.8%</td>
</tr>
<tr>
<td>District Size</td>
<td>30,000 +</td>
<td>40%</td>
</tr>
</tbody>
</table>

The pilot study population may not be representative of the populations of the main study for the following reasons. The age range of this group was between 25 to 35 years suggests a younger sample then special education directors statewide. The sample was entirely female suggesting gender bias. The majority of district size was large and the majority of districts in Texas are smaller. However, for the purpose of instrument development the pilot population was considered adequate. A copy of the survey instrument may be found in the Appendix B. A description of the main study and results represented are presently in Chapter IV.
CHAPTER IV

MAIN STUDY

Methodology

The Human Subjects Review Committee at Texas Woman's University approved the research prospectus on July 28, 1997 (see Appendix C). The Human Subjects Review Committee Approval is required to maintain compliance with federal guidelines regarding ethics with respect to research using human subjects. Texas Woman's University Graduate School granted approval began the Study on August 15, 1997 (see Appendix D).

Subjects

The Directors of Special Education names were obtained from the Texas Council of Administrators of Special Education (TCASE 97-98) directory. There were 428 surveys sent to all of the Directors of Special Education in the state of Texas. A pre-addressed envelope was enclosed in each survey for the respondents to return the completed instrument if they chose to participate in the study. Participation was voluntary. The data were returned to the
home address of the principal investigator. Names or identifying data were not required on the surveys to maintain confidentiality of the respondents.

Research Design

A cross-sectional survey (Fraenkel & Wallen, 1996) design was used for this research. A survey instrument containing forced choice, ranking, yes or no, and open ended questions was utilized. The data were collected at 1 point in time.

ANALYSIS

The purpose of the main study was to conduct a state wide survey of special education directors responsible for preschool programs serving 3- to 5-year-old children with disabilities. The survey investigated participation of their perceptions of current federal and state mandates and implementation of Part H which included the new amendments of Public Law 105-17. Each of the research questions will be addressed in the analysis.

Question 1 “What are the characteristics of the respondents in the main study?” There were 428 surveys sent to directors of special education in the 20 educational
service center regions statewide. The rate of return was 37% with 160 surveys returned.

Characteristics of the sample suggest that the majority of the directors of special education are female. The ages of the respondents ranged from 46 to 50 years and the directors reported between 1 and 5 years of experience. The most frequent size of districts reported by the respondents ranged from 1,000 to 5,000 (See Table 2 below).

Table 2

Descriptive Statistics of Main Study Sample

(N = 160)

<table>
<thead>
<tr>
<th>Trait</th>
<th>Mode</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range</td>
<td>46-50</td>
<td>41%</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>79%</td>
</tr>
<tr>
<td>Years as Director of Special Education</td>
<td>1-5</td>
<td>37%</td>
</tr>
<tr>
<td>Size of Independent School District or Co-op</td>
<td>1000 - 5000</td>
<td>52%</td>
</tr>
</tbody>
</table>

Three types of data analysis were utilized for the main study. A chi square was used to analyze categorical data and an analysis of variances/multiple analysis of the variance was utilized to examine mean differences. A quantitative
analysis was used to examine responses to the open-ended questions. The answers were categorized by specific areas of concern. A frequency percent was derived to determine the three most preferred responses.

Chi-Square Comparison

The Chi-Square Statistic was used to analyze many of the questions in the survey. Chi-square is a nonparametric statistic that examines categorical data to compare group responses by categories. A chi-square test is a comparison of the actual number of responses in each group with the expected response based on previous experience of the comparison groups. If the comparison frequencies are similar to the expected frequencies, then researchers conclude that the groups do not differ. If there are considerable differences between the expected frequency and the obtained frequencies, then researchers conclude that there is a significant difference between the two groups (Huck, Cormier, & Bounds, 1974).

The chi-square values used were the Pearson Product Moment Coefficient which is based on the differences between observed and expected frequency (Fraenkel & Wallen, 1996). The Fisher's Exact test was used when the frequencies in
each cell are smaller than five (Tucman, 1988). The likelihood ratio chi-square is based on maximum likelihood theory and is very similar to Pearson (Cohen, 1992).

The chi-square used was a .100 for comparison rather than a .05 because there were so few responses in some cells. In order to compensate for the small numbers, it was decided to collapse the data of size of districts into three specific sizes rather than five: Group one 0 to 5,000 students, Group two 5001 to 20,000 and Group three 20,000+. The rationale for this change was that the discrepancy in sizes of districts in Texas approximates the mid size. The chi-square, the Pearson, the Fisher's Exact and the Linear-by-Linear tests were utilized to answer the specific transition questions concerning the preschool programs. Each of these questions was evaluated by comparing them with the three district sizes.

ANOVA/MANOVA Comparisons

Analysis was performed utilizing the ANOVA/MANOVA statistical technique for determining the statistical significance of differences among means (Fraenkel Wallen, 1996). The General Lineal Model (GLM) was used because the procedure allows the use of both the Analysis of Variance
(ANOVA) and regression modeling. The "Type III" sums of squares were used because the question has an "unbalanced design" (repeated measures).

The two-way repeated measures Multivariate Analysis of Variance (MANOVA) will be used to complete the ANOVA. The MANOVA is an extension of analysis of variances that incorporates two or more dependent variables in the same analysis (Fraenkel & Wallen, 1996). Classical ANOVA has certain stringent assumptions for the error variance/covariance matrix that is difficult to achieve in practice. In the "repeated measure MANOVA" the multiple repeated measurements are treated as multiple dependent measures. The use of "repeated measures MANOVA" does not assume these stringent assumptions for the analysis. This has been highly recommended by journal articles such as Ekstrom, Quade, & Gordon (1990) and Lavori (1990). Research questions using this procedure cover program compliance, and staff training.

Research Question 1

What type of Preschool Programs are available for ECI and PPCD in your school district?

The majority of the respondents reported that there were programs in their school districts for 3-year-olds. The data did not show any significant differences when compared
to the district sizes. In general, transportation to and from these early childhood programs was not provided by the school districts. Most programs are located on an elementary campus. The length of day varies from half to full day with the majority reporting a half-day program. The age of those being served is depicted in Table 3 as follows.

Table 3

<table>
<thead>
<tr>
<th>Age of Students in Comparison to Size of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chi-Square</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Pearson</td>
</tr>
<tr>
<td>Likelihood Ration</td>
</tr>
<tr>
<td>Linear by Linear Association</td>
</tr>
</tbody>
</table>

* p < .10

There is a significant difference in the size of a district and the age served. The smaller size districts have more programs for the 3- to 4-year-olds than the larger districts. The larger districts reported that their programs served children 3- to 5-year-olds.

Research Question 2

What type of training is provided for the ECI and PPCD staff?
The special education directors reported that the majority of personnel on their staff have special education or early childhood certification. The majority of workshops were special training sessions conducted in early childhood intervention (ECI) assessment and child development for personnel. Specific recommendations for the training provided follows in Table 4.

Table 4

Recommendations for the Training of Personnel in ECI Programs

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off Sight Training (Regional or ECI Agencies)</td>
<td>23</td>
<td>26%</td>
</tr>
<tr>
<td>Child Developmental</td>
<td>15</td>
<td>17%</td>
</tr>
<tr>
<td>Severely Handicapped Categories</td>
<td>12</td>
<td>13%</td>
</tr>
<tr>
<td>Behavior Management</td>
<td>11</td>
<td>12%</td>
</tr>
<tr>
<td>Federal Regulation Training</td>
<td>10</td>
<td>11%</td>
</tr>
</tbody>
</table>

The Special Education Directors reported that a majority of their personnel are trained by the Region Service Centers or the ECI workshops that are available throughout the year. Training in child development in both
language and cognitive areas related to the child’s disability was the second most frequent response. Some directors were concerned with the training their teachers are receiving relative to the severely handicapped students, especially autism and behavior management.

**Research Question 3**

What type of parent training programs are available for parents of the children in the ECE or PPCD classes?

The smaller school districts reported that training of the parents is done by the speech therapists. The medium sized districts reported the training being done by either the teachers or the related service personnel. Table 5 shows the type of programs the districts directors reported.

**Table 5**

<table>
<thead>
<tr>
<th>Type of Parent Training Offered</th>
<th>Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 1 Training</td>
<td>34</td>
<td>29%</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>31</td>
<td>26%</td>
</tr>
<tr>
<td>Working with Students with Special Needs</td>
<td>17</td>
<td>14%</td>
</tr>
</tbody>
</table>
The majority of the districts provide parent training on a one to one basis in the homes or during a conference with the teacher or special service personnel such as an occupational therapist or speech pathologist. This type of training is available on an as needed basis. Many of the school districts offer Parenting Skill Workshops. The skills workshops include general topics offered to all elementary parents. The topics range from love and logic to behavior management techniques. A smaller amount of districts offer classes for special education parents on specific topics like autism, assisted technology and sign language. Some other classes offered to parents are Least Restricted Environment (LRE), Individual Educational Plan (IEP) night and developmental stages.

Research Question 4

What specific tests are used by the School Districts when testing students for transition into their programs?

The directors listed 75 different tests used by their school district when assessing students for the early childhood programs. Table 6 shows the intelligence tests most frequently used in the early childhood program for the testing of children ready for transition.
Table 6

Intelligence Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaufman Assessment Battery for Children (KABC)</td>
<td>47</td>
<td>43%</td>
</tr>
<tr>
<td>Wechsler Preschool &amp; Primary Scale of Intelligence (WIPPSI)</td>
<td>25</td>
<td>23%</td>
</tr>
<tr>
<td>Stanford Binet Intelligence Scale IV</td>
<td>16</td>
<td>15%</td>
</tr>
</tbody>
</table>

A large number of the directors choose screening tests to evaluate students for their programs. The screening tests are intended to identify children who may be disabled or delayed in development. They evaluate the strengths and weaknesses of typically developing children. The screening tests preferred most often by the directors are in Table 7.

The language screening is an informal assessment that measure the child’s understanding of spoken and receptive language. The language screening tests selected for testing before transition are in Table 8.
Table 7

**Screening Tests**

<table>
<thead>
<tr>
<th>Test</th>
<th>Participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brigance Preschool Screening</td>
<td>19</td>
<td>17%</td>
</tr>
<tr>
<td>Developmental Activities for Screening Inventory</td>
<td>17</td>
<td>15%</td>
</tr>
<tr>
<td>Battelle Developmental Inventory</td>
<td>12</td>
<td>11%</td>
</tr>
</tbody>
</table>

Table 8

**Language Screening**

<table>
<thead>
<tr>
<th>Test</th>
<th>Participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool Language Scales III</td>
<td>40</td>
<td>36%</td>
</tr>
<tr>
<td>Peabody Picture Vocabulary Test-Revised</td>
<td>23</td>
<td>21%</td>
</tr>
<tr>
<td>Goldman Friestoe Articulation Test</td>
<td>14</td>
<td>13%</td>
</tr>
</tbody>
</table>

The adaptive behavior scales are used to assess a child's communication, daily living skills, socialization
and motor skills. The only adaptive behavior scale selected by the directors was the Vineland Adaptive Behavior Scales (35%).

The respondents stated that the majority of the initial assessment for 3-year-old children is conducted by the diagnostician. There was a significant correlation between the size of district and the number of students being tested per year.

**Research Question 5**

What major issues were related to transition of 3-year-olds into their programs?

The majority of the respondents agreed that communication is the biggest problem faced when dealing with transition. The main concern was the breakdown in communication when the child is approaching 3 years old. Many of the directors felt that if a single contact person was assigned to this task the communication might improve. They stated that parents are not educated about the transition process by early childhood intervention personnel. Table 9 shows the results of transition data.
Table 9

Improving Transition from ECI to Public School Programs

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Between ECI and ISD</td>
<td>43</td>
<td>41%</td>
</tr>
<tr>
<td>Good Existing Procedures</td>
<td>25</td>
<td>24%</td>
</tr>
<tr>
<td>Communication with Parents</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Time Line Compliance</td>
<td>9</td>
<td>9%</td>
</tr>
</tbody>
</table>

The directors reporting a good transition program shares many attributes as follow:

- Establishing procedures and guidelines for transition between the school district and the sending agency
- Scheduling joint meetings between agencies and the school systems to communicate the requirements and needs of both
- Inviting the teacher and parents to visit the receiving school several times before the child’s third birthday
- Being available to answer the parents concerns about the transition of their child
Research Question 6

What are their concerns with the curriculum they are using or hoping to find?

There was a small percentage of directors that felt the curriculum they were using was adequate. The directors that felt they had a good curriculum had modified it to fit the specific needs of their students. A majority of respondents felt that there is a need for new curriculum that will specifically address cognitive, and the developmentally appropriate issues related to a 3- to 4-year-old preschool programs. Some directors felt that the preschool programs should be more aligned with the kindergarten program so that transition for the students would be easier.

Table 10

Recommendation for Improvement of the Curriculum for ECI Program

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Curriculum Needed</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Cognitive and Developmental Related Curriculum</td>
<td>12</td>
<td>19%</td>
</tr>
<tr>
<td>Curriculum for Parent Training</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>ISD has Good Curriculum</td>
<td>6</td>
<td>9%</td>
</tr>
</tbody>
</table>
The consensus of the directors was that a new curriculum is needed in all areas of the 3-to 5-year-old program. Some directors felt that the new curriculum should have more emphasis on music, small and large muscle motor activities and language skills. The curriculum should involve the parents as an integral part of the learning of their child. Parent involvement would help the parent become aware of changes that will be taking place when their child is ready for transition into the kindergarten program.

**Research Question 7**

What major concerns of policies and procedures are the directors concerned with in dealing with ECE and PPCD programs?

The directors agreed that one of their major concerns is the lack of cooperation and communication when interacting with the interagencies. The other concerns are in Table 11.
Table 11

Major Concerns About Implementation and Policies/Procedures Concerning ECI Programs

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants N=76</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interagency Cooperation</td>
<td>34</td>
<td>45%</td>
</tr>
<tr>
<td>Eligibility Requirements</td>
<td>14</td>
<td>18%</td>
</tr>
<tr>
<td>Assessment Procedures</td>
<td>11</td>
<td>14%</td>
</tr>
</tbody>
</table>

Some other concerns expressed included:

- Mental Health/Mental Retardation Service (MHMR) agencies are not aware that there is a problem in not sending pertinent information with the child's family to the receiving school systems.
- There are differences in eligibility criteria of early childhood intervention programs and the school districts (medical v. educational model).
- Problems evolve because there is a lack of coordination of Early Childhood Intervention and Public School regulations administered by Texas Education Association.
Lack of access to records and files of incoming students causes duplication of assessment of transitioning students.

The eligibility criteria required by the ECI program is quite different from the preschool programs offered by the public school because of the TEA requirement. Most children served by ECI were identified by physicians and are served because of child find requirements. The federal law of child find requires that all children with a disability be identified, located and evaluated. The states must know which children are currently receiving services of special education and related services. Some directors expressed the need of all children served by the ECI programs to be tested by their third birthday to see if they qualify for speech or the preschool program for children with disabilities (PPCD) program. The directors in the southern part of Texas have a problem of determining how many children will be eligible for placement in their PPCD program because of the influx of population from Mexico. The difficulty evolves because of the difference in the language, cultural backgrounds and lack of medical records.

Assessment was another important issue. The need for more and different tests is noted. Many of the discrepancies
in transition of the young children are created because of
the ECI program assessment using a medical model to qualify
the children for related services. This creates a hindrance
because the Public Schools assess related services using an
educational model and such services as occupational therapy
must relate to the educational goals. There is confusion
interpreting the changes in the laws determining the
eligibility and/or handicapping conditions of students.
Premature babies are referred to the ECI programs upon
leaving the hospital but even though they have been served
by this program does not mean that they will qualify for the
PPCD programs in the schools.

**Research Question 8**

What are the directors views on emerging issues that
are connected to the ECE and PPCD programs?

The major issue the directors perceived was the
delivery of services. Many felt that the setting for the
service was essential because it is important to train the
parents, as well as, working with the child. Parents often
prefer having their child in therapy rather then having them
receive services in an educational setting (see Table 12).
Table 12

Emerging Issues Associated with the Early Intervention Programs

<table>
<thead>
<tr>
<th>Categories</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Services</td>
<td>14</td>
</tr>
<tr>
<td>Increased Severity of Handicaps and Autism</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=71</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

The increase in the severity of the handicapping condition of the children they encountered is a major concern. Participants are concerned about the need for training of their personnel to work with medically fragile, autism, and children with AIDS. The directors are also seeing a need for more speech pathologists and an increase in funding for related services with the growth of the more severely impaired children they are receiving.

Summary

The majority of the respondents were females ages 46 to 59 who have been Special Education Directors for less than 5 years. In general, most districts have a half day 3-year-old program. The majority of the staffs have special
education training. In line with review of literature, the majority of the ECI children have been assessed by a person trained in testing young children who are considered speech delayed. The major issue related to transition is communication between interagencies and district personnel. In support of the Five Year State Preschool Study (1997), curriculum emerged as an area of concern. Another area of concern was eligibility for public school 3-year-old programs. Other emerging issues were related to the increasing severity of developmental delays and demand for related services.
CHAPTER V

DISCUSSION

A statewide survey of the Special Education Directors of the state of Texas was conducted to assess the current practices in the identification of the eligibility and assessment of 3-year-old early childhood intervention programs in the Public Schools. The response rate from all the directors in the state of Texas was 37%.

In general, the directors in this study are female with an age range of 46 to 50 years and 1 to 5 years of experience. The mode of the districts that responded had a population of 1000 to 5000 students.

Results of the study suggest that Special Education Directors statewide are concerned about the lack of interagency communication and collaboration about the transition of 3-year-olds into a public school program. Several issues were significant, they include: federal/state mandates for implementing Part H and Part B of IDEA; the lack of consistency in program eligibility assessments; and training of parents and personnel.
With new regulations from the State and Federal Government concerning the 3-year-old child many changes have occurred within the Public Schools. The law has stated that FAPE must be provided to each child who has been receiving early intervention services under Part C, and further, they will participate in a preschool program under Part B by the beginning, but no later than, the child’s third birthday. The directors expressed that this creates a problem because a lack of communication exists between the agencies dealing with the ECI child and the school system. The school district does not find out about the possible students from the reports until shortly before their third birthday. They felt it would be more appropriate if both could work together to plan earlier for the student before transition takes place.

The lack of consistency in the programs, eligibility and assessment process cause difficulties. The ECI programs eligibility and assessment are based upon a medical model. The child’s initial assessment, because of the age (birth to 3-year-old), is usually performed by a physician or a specialist in the area of their suspected disability. The school districts consider the child’s placement in connection with an educational model which is concerned with
whether they met the eligibility criteria set forth by the Federal and State guidelines according to IDEA. The school systems use standardized testing to determine placement of their students.

The directors expressed that new assessment instruments need to be developed so that all agencies can use them to provide consistency in measuring the standards that make a child eligible for the programs. The way the program is currently structured many of the children that qualify currently for programs under ECI do not qualify when entering the preschool programs offered by the school districts.

The respondents felt the programs did not complement each other. The ECI programs were primarily home based with therapists visiting in the homes. Often the parent preferred their child to be taken out of the educational setting rather than be serviced at the schools because of their previous experience with ECI. Another item of concern was that according to the Federal guidelines the child must enter the program on their third birthday. Many felt that it would be better to wait until the beginning of a new school term rather than entering in the middle of the semester.
The training of parents was a major concern. Many of the directors felt that if the parents received training on the developmental phases of the child they would understand what the schools were trying to achieve with the programs they are instituting for the students. Another area they felt parents needed training was Parenting Skills so the parents could work with their child at home.

Personnel was the last issue. All the directors are feeling the expansions of their preschool programs. They are concerned because they feel that they will need more trained staff who can deal with the severely disabled and autistic children entering their programs. Behavior management is another area in which the directors feel their staffs need training. They also are concerned about funding in connection with this expansion.

Specific recommendations based on analysis of data suggest a need for the the school districts and the agencies to open a communication channel so that they can coordinate the transition of the 3-year-olds. By creating an interdisciplinary team which represents both the agencies and the school district this may correct the problem being encountered during transition.
Specific recommendations for further research with respect to this issue are:

1. Survey how other states are interpreting and implementing Federal Regulations when dealing with the 3-year-old Early Childhood Intervention students.

2. Research the courses universities are teaching which deal with child development related to students with disabilities in the Early Childhood Intervention Programs.

3. Conduct a survey examining behaviors and attitudes Early Childhood Intervention personnel perceive concerning the public schools handling of young children with disabilities, and conversely examine the public school personnel's perceived behaviors and attitudes about the Early Childhood Intervention programs.

4. Research the organizational aspects of both the Early Childhood Intervention agencies and public schools to identify policy making and funding relative to the importance assigned to transition of birth to 3-year-old children as compared to other funded programs.
REFERENCES


APPENDICES
Appendix A

Letter to Respondents
Dear Participant:

I am a graduate student at Texas Woman's University in the Department of Early Childhood and Special Education. I am conducting a research project to fulfill requirements for my thesis. The purpose of this research study is to investigate school district programs in Early Childhood Intervention (ECI) for Children with Disabilities ages 3-5 years old. I am conducting a survey of special education directors across Texas. I am interested in determining current eligibility requirements for ECI programs, assessment instruments, currently being used, and status of staff training and specific duties assigned to ECI personnel. The survey instrument is in the form of a questionnaire and open-ended questions are included to solicit your recommendations and concerns regarding ECI programs. Please help us obtain current information about ECI programs in Texas by completing this survey.

Confidentiality will be maintained through anonymity. Do not put your name on the survey, so that personally identifiable information cannot be associated with you. The survey instrument will be kept in a locked file cabinet drawer in my home until it is analyzed. No one will have access to this data. All data will be destroyed by shredding six months after the completion of the study.

If you have any questions about the research or about your rights as a subject, we want you to ask us. Our phone number is at the top of this form. If you have questions later, or
if you wish to report a problem, please call us or the Office of Research & Grants Administration at 940-898-4316.

Participation in this research is strictly voluntary. It will take about 40 minutes to complete this survey. Your returned completed survey is your consent to participate. If you wish to request a summary of results of this research project you may call me at 817-267-5872

Sincerely,

Lois Mc Cormick

Lois Mc Cormick
Appendix B

Instrument
Early Childhood Intervention Survey
Special Education Directors

This questionnaire focuses upon children in the Early Childhood Intervention or the Preschool Program for children with Disabilities age 2 ½-to 5-years-old. Please complete the following survey and return in the enclosed stamped return envelope to:

Lois Mc Cormick
518 Eastcliff Dr.
Euless, TX. 76040

If you have any questions or need further assistance, please call me at: (817) 267-5872

"I understand that the return of my completed questionnaire constitutes my informed consent to act as a subject in this research"

1. Age Range: (Check one)
   ___ 25-35
   ___ 36-45
   ___ 46-50
   ___ 51 +

2. Gender: (Check one)
   ___ Female
   ___ Male

3. How many years as a special education director? (Check one)
   ___ 1-5
   ___ 6-10
   ___ 11-15
   ___ 16+
4. What is the size of your school district? (Check one)
   ___ 0-1000
   ___ 1001-5000
   ___ 5001-20,000
   ___ 20,000-30,000
   ___ 30,001 +

5. Do you have an existing Preschool Program for Children with Disabilities (PPCD) in your school district? (Check one)
   ___ Yes
   ___ No

6. If yes, what is the age range? (Check one)
   ___ Birth to 2 years.
   ___ 3-4 years
   ___ 3-5 years
   ___ 5 years and above
   ___ Birth to 4 years
   ___ All

7. Rank order the criteria used to determine eligibility into the program. Begin with (1) for the most likely to determine eligibility and (5) the least likely.
   ___ Medical diagnosis
   ___ Individual assessment
   ___ Arena assessment
   ___ Group Assessment
   ___ Interagency transition

8. Who conducts the assessment in Preschool Programs for Children with Disabilities? (Rank order beginning with (1) for the individual who most likely conducts assessments to (6) for individual least likely to conduct assessment)
   ___ Diagnostician
   ___ Counselor
   ___ Licensed School Psychologist Specialist
   ___ Physician
   ___ Psychologist
   ___ Speech Pathologist
   ___ Other specify __________________________
9 Have the diagnosticians in your school system receive specific training, in child development and early childhood assessment? (Check one)
  ___ Yes
  ___ No

10 Have the diagnosticians had experience in assessing ECI candidates in your school system? (Check one)
  ___ Yes
  ___ No

11. Estimate the number of ECI candidates your school system tests on a yearly average. (Check one)
  ___ 0-5
  ___ 6-15
  ___ 16-25
  ___ 26-50
  ___ 50-100

12. List the top three procedures your school district uses to notify the parents about the Early Childhood Intervention Programs offered. (1) the most often used to (3) for the least often)
  ___ Newspaper
  ___ School educational Channel
  ___ Doctor in area
  ___ Interagency notification
  ___ Notices in the Grocery Store
  ___ Advocacy Groups
  ___ Word of mouth from other parents
  ___ other specify: __________________________

13. Estimate the number of children you test each year before their third birthday. (Check one)
  ___ 1-5
  ___ 6-15
  ___ 16-25
  ___ 26-50
  ___ 51-100
14. Where is the Preschool Program for Children with Disabilities physically located in the school district? (Check one)
   ___ On an elementary campus
   ___ In a separate building
   ___ Co-operating preschool
   ___ Other specify: ___________________

15. Rank order the type of training the staff working in the Preschool Program for Children with Disabilities have: (1) the most common certification to (9) being the least.)
   ___ Special Education Degree
   ___ Early Childhood Degree
   ___ Special Education endorsement
   ___ Master in Special Ed Degree
   ___ Master in Special Ed. for ECE Handicapped
   ___ Elementary Certification with Kindergarten Endorsement
   ___ ECE Alternative Certification
   ___ Certification via deficiency plan
   ___ Other specify: ___________________

16. How many teachers are currently working in the Preschool Program for Children with Disabilities within your district? (Check one)
   ___ 0-5
   ___ 6-15
   ___ 16-25
   ___ 26-50
   ___ 51+

17. How many aides/paraprofessionals are working a whole day supporting teachers in the program that assists the Preschool Program for Children with Disabilities? (Check one)
   ___ 1-3
   ___ 4-6
18. What is the ratio of students to teachers? (Check one)
   ___ 1 to 1
   ___ 2-3 to 1
   ___ 4-6 to 1
   ___ 7-10 to 1
   ___ other

19. What is the ratio of students to teacher aides? (Check one)
   ___ 1 to 1
   ___ 2-3 to 1
   ___ 4-6 to 1
   ___ 7-10 to 1
   ___ other

20. What is the length of day the children spend in Preschool Program for Children or Early Childhood Intervention class? (Check one)
   ___ all day
   ___ half day
   ___ both

21. Is your school system receiving funding from the Section 615 Part H of IDEA? (Check one)
   ___ Yes
   ___ No

22. Who is the primary contact for the Individual Family Education Plan (IFEP)? (Check one)
   ___ Teacher
   ___ Diagnostician
   ___ Principal or Assistant Principal
   ___ Counselor

23. Who provides the primary transportation for the students? (Check one)
   ___ School System
   ___ Parents
   ___ Other __________________
24. Are paraprofessionals assigned to buses for the ECI? (Check one)
   ___ Yes
   ___ No

25. Who conducts parent training for the ECI programs in your school district? (Check one)
   ___ Teacher
   ___ Counselor
   ___ Special Education Director
   ___ Related Service Personnel
   ___ Other ___________

26. What type of parent training is offered in your district?

27. List the major tests used to establish eligibility for placement into your Preschool Program for Children with Disabilities.

28. List specific recommendations for the training of personnel working with the ECI program.

29. List your major concerns about implementation and/or policies/procedures concerning current PPCD programs.
30. What recommendations could you make to improve transition of the ECI students into the programs you offer for 3-to 5-year-olds?

31. List specific recommendations to improve/expand curriculum for the ECI programs.

32. Discuss emerging major issues associated about the current PPCD programs.
Appendix C

Human Subjects Review Committee Permission to
Conduct Study
July 28, 1997

Ms. Lois McCormick
518 Eastcliff Dr.
Euless, TX 76040

Dear Ms. McCormick:

Your study entitled "Investigation into the Current Practices in the Identification of the Eligibility, Evaluation and Assessment Criteria for Three Year Old Early Childhood Intervention Programs in the Public Schools" has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health and Human Services (HHS) regulations typically require that agency approval letters and signatures indicating informed consent be obtained from all human subjects in your study. These consent forms and agency approval letters are to be filed with the Human Subjects Review Committee at the completion of the study. However, because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the Human Subjects Review Committee is not required.

Your study was determined to be exempt from further TWU HSRC review. However, another review by the Committee is required if your project changes. If you have any questions, please feel free to call the Human Subjects Review Committee at the phone number listed above.

Sincerely,

[Signature]
Chair
Human Subjects Review Committee

cc. Graduate School
Dr. E. Jane Irons, Department of Early Childhood & Special Education
Dr. Lloyd Kinnison, Department of Early Childhood & Special Education

A Comprehensive Public University Primarily for Women
An Equal Opportunity/Affirmative Action Employer
Appendix D

Graduate School Permission to Conduct Study
Ms. Lois McCormick  
518 Eastcliff Drive  
Euless, TX 76040  

Dear Ms. McCormick:  

I have received and approved the Prospectus entitled “A Study to Identify the Eligibility, Evaluation and Assessment of Three Year Old Children’s Transition into the Public School’s Preschool Programs for Children with Disabilities” for your thesis research project.  

Best wishes to you in the research and writing of your project.  

Sincerely yours,  

Leslie M. Thompson  
Associate Vice President for Research and Dean of the Graduate School  

LMT/sjr  

cc  Dr. E. Jane Irons  
Dr. Lloyd Kinnison