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National Council on Rehabilitation Education

1984

Membership Directory

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"A Professional Organization Dedicated To Quality Services For Persons With Disabilities Through Education And Research"

ADMINISTRATIVE OFFICE

Dr. Marvin D. Kuehn
Administrative Secretary
National Council on
Rehabilitation Education
Emporia State University - EP 334
1200 Commercial
Emporia, Kansas 66801
(316) 343-1200, Ext. 469

LEGISLATIVE OFFICE

Jack G. Duncan
Legislative Consultant
National Council on
Rehabilitation Education
1213 - 29th Street, N.W.
Washington, D. C. 20007
(202) 333-5841

NCRE EXECUTIVE BOARD

1983-84

OFFICERS:

PRESIDENT	Kenneth Reagles Syracuse University
PRESIDENT-ELECT	Ann Meyer University of Wisconsin
SECRETARY-TREASURER	Jeanne Boland Patterson Florida State University

REGIONAL REPRESENTATIVES:

REGION I	Norman Hursh Boston University
REGION II	Dwight Kauppi SUNY - Buffalo
REGION III	Marita Danek Gallaudet College
REGION IV	Jack Sink University of Georgia
REGION V	Chrisann Geist Illinois Institute of Technology
REGION VI	Paul McCollum University of Texas - Dallas
REGION VII	Dennis Maki University of Iowa
REGION VIII	Vincent Scalia University of Northern Colorado
REGION IX	Bill Downey University of Arizona
REGION X	Joe Afanador Seattle University
IMMEDIATE PAST PRESIDENT	Martha Lentz Walker Kent State University

NATIONAL COUNCIL ON REHABILITATION EDUCATION

PURPOSE

(From NCRE Bylaws, Article II)

The purpose of the Council shall be to advance rehabilitation education in order to improve rehabilitation services by:

(1) Providing a forum to enable rehabilitation educators and researchers to study, deliberate and act upon matters affecting rehabilitation education and research.

(2) Providing a resource for the formulation and expression of the collective points of view of rehabilitation educators and researchers on all issues affecting rehabilitation education.

(3) Serving as an advisory body to the Rehabilitation Services Administration and other Federal and State Agencies as they develop policies and administer programs affecting rehabilitation education.

(4) Serving as an advisory body to the National Rehabilitation Association and other voluntary agencies on matters pertaining to rehabilitation education.

(5) Providing a means of communication with organizations similar to the Council in the health, education, welfare and manpower fields as the services of such organizations are related to rehabilitation education.

(6) Providing a means of communication with and a professional identity for students in rehabilitation education programs whose primary career goal is rehabilitation education or research.

(7) Conducting research and demonstration leading to the improvement of rehabilitation education.

(8) Informing the public with respect to the effects of disability in lives of individuals and the benefits that accrue to impaired individuals and society from rehabilitation education.

NATIONAL COUNCIL ON REHABILITATION EDUCATION

MEMBERSHIP

(From NCRE Operations Manual)

It is the intent of NCRE to represent all rehabilitation educators, trainers, researchers, doctoral students, and others primarily concerned with the preparation and maintenance of professional standards for individuals who provide services to persons who are disabled. The primary membership shall be comprised of the following groups:

(1) Rehabilitation Counselor Educators, that is, individuals with the primary responsibility of training rehabilitation counselors at the master's level.

(2) Rehabilitation Services Educators, that is, individuals training students at the undergraduate level.

(3) Rehabilitation Continuing Educators, that is, those rehabilitation educators providing continuing education services to rehabilitation personnel in state vocational rehabilitation agencies, rehabilitation facilities serving the handicapped, and related allied rehabilitation programs.

(4) Vocational Evaluation and Rehabilitation Facility Educators, that is, those educators training evaluators to assess vocational potentials and liabilities of the handicapped population and provide services within rehabilitation settings to better enable handicapped individuals to adjust to work.

(5) Facility Administration Educators, that is, those educators who provide skills and knowledge necessary to better administer programs to handicapped populations.

(6) Rehabilitation Research and Training Center, and Rehabilitation Research Institute personnel, that is, personnel whose goals and interests are consistent with NCRE.

(7) Other educators/researchers in the field of rehabilitation whose aims are consistent with those of NCRE as defined in Article II of the Bylaws. Preliminary approval shall be granted by the Board and reported to the membership for final approval.

(8) And doctoral candidates in a rehabilitation education or research program whose career goal is rehabilitation research and/or education. Students should be recommended by the Coordinator of such programs; the program should be an institutional member.

APPALACHIAN STATE UNIVERSITY (Region IV)
2 members

Psychology Department
Boone, NC 28608
Contact Person: Dr. William Knight
(704) 262-2272

Programs Offered	Degrees Offered
Rehabilitation Psychology	B.S., B.A., M.A.

ARKANSAS TECH UNIVERSITY (Region VI)
3 members

Dept. of Behavioral Sciences
School of Liberal & Fine Arts
Russellville, AR 72801
Contact Person: Dr. Lyman Harris
(501) 968-0283

Programs Offered	Degrees Offered
Rehabilitation Science	B.A.

ASSUMPTION COLLEGE (Region I)
9 members

Institute for Social & Rehab. Services
500 Salisbury Street
Worcester, MA 01609
Contact Person: Dr. George Elias
(617) 755-0671 or 752-5615 ext. 219

Programs Offered	Degrees Offered
Undergraduate Education in the Rehabilitation Services	A.B.
Rehabilitation Counseling	M.A., C.A.G.S.
RCEP (Region I)	

AUBURN UNIVERSITY (Region IV)
12 members

School of Education
1234 Haley Center
Auburn University, AL 36849
Contact Person: Dr. Robert Couch
(205) 826-5160

Programs Offered	Degrees Offered
Rehabilitation Services (Undergraduate)	B.S.
Rehabilitation Counseling/ Vocational Evaluation	M.Ed., M.S., Ed.D.
Rehabilitation Administration	

BOSTON UNIVERSITY (Region I)

Sargent College of Allied Health Prof. 15 members
Dept. of Rehab. Counseling
1 University Road
Boston, MA 02215
Contact Person: Dr. Arthur Dell Orto
(617) 353-2725

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S., Sc.D., C.A.G.S.

BOWLING GREEN STATE UNIVERSITY (Region V)

Rehabilitation Counseling 3 members
411 Education Building
Bowling Green, OH 43403
Contact Person: Dr. Robert MacGuffie
(419) 372-0151 ext. 280

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.R.C.

CALIFORNIA STATE UNIVERSITY-FRESNO (Region IX)

Rehabilitation Counseling Program 2 members
School of Health & Social Work
Fresno, CA 93740
Contact Person: Dr. Bud Stude
(209) 294-2105

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

CALIFORNIA STATE UNIVERSITY-SACRAMENTO (Region IX)

Department of Special Services 3 members
6000 J. Street
Sacramento, CA 95819
Contact Person: Dr. Guy Deaner
(916) 454-6622

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

COPPIN STATE COLLEGE (Region III)

Department of Rehabilitation Education 6 members
2500 West North Avenue
Baltimore, MD 21216
Contact Person: Dr. Sudhansu Mitra
(301) 383-5970

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed.

DEPAUL UNIVERSITY (Region V)

Dept. of Rehabilitation Services 4 members
College of Liberal Arts & Sciences
25 East Jackson Boulevard
Chicago, IL 60604
Contact Person: Dr. William Calzaretta
(312) 321-7845

Programs Offered	Degrees Offered
Management of Rehab. Services	M.S. Certificate

EAST CAROLINA UNIVERSITY (Region IV)

School of Allied Health 3 members
Greenville, NC 27834
Contact Person: Dr. Sheldon Downes
(919) 757-6961

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Vocational Evaluation	M.S.

EASTERN MONTANA COLLEGE (Region VIII)

Institute for Habilitative Services 2 members
1500 North 30th Street
Billings, MT 59101-0298
Contact Person: Dr. John Self
(406) 657-2351

Programs Offered	Degrees Offered
Rehabilitation and Related Services	B.S.
Rehabilitation Counseling	M.S.

EMPORIA STATE UNIVERSITY (Region VII)
4 members

Rehabilitation Programs-EP334
1200 Commercial
Emporia, KS 66801
Contact Person: Dr. Marvin Kuehn
(316) 343-1200 ext. 460

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Rehabilitation Services Education	B.S.

FLORIDA STATE UNIVERSITY (Region IV)
4 members

Rehabilitation Services
Department of Human Services
215 Stone Building
Tallahassee, FL 32306
Contact Person: Dr. Jeanne Boland Patterson
(904) 644-3854

Programs Offered	Degrees Offered
Rehabilitation Services	B.S., Ph.D., M.S

GALLAUDET COLLEGE (Region III)
8 members

Department of Counseling
800 Florida Avenue, N.E.
Washington, D.C. 20002
Contact Person: Dr. Marita Danek
(202) 651-5586

Programs Offered	Degrees Offered
Rehabilitation Counseling (deafness)	M.A.
School Counseling (deafness)	M.A.

GEORGE WASHINGTON UNIVERSITY (Region III)
7 members

Div. of Rehabilitation Medicine
2025 Eye Street N.W., Suite 624
Washington, D.C. 20052
Contact Person: Dr. Donald Dew
(202) 676-5929

Programs Offered	Degrees Offered
Rehabilitation Counseling Educ.	CRC & CEU

GEORGIA STATE UNIVERSITY (Region IV)
Dept. of Counselor & Psych. Serv. 7 members
University Plaza
Atlanta, GA 30303
Contact Person: Dr. Richard Riordan
(404) 658-2550

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed., Ed.S.

HOFSTRA UNIVERSITY (Region II)
Dept. of Spec. Education & Rehab. 7 members
1000 Fulton Avenue
Hempstead, NY 11550
Contact Person: Dr. Joseph Lechowicz
(516) 560-5782

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S. in Education

ILLINOIS INSTITUTE OF TECHNOLOGY (Region V)
Department of Psychology 4 members
3101 South Dearborn
Chicago, IL 60616
Contact Person: Dr. Chrisann Geist
(312) 567-3500

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Rehabilitation Psychology	Ph.D.

JACKSON STATE UNIVERSITY (Region IV)
Dept. of Guidance & Counseling 2 members
Rehabilitation Counseling
Jackson, MS 39217
Contact Person: Dr. Darwin Johnson
(601) 968-2363

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

KENT STATE UNIVERSITY (Region V)
Dept. of Couns. & Personnel Serv. Educ. 5 members
White Hall, Room 310
Kent, OH 44242
Contact Person: Dr. Martha Lentz Walker
(216) 672-2715

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed.

LINCOLN UNIVERSITY (Region III)
2 members

Human Services Department
Foster Center
Lincoln University, PA 19352
Contact Person: Dr. Harold Nichols
(215) 932-8300 ext. 543

Programs Offered	Degrees Offered
Rehabilitation	B.S., B.A.

LOUISIANA STATE UNIVERSITY (Region VI)
4 members

Dept. of Rehabilitation Couns.
100 S. Derbigny Street
New Orleans, LA 70112-3096
Contact Person: Dr. Susan Daniels

Programs Offered	Degrees Offered
Rehabilitation Counseling	B.S.

MANKATO STATE UNIVERSITY (Region V)
4 members

Department of Rehabilitation
P. O. Box 52
Mankato, MN 56001
Contact Person: Dr. Robert Hopper
(507) 389-1318

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Rehabilitation Administration	M.S., Ed.S.

MEMPHIS STATE UNIVERSITY (Region IV)
6 members

Dept. of Special Educ. and Rehab.
College of Education
Memphis, TN 38152
Contact Person: Dr. Charlene Deloach
(901) 454-2771

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S.
Special Education Rehabilitation	Ed.D.

MICHIGAN STATE UNIVERSITY (Region V)
Dept. of Couns. Educ. Psych. & Spec.Educ. 3 members
513 Erickson Hall
East Lansing, MI 48824-1034
Contact Person: Dr. Rochelle Habeck
(517) 355-1824

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A.
Counseling Psychology/Rehabilitation	Ph.D.
Employee Development/Job Placement	M.A. (spec.)

MISSISSIPPI STATE UNIVERSITY (Region IV)
Rehabilitation Counselor Educ. 8 members
P. O. Drawer GE
Mississippi State, MS 39762
Contact Person: Dr. William Graves
(601) 325-3331 or 325-2001

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed., Ed.D.
R & T Center on Blindness	
Vocational Specialty for the Visually Impaired	M.Ed.

MULTI-RESOURCE CENTER, INC. (Region V)
Center for Continuing Education 6 members
1900 Chicago Avenue S.
Minneapolis, MN 55404
Contact Person: Dr. Gary Hines
(612) 871-5646

Programs Offered	Degrees Offered
Continuing Education	Certificate Hours

MURRAY STATE UNIVERSITY (Region IV)
Room 425 Wells Hall 2 members
Murray, KY 42071
Contact Person: Dr. Glen Hendren
(502) 762-3782

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.

NEW YORK UNIVERSITY (Region II)
6 members

Dept. of Rehab. Couns.(SEHNAP)
50 West 4th Street
New York, NY 10003
Contact Person: Dr. Patricia Dvonch
(212) 598-3354

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.A., Ph.D.
Disability Determinations	M. of Prof. Studies

NORTH TEXAS STATE UNIVERSITY (Region VI)
6 members

Dept. of Rehabilitation Studies
P. O. Box 13438, NTS
Denton, TX 76201-3438
Contact Person: Dr. Clinton Wainwright
(817) 565-2491

Programs Offered	Degrees Offered
Rehabilitation	B.A.A.S.
Rehabilitation-Specializaton in:	M.S.
Rehabilitation Administration	
Vocational Evaluation	
Adjustment Services	

NORTHEASTERN UNIVERSITY (Region I)
3 members

203 Lake Building
Dept. of Rehab. & Special Educ.
Boston, MA 02115
Contact Person: Dr. James Scorzelli
(617) 437-2485 or 437-2487

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S., C.A.G.S.
Rehabilitation Administration	M.S., Ed.D.

NORTHERN ILLINOIS UNIVERSITY (Region V)
3 members

Dept. of Communicative Disorders
Adams Hall
Dekalb, IL 60115
Contact Person: Dr. Gary Austin
(815) 753-1484

Programs Offered	Degrees Offered
Rehabilitation Counseling for Hearing Impaired	B.S./M.A.

OHIO STATE UNIVERSITY (Region V)
Rehabilitation Counselor Education 2 members
1945 N. High Street, 257 Arps
Columbus, OH 43210
Contact Person: Dr. Stephen Leclair
(614) 422-6554

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

OKLAHOMA STATE UNIVERSITY (Region VI)
202 North Murray Hall 3 members
Rehabilitation Counselor Educ.
Stillwater, OK 74078
Contact Person: Dr. Clayton Morgan
(405) 624-6030

Programs Offered	Degrees Offered
Applied Behavioral Studies in Education (Rehabilitation Counselor Education)	M.S.

PENNSYLVANIA STATE UNIVERSITY (Region III)
Div. of Couns. & Educ. Psych. 6 members
327 Cedar Building
University Park, PA 16802
Contact Person: Dr. James Kelz
(814) 865-3427

Programs Offered	Degrees Offered
Rehabilitation Education	B.S.
Rehabilitation Counseling	M. Ed., M.S.
Counseling Psychology	Ph.D.
Counselor Education	D. Ed.

SAINT CLOUD STATE UNIVERSITY (Region V)
Rehabilitation Counselor Educ. 3 members
College of Education
St. Cloud, MN 56301
Contact Person: Dr. George Petrangelo
(612) 258-3131

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

SAN DIEGO STATE UNIVERISTY (Region IX)
3 members

Dept. of Counselor Education
Rehabilitation Counselor Program
San Diego, CA 92182
Contact Person: Dr. Ron Jacobs
(619) 265-6407

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

SAN FRANCISCO STATE UNIVERSITY (Region IX)
11 members

Rehab. Counselor Training Prog.
1600 Holloway Avenue
San Francisco, CA 94132
Contact Person: Dr. William Evraiff
(415) 469-2005

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

SEATTLE UNIVERSITY (Region X)
8 members

College of Arts and Science
12th & East Columbia St.
Seattle, WA 98122
Contact Person: Dr. John Thompson
(206) 626-5788

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S.
Regional Rehabilitation Continuing Education	
Rehabilitation Workshop Administration	

SETON HALL UNIVERSITY (Region II)
4 members

Dept. of Counseling & Special Serv.
South Orange, NJ 07079
Contact Person: Dr. Ernest Tamburri
(201) 761-9450

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A.

SOUTH CAROLINA STATE COLLEGE (Region IV)
Rehab. Counselor Training Prog. 2 members
P. O. Box 1856
Orangeburg, SC 29117
Contact Person: Dr. Thomas Wilson
(803) 536-7054

Programs Offered	Degrees Offered
Rehabilitation Counseling	B.S.

SOUTHERN ILLINOIS UNIVERSITY (Region V)
Rehabilitation Institute 19 members
College of Human Resources
Carbondale, IL 62901
Contact Person: Dr. Brockman Schumacher
(618) 536-7704

Programs Offered	Degrees Offered
Rehabilitation Counselor Training	M.S., M.A.
Rehabilitation Adm. & Services	M.S., M.A.
Behavior Analysis & Therapy	M.S., M.A.
Doctor of Rehabilitation	Rh.D.

SPRINGFIELD COLLEGE (Region I)
Rehabilitation Services Dept. 8 members
210 Alden Street
Springfield, MA 01109
Contact Person: Dr. Thomas Ruscio
(413) 788-3318 or 788-3319

Programs Offered	Degrees Offered
Rehabilitation Services Education	B.A., B.S.
Rehabilitation Counseling	M.Ed., M.S., C.A.S.

STATE UNIV. OF NEW YORK AT BUFFALO (Region II)
Rehab. Counselor Training Program 7 members
Department of Couns. & Educ. Psych.
409 Christopher Baldy Hall
Amherst, NY 14260
Contact Person: Dr. Dwight Kauppi
(716) 636-2476

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Counseling Psychology (Rehab.)	Ph.D.
Counseling and Human Services (Rehab.)	Ph.D.

RRCP, Region II (CEPR-2)

STEPHEN F. AUSTIN STATE UNIVERSITY (Region VI)
Dept. of Couns. & Spec. Educ. Prog. 7 members
Box 13019, SFA Station
Nacogdoches, TX 75962
Contact Person: Dr. Bill Hamrick
(409) 569-2906 ext. 30

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.R. (Rehab.)
Orientation and Mobility Services	B.S.R.

SYRACUSE UNIVERSITY (Region II)
Area of Rehabilitation Education 5 members
805 S. Crouse Avenue
Syracuse, NY 13210
Contact Person: Dr. Paul Salomone
(315) 423-4121

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S.
Vocational Evaluation & Adjustment	M.S.
Rehabilitation Education	Ph.D., Ed.D., C.A.S.

UNIVERSITY OF ARIZONA (Region IX)
Rehabilitation Department 9 members
College of Education
Tucson, AZ 85721
Contact Person: Dr. Amos Sales
(602) 621-1860

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S., Ed.D., Ph.D.
Rehabilitation Counseling Deaf	
Vocational Evaluation	
Rehabilitation Substance Abuser	
Rehabilitation Administration	
Rehabilitation	B.S.
Interpreter Training	B.S.

UNIVERSITY OF ARKANSAS (Region VI)
Dept. of Rehab. Educ. & Research 25 members
346 N. West Ave.
Fayetteville, AR 72701
Contact Person: Dr. Vernon Glenn
(501) 575-6412

Programs Offered	Degrees Offered
Rehabilitation Education (Counseling)	M.Ed.
Arkansas R & T Center (RT-13)	
Arkansas R & T Center on Deaf (RT-31)	
Regional Rehab. Continuing Educ. Program	

UNIVERSITY OF FLORIDA (Region IV)
3 members

Dept. of Rehabilitation Couns.
Box J-175, JHMHC
Gainesville, FL 32610
Contact Person: Dr. Horace Sawyer
(904) 392-3061

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.
Rehabilitation Services	B.S.

UNIVERSITY OF GEORGIA (Region IV)
7 members

Rehabilitation Counseling
413 Aderhold Hall
Athens, GA 30602
Contact Person: Dr. Jack Sink
(404) 542-2597

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed., M.A., Ed.D., Ph.D.

UNIVERSITY OF HAWAII (Region IX)
3 members

1776 University Ave. WA2-121
Honolulu, HI 96822
Contact Person: Dr. Oda Aiko
(808) 948-7501

Programs Offered	Degrees Offered
Rehabilitation Counselor Education	M.Ed.

UNIVERSITY OF IOWA (Region VII)
4 members

Rehab. Counselor Training Program
N-338 Lindquist Center
Iowa City, IA 52242
Contact Person: Dr. Ralph Roberts
(319) 353-4940

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A., Ph.D.

UNIVERSITY OF KENTUCKY (Region IV)
3 members

124 Taylor Education Building
Lexington, KY 40506
Contact Person: Dr. Ralph Crystal
(606) 257-3834

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.R.C.

UNIVERSITY OF MARYLAND (Region III)
Center of Rehab.& Manpower Services 6 members
Jull Hall, Room 3115
College Park, MD 20742
Contact Person: Dr. Paul Power
(301) 454-3042

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A., Ph.D.
Vocational Education - Vocational Rehabilitation Services	M.S., Ph.D.

UNIVERSITY OF MISSOURI (Region VII)
Dept. of Counseling/Personnel Serv. 5 members
6 Hill Hall
Columbia, MO 65211
Contact Person: Dr. Richard Thoreson
(314) 882-6701

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Vocational Evaluation	M.Ed.
Rehabilitation Counseling	M.Ed., M.A.
Rehabilitation Counseling Psychology	Ph.D.
Rehabilitation Continuing Education Program	

UNIVERSITY OF NEVADA-LAS VEGAS (Region IX)
Dept. of Educ. Psych. & Foundations 3 members
4505 Maryland Parkway
Las Vegas, NV 89154
Contact Person: Dr. Robert Harbach
(702) 739-3787

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

UNIVERSITY OF NEW MEXICO (Region VI)
Dept. of Counselor Education 3 members
College of Education - U. of N.M.
Albuquerque, NM 87131
Contact Person: Dr. Darrell Anderson
(505) 277-3555

Programs Offered	Degrees
Rehabilitation Counseling	M.A.

UNIVERSITY OF NORTH CAROLINA (Region IV)
4 members

Div. of Rehabilitation Counseling
114 Medical School Wing B., 207 H
Chapel Hill, NC 27514
Contact Person: Dr. Paul Leung
(919) 966-3351

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

UNIVERSITY OF NORTHERN COLORADO (Region VIII)
8 members

Human Services Department
McKee Hall 41
Greeley, CO 80639
Contact Person: Dr. Vince Scalia
(303) 351-2403

Programs Offered	Degrees Offered
Human Rehabilitative Services	B.S.
Rehabilitation Counseling	M.A.
Human Rehabilitation	Ph.D.
Gerontology	B.S., M.A.

UNIVERSITY OF OKLAHOMA (Region VI)
3 members

Rehabilitation Admin. & Mgmt. Programs
1700 Asp Ave., Bldg. 158
Norman, OK 73037
Contact Person: Dr. L. H. Autry
(405) 325-4913

Programs Offered	Degrees Offered
Rehabilitation Administration & Management	CEU
Rehabilitation Facility Administration	CEU

UNIVERSITY OF PITTSBURGH (Region III)
7 members

Dept. of Rehab. Counseling Programs
5K01 Forbes Quad., 230 S. Bouquet St.
Pittsburgh, PA 15260
Contact Person: Dr. Anne Golin
(412) 624-1417

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A., M.Ed., Ph.D.

UNIVERSITY OF PUERTO RICO (Region II)
7 members

Rehabilitation Counseling Prog.
Rio Piedras Campus
Rio Piedras, Puerto Rico 00931
Contact Person: Dr. Ana Frontado
(809) 764-0000 ext. 2167, 2177

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

UNIVERSITY OF SCRANTON (Region III)
4 members

Department of Human Resources
311 O'Hara Hall
Monroe & Linden
Scranton, PA 18510
Contact Person: Dr. Joseph Szuhay
(717) 961-7633

Programs Offered	Degrees Offered
Health and Human Services	B.S., A.A.
Health & Human Sciences Administration	B.S.
Human Resources Administration	M.S.
Rehabilitation Counseling	M.S.

UNIVERSITY OF SOUTHERN MISSISSIPPI (Region IV)
3 members

Dept. of Counseling and Psychology
Box 8278, Southern Station
Hattiesburg, MS 39406-8278
Contact Person: Dr. James Culberson
(601) 266-4546

Programs Offered	Degrees Offered
Social and Rehabilitation Services	B.S.

UNIVERSITY OF SOUTH ALABAMA (Region IV)
1 member

Behavioral Studies Department
307 University Boulevard
Mobile, AL 36688
Contact Person: Dr. Roger DuMars
(205) 460-6221

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S.

UNIVERSITY OF SOUTH CAROLINA (Region IV)
4 members

College of Education
Columbia, SC 29208
Contact Person: Dr. Charles Vander Kolk
(803) 777-8131

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.Ed., M.A.,
Counselor Education	Ed.S., Ph.D.

UNIVERSITY OF SOUTH FLORIDA (Region IV)
8 members

Dept. of Rehabilitation Counseling
SOC 107
Tampa, FL 33620
Contact Person: Dr. Calvin Pinkard
(813) 974-2855

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.A.

UNIVERSITY OF TENNESSEE (Region IV)
8 members

Regional Rehab. Cont. Educ. Prog.
1814 Lake Avenue
Knoxville, TN 37916
Contact Person: Dr. James Miller
(615) 974-8111

Programs Offered	Degrees Offered
Regional Rehabilitation Continuing Education Program	M.S.
Rehabilitation Counseling	M.S.
Vocational Evaluation	
Orientation to Deafness	

UNIVERSITY OF TEXAS HEALTH SCIENCE CTR. (Region VI)
11 members

Dept. of Rehabilitation Science
5323 Harry Hines Boulevard
Dallas, TX 75235
Contact Person: Dr. Donald Pool
(214) 688-2863

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S.

UNIVERSITY OF WISCONSIN-MADISON (Region V)
5 members

Dept. of Studies in Behav. Disab.
432 North Murray
Madison, WI 53706
Contact Person: Dr. Alfred Butler
(608) 263-5750

Programs Offered	Degrees Offered
Undergraduate Rehabilitation Education	B.S.
Rehabilitation Counseling Psychology	Ph.D.
Rehabilitation Counseling	M.S., M.A.
Rehabilitation Administration	M.A., M.S.

UNIVERSITY OF WISCONSIN-MILWAUKEE (Region V)
5 members

Dept. of Educ. Psych.-Enderis 755
2400 E. Hartford Avenue
Milwaukee, WI 53201
Contact Person: Dr. Bobbie Atkins
(414) 963-4767 or 4192

Programs Offered	Degrees Offered
Rehabilitation Studies	B.S.
Rehabilitation Counseling	M.S.

UNIVERSITY OF WISCONSIN-STOUT (Region V)
44 members

Stout Vocational Rehab. Institute
Menomonie, WI 54751
Contact Person: Dr. Paul Hoffman
(715) 232-1464

Programs Offered	Degrees Offered
Vocational Rehabilitation	B.S., M.S.

VIRGINIA COMMONWEALTH UNIVERSITY (Region III)
10 members

Dept. of Rehabilitation Counseling
921 West Franklin Street
Richmond, VA 23284
Contact Person: Dr. Richard Hardy
(804) 257-1132

Programs Offered	Degrees Offered
Rehabilitation Services	B.S.
Rehabilitation Counseling	M.S.

Bloom, Jean L. Dr. (individual) Region III
Edinboro State College
RD 2
Cambridge Springs, PA 16403

Bregman, Sue Dr. (individual) Region III
8290 Hilton Hill Drive
Lanham, MD 20706

Buxbaum, Joan Dr. (individual) Region II
Hunter College
2 Horatio Street
New York, NY 10014
(212) 570-5008

Cantoni, Louis Dr. (individual) Region V
Wayne State University
347 Education Building
Detroit, MI 48202
(313) 577-1677

Carrick, Martha M. (associate) Region IV
RSA - Region IV
4066 Seven Hill Ct.
Stone Mountain, GA 30083
(404) 221-2352

Clark, William P. (associate) Region II
NYS Office of Vocational Rehabilitation
99 Washington Ave., Room 1912
Albany, NY 12234
(518) 474-7981

Davis, Robert Dr. (individual) Region V
Indiana Univ. - Purdue Univ.
Dept. of Psychology, Krannert 54
1201 East 38th Street, P. O. Box 647
Indianapolis, IN 46233
(317) 923-1321, ext. 348,358

Dickerson, Altamont Jr. (individual) Region III
Virginia Dept. of Rehab. Services
P. O. Box 11045
4901 Fitzhugh Avenue
Richmond, VA 23230
(804) 257-0318

Dietz, Peter S. (student) — Region IV
Lot #16, Lewis Trailer Park
Starkville, MS 39759

Fennessee, William (student) — Region V
123-3 Southern Hills
Carbondale, IL 62901

Flowers, Susan (individual) — Region III
National Rehab. Information Ctr.
The Catholic University
4407 - 8th St. N.E.
Washington, D.C. 20017
(202) 635-5826

Frieden, Lex (individual) — Region VI
Indep. Living Research Util. Proj
P. O. Box 20095
Houston, TX 77225
(713) 797-0200

Gandy, Michael J. (associate) — Region IV
Miss. Voc. Rehab. for the Blind
P. O. Box 4872
Jackson, MS 39216
(601) 354-6411

Genskow, Jack (individual) — Region V
Sangamon State University
Shepherd Road
Brookens 348
Springfield, IL 62708
(219) 786-6504

Grand, Sheldon A. Dr. (individual) — Region II
SUNY-Albany (Educ. 220)
1400 Washington Avenue
Albany, NY 12222
(518) 457-8216

Harrison, Don K. Dr. (individual) — Region V
University of Michigan
1337 School of Education
Ann Arbor, MI 48109
(313) 763-5457

Hedgeman, Betty Dr. (associate) — Region II
NY Office of Voc. Rehabilitation
Two World Trade Center, Room 5020
New York, NY 10047
(212) 488-1522

Herrick, William L. (associate) — Region VII
Rehab. Educ. & Services Branch
510 East 12th Street
Des Moines, IA 50319
(515) 281-4149

Hile, Alma (associate) — Region VII
Bureau for the Blind
619 East Capital
Jefferson City, MO 65101
(314) 751-4149

Hinkley, John A. (associate) — Region III
Am. Academy for C.P. & Develop. Med.
P.O. Box 11083
2405 Westwood Avenue
Richmond, VA 23228
(804) 355-0417

Illovsky, Michael E. (student) — Region IV
N-112 Rogers Road
Athens, GA 30602

Kampfe, Charlene M. Chipps (student) — Region IX
College of Education
Department of Rehabilitation
University of Arizona
Tucson, AZ 85721

Keir, Richard Dr. (individual) — Region VII
Iowa Lakes Community College
300 South 18th Street
Estherville, IA 51334
(712) 362-3401

Konar, Valerie (associate) — Region I
Mass. Commission for the Blind
110 Tremont Street
6th Floor
Boston, MA 02108
(617) 727-5550

LeBlanc, Dotsie L. (individual) — Region VI
La.OHD Vocational Rehabilitation
P. O. Box 44371
Baton Rouge, LA 70804
(504) 342-2272

Marshall, Catherine A. (student) — Region IX
5140 West Sweetwater
Tucson, AZ 85745

Matkin, Ralph E. (individual) — Region V
Vocational Mgmt. Systems, Inc.
P. O. Box 424
Murphysboro, IL 62966
(618) 536-7704

Myers, Jane Dr. (individual) — Region V
Ohio University
Applied Behav. Sci. & Educ. Lead.
208 McCracken Hall
Athens, OH 45701

Parmelee, Mary McLaughlin (student) — Region II
4003 Arrowhead Lane
Liverpool, NY 13088

Principato, Frank (student) — Region II
149-31 256 Street
Rosedale, NY 11422

Puckett, Frank D. (student) — Region V
Box 334
DeSoto, IL 62924

Raymon, Reba Dr. (individual) — Region IV
P. O. Box Q
University of Alabama
University, AL 35486
(205) 348-7575

Stevens, Charles T. (associate) — Region VII
Bureau for the Blind
619 East Capitol
Jefferson City, MO 65101
(314) 751-4249

Whitaker, John (associate) — Region IV
Div. of Rehabilitation Services
111 7th Ave. North
Nashville, TN 37203
(615) 741-3346

Wilson, W. C. Dr. (individual) — Region VII
Central Missouri State Univ.
405 Ridgeview, D-2
Warrensburg, MO 64093
(816) 429-4185

ADDITION TO INSTITUTIONAL LIST

UNIVERSITY OF UTAH (Region VIII)
5 members

Department of Educational Psychology
School of Education
Salt Lake City, UT 84112
Contact Person: Dr. Charles Gregg
(801) 581-7148

Programs Offered	Degrees Offered
Rehabilitation Counseling	M.S., M.A.

ADDITIONS TO ALPHABETICAL LIST OF ALL MEMBERS

Bluhm, Harry P.	University of Utah	Region VIII
Finley, Robert E.	University of Utah	Region VIII
Gregg, Charles	University of Utah	Region VIII
Pappas, James	University of Utah	Region VIII
Rivera, Orlando	University of Utah	Region VIII

Achterberg, Jeanne	UT Health Science Center at Dallas	Region VI
Adele, Patrick	University of Georgia	Region IV
Afanador, Joe	Seattle University	Region X
Aiko, Oda E.	University of Hawaii	Region IX
Akridge, Robert	University of Arkansas	Region VI
Alcorn, John	University of Southern Mississippi	Region IV
Allen, Conrad M.	Auburn University	Region IV
Allen, Harry A.	S.I.U. at Carbondale	Region V
Alonso, R. C.	University of Oklahoma	Region VI
Alston, Paul	East Carolina University	Region IV
Anderson, Darrell	University of New Mexico	Region VI
Anderson, Glenn	University of Arkansas	Region VI
Annis, Jeffrey A.	University of Wisconsin-Stout	Region V
Anthony, William A.	Boston University	Region I
Atkins, Bobbie	University of Wisconsin-Milwaukee	Region V
Austin, Gary F.	Northern Illinois University	Region V
Austin, Jan	Northern Illinois University	Region V
Autry, L. H.	University of Oklahoma	Region VI
Auvenshine, Dwight	University of Kentucky	Region IV
Avans, Dave R.	University of Tennessee	Region IV
Bagley, Martha	Mississippi State University	Region IV
Bajowski, Joan	Springfield College	Region I
Baribeau, Forrest	California State Univ-Sacramento	Region IX
Beach, Roger	Gallaudet College	Region III
Bence, Marlene	University of Arizona	Region IX
Berte, Raymond A.	Springfield College	Region I
Berven, Norman L	University of Wisconsin-Madison	Region V
Beziat, Roy E.	University of Maryland	Region III
Black, J. B.	Auburn University	Region IV
Blakeman, John D.	Georgia State University	Region IV
Blakemore, Thomas	University of Wisconsin-Stout	Region V
Blane, Howard T.	University of Pittsburgh	Region III
Bloom, Jean L.	Edinboro State College (individual)	Region III
Blum, Craig R.	Seton Hall University	Region II
Bodenhamer, Eugenia	North Texas State University	Region VI
Bolton, Brian	University of Arkansas	Region VI
Bordieri, James	DePaul University	Region V
Botterbusch, Karl	University of Wisconsin-Stout	Region V
Boudreaux, Robert	UT Health Science Center at Dallas	Region VI
Bowen, Jack A.	University of Northern Colorado	Region VIII
Bowman, James T.	Mississippi State University	Region IV
Braun, Gretchen	University of Wisconsin-Stout	Region V
Brean, Edna	San Francisco State University	Region IX
Bregman, Sue	Lanham, Maryland (individual)	Region III
Brill, Rebecca	University of Wisconsin-Stout	Region V
Brolin, Donn	University of Missouri	Region VII
Brown, Linda	University of Wisconsin-Stout	Region V
Bruyere, Susanne M.	Seattle University	Region X
Bryan, William H.	Stephen F. Austin State University	Region VI
Bryant, Bob	Stephen F. Austin State University	Region VI
Bryson, Seymour	S.I.U. at Carbondale	Region V
Bullis, Michael	University of Arkansas	Region VI
Burkhead, E. Jane	Florida State University	Region IV

Butler, Alfred J.	University of Wisconsin-Madison	Region V
Buxbaum, Joan	Hunter College (individual)	Region II
Byrd, Keith	Auburn University	Region IV
Calzaretta, Bill	DePaul University	Region V
Cantoni, Louis	Wayne State University (individual)	Region V
Carluccio, Lance	Assumption College	Region I
Carrick, Marth M.	RSA - Regional Office (associate)	Region IV
Casey, Andrea	George Washington University	Region III
Casey, Francis	Springfield College	Region I
Cassell, Jack L.	University of Tennessee	Region IV
Chan, Fong	UT Health Center at Dallas	Region VI
Chandler, Anne	University of South Carolina	Region IV
Chase, Philip	University of Georgia	Region IV
Cheng, Thomas	University of Hawaii	Region IX
Cheponis, George	Murray State University	Region IV
Chope, Robert	San Francisco State University	Region IX
Chubon, Robert	University of South Carolina	Region IV
Clark, Donald W.	Mankato State University	Region V
Clark, William P.	NYS Office of Voc. Rehab.(associate)	Region II
Coffey, Darrell D.	University of Wisconsin-Stout	Region V
Cohen, Mikal	Boston University	Region I
Coker, Charles C.	University of Wisconsin-Stout	Region V
Cole, Joyce C.	Memphis State University	Region IV
Colvin, Craig R.	University of Tennessee	Region IV
Cook, Daniel	University of Arkansas	Region VI
Corcoran, Paul	Boston University	Region I
Corp, Elizabeth	Multi-Resource Center, Inc.	Region V
Corthell, David W.	University of Wisconsin-Stout	Region V
Costello, James	University of Wisconsin-Stout	Region V
Couch, Robert H.	Auburn University	Region IV
Crawford, Daniel	Assumption College	Region I
Crimando, William	S.I.U. at Carbondale	Region V
Crisler, Jack R.	University of Georgia	Region IV
Cromes, Fred G.	UT Heath Center at Dallas	Region VI
Cronin, John H.	University of Northern Colorado	Region VIII
Crystal, Ralph	University of Kentucky	Region IV
Culberson, James O.	University of Southern Mississippi	Region IV
Cuvo, Anthony J.	S.I.U. at Carbondale	Region V
Czerlinsky, Thomas	University of Wisconsin-Stout	Region V
D'Amico, Michael	Boston University	Region I
Danek, Marita	Gallaudet College	Region III
Daniels, Susan	Louisiana State University	Region VI
Danley, Karen	Boston University	Region I
Davis, Robert	Indiana Univ. - Purdue Univ.(indiv.)	Region V
Dawson, Eugene	University of Northern Colorado	Region VIII
Day, Sherman R.	Georgia State University	Region IV
Deaner, Guy E.	California State Univ.-Sacramento	Region IX
Decker, Thomas	University of Scranton	Region III
Dell Orto, Arthur	Boston University	Region I
Dellario, Donald	Boston University	Region I
Deloach, Charlene	Memphis State University	Region IV
Desmond, Richard E.	University of Pittsburgh	Region III

Dew, Donald W.	George Washington University	Region III
Dial, Jack G.	UT Health Science Center at Dallas	Region VI
Dickerson, A.	Va. Dept. of Rehab. Services (indiv.)	Region III
Dickman, Fred J.	University of South Florida	Region IV
Dietz, Peter S.	Miss. State University (student)	Region IV
Dolan, John	Louisiana State University	Region VI
Doleys, Janice	DePaul University	Region V
Dougherty, Terrance	Assumption College	Region I
Downes, Sheldon C.	East Carolina University	Region IV
Downey, William	University of Arizona	Region IX
Driscoll, Marylnne	Hofstra University	Region II
DuMars, Roger	University of South Alabama	Region IV
Dushkes, Janice	San Francisco State University	Region IX
Dvonch, Patricia	New York University	Region II
Edwards, Eula Mae	Auburn University	Region IV
El-Din, Kamal M.	UT Health Science Center at Dallas	Region VI
El-Khiami, Afafe	University of Arkansas	Region VI
Eldredge, Garth M.	University of Northern Colorado	Region VIII
Elias, George S.	Assumption College	Region I
Ellien, Valarie	New York University	Region II
Emener, W. G.	University of South Florida	Region IV
Engelkes, James	Michigan State University	Region V
Ernst, Nora S.	University of Northern Colorado	Region VIII
Esibill, Nancy	New York University	Region II
Esser, Colleen M.	University of Wisconsin-Stout	Region V
Evenson, Thomas L.	North Texas State University	Region VI
Evraiff, William	San Francisco State University	Region IX
Farkas, Marianne	Boston University	Region I
Farley, Roy C.	University of Arkansas	Region VI
Feldman, Howard S.	University of Wisconsin-Stout	Region V
Fennessee, William	Southern Illinois Univ. (student)	Region V
Ferritor, Dan	University of Arkansas	Region VI
Field, Tim	University of Georgia	Region IV
Fields, Elsa	Multi-Resource Center, Inc.	Region V
Finnerty-Fried, P.	George Washington University	Region III
Fish, Dale	Stephen F. Austin State University	Region VI
Fishburn, William	University of New Mexico	Region VI
Fisher, Thomas	University of Arizona	Region IX
Fitzgerald, Leroy	Coppin State University	Region III
Flowers, Susan	Nat'l Rehab. Info. Ctr. (individual)	Region III
Ford, Nancy	University of Arkansas	Region VI
Frieden, Lex	Indep. Living Research Util.(indiv.)	Region VI
Frontado, Ana	University of Puerto Rico	Region II
Fry, Ronald R.	University of Wisconsin-Stout	Region V
Gaines, Paul	Oklahoma State University	Region VI
Galvin, Don	Michigan State University	Region V
Gandy, Gerald L.	Virginia Commonwealth University	Region III
Gandy, Michael J.	Miss. Voc. Rehab. Blind (associate)	Region IV
Gardner, Margaret	S.I.U. at Carbondale	Region V
Gawlik, Rudolph	Gallaudet College	Region III

Gay, Dennis A.	University of Northern Colorado	Region VIII
Geist, Chrisann S.	Illinois Institute of Technology	Region V
Geist, Glen O.	Illinois Institute of Technology	Region V
Gellman, William	DePaul University	Region V
Genskow, Jack	Sangmon State University (individ.)	Region V
Gevitz, Norman	Illinois Institute of Technology	Region V
Giesen, Martin	Mississippi State University	Region IV
Glenn, Vernon L.	University of Arkansas	Region VI
Goldberg, Richard	Boston University	Region I
Goldin, George	Northeastern University	Region I
Goldman, Samuel	S.I.U. at Carbondale	Region V
Golin, Anne K.	University of Pittsburgh	Region III
Gonzales, Hilda E.	University of Puerto Rico	Region II
Goodwin, Lloyd R.	Emporia State University	Region VII
Grand, Sheldon A.	SUNY - Albany (individual)	Region II
Graney, Bernard	Springfield College	Region I
Graves, William H.	Mississippi State University	Region IV
Green, Jeffrey A.	Springfield College	Region I
Greene, Brandon	S.I.U. at Carbondale	Region V
Greenwald, M. A.	University of Pittsburgh	Region III
Greenwood, Reed M.	University of Arkansas	Region VI
Greer, Bobby G.	Memphis State University	Region IV
Grenfell, John E.	S.I.U. at Carbondale	Region V
Gross, Pincus	University of South Florida	Region IV
Growick, Bruce	Ohio State University	Region V
Habeck, Rochelle	Michigan State University	Region V
Hafer, Marilyn	S.I.U. at Carbondale	Region V
Haley, Marie E.	Assumption College	Region I
Hamrick, Bill	Stephen F. Austin State University	Region VI
Haney, Hutchinson	Seattle University	Region X
Harbach, Robert L.	University of Nevada-Las Vegas	Region IX
Hardy, Richard E.	Virginia Commonwealth University	Region III
Harris, Lyman B.	Arkansas Tech. University	Region VI
Harrison, Don K.	University of Michigan (individual)	Region V
Hawley, Irene	S.I.U. at Carbondale	Region V
Hebert, Edward C.	Springfield College	Region I
Hedgeman, Betty	NY Office of Voc. Rehab. (associate)	Region II
Heinemann, Allen	Illinois Institute of Technology	Region V
Henderson, Harold L.	Bowling Green State University	Region V
Hendren, Glen	Murray State University	Region IV
Herrick, William	Iowa Rehab. Services (associate)	Region VII
Hershfield, Bruce	Coppin State University	Region III
Hile, Alma	Mo. Bureau for the Blind (associate)	Region VII
Hines, Gary	Multi-Resource Center, Inc.	Region V
Hinkley, John A.	Am. Acad. C.P. & Dev. Med.(assoc.)	Region II
Hinman, Suki	University of Arkansas	Region VI
Hodgson, Karen A.	University of Wisconsin-Stout	Region V
Hoffman, Paul R.	University of Wisconsin-Stout	Region V
Hollingsworth, D.	Louisiana State University	Region VI
Hooge, Norman C.	UT Health Science Center at Dallas	Region VI
Hopper, Robert L.	Mankato State University	Region V
Horan, John J.	Pennsylvania State University	Region III
Hunter, Christine	Multi-Resource Center, Inc.	Region V

Hursh, Norman	Boston University	Region I
Husby, Cynthia E.	University of Wisconsin-Stout	Region V
Husby, Brian M.	University of Wisconsin-Stout	Region V
Hutchison, Jack H.	Florida State University	Region IV
Illovsky, Michael	University of Georgia (student)	Region IV
Iverson, Diane	University of Wisconsin-Stout	Region V
Ivy, Dwight	University of Maryland	Region III
Jacobs, Ron	San Diego State University	Region IX
Jaet, David	Louisiana State University	Region VI
Jaques, Marceline	SUNY-Buffalo	Region II
Jarrell, George R.	Virginia Commonwealth University	Region III
Jeffrey, David	Stephen F. Austin State University	Region VI
Jenkins, William M.	Memphis State University	Region IV
Johnson, Bob	University of Arizona	Region IX
Johnson, Darwin	Jackson State University	Region IV
Johnson, Elaine	Pennsylvania State University	Region III
Johnson, William F.	Univeristy of Wisconsin-Stout	Region V
Joiner, James G.	University of Florida	Region IV
Jones, Richard D.	San Diego State University	Region IX
Jorgensen, Jerry M.	University of Wisconsin-Stout	Region V
Juarbe, Amelia	University of Puerto Rico	Region II
Kaiser, Gerald A.	University of Wisconsin-Stout	Region V
Kampfe, Charlene	University of Arizona (student)	Region IX
Kaplin, Steven	University of N.C. - Chapel Hill	Region IV
Karst, Ronald H.	Emporia State University	Region VII
Katz-Garris, Lynda	University of Pittsburgh	Region III
Kauppi, Dwight	SUNY-Buffalo	Region II
Keir, Richard	Iowa Lakes Comm. College (individ.)	Region VII
Kelz, James W.	Pennsylvania State University	Region III
Kerns, Allen F.	University of South Florida	Region IV
Kiernan, William	Boston University	Region I
Kirsling, Jerome J.	University of Wisconsin-Stout	Region V
Kite, John L.	Seattle University	Region X
Klein, Michael	University of Wisconsin-Milwaukee	Region V
Kloepping, Kent	University of Arizona	Region IX
Knight, William H.	Appalachian State University	Region IV
Koch, Richard	Calif. State University-Sacramento	Region IX
Koller, Andrew	Multi-Resource Center, Inc.	Region V
Konar, Valerie	Mass. Comm. for Blind (associate)	Region I
Krebs, Kim	Emporia State University	Region VII
Kressin, Geraldine	University of Wisconsin-Stout	Region V
Kuehn, Marvin D.	Emporia State University	Region VII
Kunce, Joseph T.	University of Missouri	Region VII
Lafitte, Jose A.	Hofstra University	Region II
Landsman, M. J.	University of South Florida	Region IV
Lane, Patricia	San Francisco State University	Region IX
Langton, Anthony J.	University of Wisconsin-Stout	Region V
Lasky, Robert G.	Boston University	Region I
Lassiter, Robert A.	Virginia Commonwealth University	Region III
Latta, John A.	Georgia State University	Region IV

Lavergne, Rosa	New York University	Region II
Lawrence, Richard	University of Maryland	Region III
Lawton, Marcia J.	Virginia Commonwealth University	Region III
Layser, John	Seattle University	Region X
LeBlanc, Dotsie	La. OHD Voc. Rehab. (individual)	Region VI
Lechowicz, Joseph	Hofstra University	Region II
LeClear, Steven	Ohio State Unviversity	Region V
Leland, Michael	University of Arkansas	Region VI
Leung, Paul	Univ. of N. Carolina at Chapel Hill	Region IV
Liederman, Faygel	San Francisco State University	Region IX
Linkowski, Donald	George Washington University	Region III
Little, Neal	University of Arkansas	Region VI
Livingston, P.	New York University	Region II
Lofaro, Gregory	Kent State University	Region V
Luck, Richard S.	Virginia Commonwealth University	Region III
Lustig, Paul	University of Wisconsin-Madison	Region V
Lutzker, John R.	S.I.U. at Carbondale	Region V
Luzzi, Matt	Northeastern University	Region I
Macguffie, Robert	Bowling Green State University	Region V
Machalow, Steven	Mississippi State University	Region IV
Maki, Dennis R.	University of Iowa	Region VII
Mallik, Kalisanker	George Washington University	Region III
Marr, John N.	University of Arkansas	Region VI
Marshall, Catherine	University of Arizona (student)	Region IX
Martin, E. Davis	Virginia Commonwealth University	Region III
Martin, Eric	University of Nevada-Las Vegas	Region IX
Martin, Leroy	SUNY-Buffalo	Region II
Martin, Roberta	Mississippi State University	Region IV
Marut, Paula	University of Arkansas	Region VI
Mas, Jose E.	University of Puerto Rico	Region II
Mason, John	St. Cloud State University	Region V
Matheny, Kenneth B.	Georgia State University	Region IV
Matkin, Ralph E.	Voc. Mgmt. Systems, Inc. (individual)	Region V
McAlees, Daniel	University of Wisconsin-Stout	Region V
McAllan, Leslie	SUNY-Buffalo	Region II
McCollum, Paul S.	UT Health Science Center at Dallas	Region VI
McCray, Paul	University of Wisconsin-Stout	Region V
McCrone, William	Gallaudet College	Region III
McDaniel, Randall	Auburn University	Region IV
McFarlane, Fred R.	San Diego State University	Region IX
McGowen, John F.	University of Missouri-Columbia	Region VII
McMahon, Brian T.	Florida State University	Region IV
Meadow, Lloyd	San Francisco State University	Region IX
Meadows, Mark E.	Auburn University	Region IV
Means, Bob L.	University of Arkansas	Region VI
Melde, George A.	North Texas State University	Region VI
Menz, Fredrick E.	University of Wisconsin-Stout	Region V
Mercer, Francis	Syracuse University	Region II
Meyer, Ann B.	University of Wisconsin-Milwaukee	Region V
Meyers, John R.	Coppin State College	Region III
Meyers, Rita	Kent State University	Region V
Miles, Shelly	Mississippi State University	Region IV
Miller, James H.	University of Tennessee	Region IV

Milligan, G. T.	University of Arkansas	Region VI
Miner, Kenneth R.	North Texas State University	Region VI
Mitchell, Charles	Arkansas Tech University	Region VI
Mitra, Sudhansu	Coppen State University	Region III
Modahl, Thomas A.	University of Wisconsin-Stout	Region V
Moline, John	Assumption College	Region I
Morgan, Clayton A.	Oklahoma State University	Region VI
Morgan, Clifford	University of New Mexico	Region VI
Morris, Andrea	George Washington University	Region III
Mulkey, Wayne S.	University of Tennessee	Region IV
Murphy, Stephen T.	Syracuse University	Region II
Myers, Jane	Ohio University (individual)	Region V
Nadolsky, Julian M.	University of Tennessee	Region IV
Nemon, Alice	San Francisco State University	Region IX
Neville, Diane	Hofstra University	Region II
Newman, Joseph	University of Pittsburgh	Region III
Nicholoff, Elia G.	Eastern Montana College	Region VIII
Nichols, Harold J.	Lincoln University	Region III
Nisbet, Jane	Syracuse University	Region II
Noll, Allen J.	University of Wisconsin-Stout	Region V
O'Connor, James B	Seton Hall University	Region II
O'Toole, William	University of Southern Mississippi	Region IV
Organist, James	University of Arizona	Region IX
Orzech, David	San Francisco State University	Region IX
Ostby, Steve	University of South Carolina	Region IV
Ouellette, Sue E.	University of Arkansas	Region VI
Page, Richard C.	University of Georgia	Region IV
Pancsofar, Earnest	Bowling Green University	Region V
Parker, Harry	UT Health Science Center at Dallas	Region VI
Parmelee, Mary	Syracuse University (student)	Region II
Patterson, Jeanne	Florida State University	Region IV
Payette, Bruce	Stephen F. Austin State University	Region VI
Pepper, Frank	San Francisco State University	Region IX
Perez, Ernesto	University of Puerto Rico	Region II
Perkins, Eugene	St. Cloud State University	Region V
Perlman, Leonard	University of Maryland	Region III
Peterson, James S.	S.I.U. at Carbondale	Region V
Peterson, Michael	Mississippi State University	Region IV
Petrangelo, George	St. Cloud State University	Region IV
Phillips, J. Stuart	S.I.U. at Carbondale	Region V
Phillips, Roy	Kent State University	Region V
Phillips, Richard	Gallaudet College	Region III
Pinkard, Carolyn	University of South Florida	Region IV
Pinkard, Calvin M.	University of South Florida	Region IV
Pool, Donald A.	UT Health Science Center at Dallas	Region VI
Poppen, Roger	S.I.U. at Carbondale	Region V
Porter, Thomas	Auburn University	Region IV
Power, Paul	University of Maryland	Region III
Principato, Frank	New York University (student)	Region II
Pruitt, Walter A.	University of Wisconsin-Stout	Region V
Puckett, Frank D.	S.I.U. at Carbondale (student)	Region V

Pugh, Robert W.	University of Nevada-Las Vegas	Region IX
Radtke, Jean	University of Wisconsin-Stout	Region V
Ragozinno, Kristen	University of Wisconsin-Stout	Region V
Rasch, J. D.	University of South Florida	Region IV
Raymon, Reba	University of Alabama (individual)	Region IV
Reagles, Kenneth W.	Syracuse University	Region II
Reddock, Pamela	University of Tennessee	Region IV
Reidy, Katheleen	SUNY - Buffalo	Region II
Rice, Douglas	University of Arkansas	Region VI
Richardson, Bill K.	North Texas State University	Region VI
Riggar, Theodore F.	S.I.U. at Carbondale	Region V
Riordan, Richard J.	Georgia State University	Region IV
Rivera, Virgilio	University of Puerto Rico	Region II
Rivera, Beatriz	University of Puerto Rico	Region II
Roberts, Ralph	University of Iowa	Region VII
Roberts, C. David	University of Missouri-Columbia	Region VII
Robinson, Charles	Assumption College	Region I
Roessler, Richard	University of Arkansas	Region VI
Rogers, Mary	S.I.U. at Carbondale	Region V
Rosenthal, David	University of Iowa	Region VII
Rounds, James	SUNY at Buffalo	Region II
Rubin, Stan	S.I.U. at Carbondale	Region V
Rule, Warren R.	Virginia Commonwealth University	Region III
Ruscio, Thomas J.	Springfield College	Region I
Russert, Margaret	University of Wisconsin-Stout	Region V
Sabelli, Susan R.	Assumption College	Region I
Sakata, Robert	Univ. of N.Carolina at Chapel Hill	Region IV
Sales, Amos	University of Arizona	Region IX
Salomone, Paul R.	Syracuse University	Region II
Sanders, Charles D.	Coppin State University	Region III
Sanders, Johnny	Jackson State University	Region IV
Sauerberg, Vilia	University of Wisconsin-Milwaukee	Region V
Sawyer, Horace	University of Florida	Region IV
Sax, Arnold B.	University of Wisconsin-Stout	Region V
Saxon, John P.	University of Florida	Region IV
Scales, William R.	University of Maryland	Region III
Scalia, Vincent A.	University of Northern Colorado	Region VIII
Schindler, Susan	University of Wisconsin-Stout	Region V
Schmidt, Sue A.	University of Wisconsin-Stout	Region V
Schneck, Gerald R.	Mankato State University	Region V
Schroedel, John	University of Arkansas	Region VI
Schumacher, Mary	Multi-Resource Center, Inc.	Region V
Schumacher, B.	S.I.U. at Carbondale	Region V
Scofield, Michael	Seton Hall University	Region II
Scorzelli, James F.	Northeastern University	Region I
See, John D.	University of Wisconsin-Stout	Region V
Self, John M.	Eastern Montana College	Region VIII
Seligman, Milton	University of Pittsburgh	Region III
Sendelbaugh, Joseph	Northern Illinois University	Region V
Settles, Robert B.	University of Georgia	Region III
Seyfrit, Carole	University of Arkansas	Region VI
Shinnick, Michael	Auburn University	Region IV

Shrey, Donald E.	Boston University	Region I
Siddle, David	Assumption College	Region I
Sigmon, Gary	Appalachian State University	Region IV
Simon, Steven	Kent State University	Region V
Sims-Tucker, Benita	Coppin State College	Region III
Singleton, Herbert	Lincoln University	Region III
Sink, Jack M.	University of Georgia	Region IV
Sloan, Richard	Hofstra University	Region II
Smith, Mae S.	University of Arizona	Region IX
Smits, Stanley J.	Georgia State University	Region IV
Snow, Brent	Oklahoma State University	Region VI
Spaniol, Leroy	Boston University	Region I
Spitznagel, Ron	Auburn University	Region IV
Stano, Joseph	Springfield College	Region I
Starkweather, Jerry	University of Iowa	Region VII
Stegall, Phyllis	Auburn University	Region IV
Stephens, James E.	Georgia State University	Region IV
Stevens, Charles T.	Bureau for the Blind (associate)	Region VII
Steward, Shirley K.	University of Wisconsin-Stout	Region V
Stewart, William C.	University of Wisconsin-Stout	Region V
Stone, Christopher	University of Wisconsin-Milwaukee	Region V
Stout, John K.	University of Scranton	Region III
Stude, Everett W.	California State University-Fresno	Region IX
Swan, David L.	University of Wisconsin-Stout	Region V
Swenson, Eugene	UT Health Science Center at Dallas	Region VI
Swisher, John D.	Pennsylvania State University	Region III
Szuhay, Joseph A.	University of Scranton	Region III
Tamagna, Irene	George Washington University	Region III
Tamburri, Ernest L.	Seton Hall University	Region II
Thomas, Dale	University of Wisconsin-Stout	Region V
Thomas, Stephen W.	East Carolina University	Region IV
Thomas, Kenneth R.	University of Wisconsin-Madison	Region V
Thompson, John K.	Seattle University	Region X
Thoreson, Richard	University of Missouri	Region VII
Thornton, Leon	University of Arkansas	Region VI
Thurer, Shari	Boston University	Region I
Torossian, Claire	University of Wisconsin-Stout	Region V
Townsend, Joseph L.	California State University-Fresno	Region IX
Tritell, Anita	Hofstra University	Region II
Tucker, Inez	University of Arizona	Region IX
Tynes, Hunter A.	Seattle University	Region X
Ugland, Richard P.	Mankato State University	Region V
Underwood, Brannon	South Carolina State College	Region IV
Underwood, William	Virginia Commonwealth University	Region III
Ursprung, Alex W.	Pennsylvania State University	Region III
Vail, Peter	University of Oklahoma	Region VI
Vander Kolk, Chas.	University of South Carolina	Region IV
Vieceli, Louis	S.I.U. at Carbondale	Region V
Wainwright, Clinton	North Texas State University	Region VI
Walker, Martha L.	Kent State University	Region V

Watson, Albert	University of Hawaii	RegionIX
Watson, Douglas	University of Arkansas	Region VI
Wax, Teena	Gallaudet College	Region III
Weber, Bill	Stephen F. Austin State University	Region VI
Weldon, Rock	Auburn University	Region IV
Weitz, Cynthia	SUNY-Buffalo	Region II
Wesolek, John S.	University of Wisconsin-Stout	Region V
Whitaker, John	Tenn. Div. of Rehab. Serv. (assoc.)	Region IV
White, Francine	Gallaudet College	Region III
White, Steve	Seattle University	Region X
Wilhelm, Cynthia	Univ. of N.Carolina at Chapel Hill	Region IV
Wilkerson, Margaret	Arkansas Tech. University	Region VI
Wilkins, Ronnie	Memphis State University	Region IV
William, John	University of Scranton	Region III
Wilson, Marcie	Memphis State University	Region IV
Wilson, Thomas	South Carolina State College	Region IV
Wilson, W. C.	Central Missouri State University	Region VII
Witten, Barbara	University of Kentucky	Region IV
Wolfe, Richard R.	University of Northern Colorado	Region VIII
Wolkstein, Eileen	New York University	Region II
Woodrick, William	University of Tennessee	Region IV
Wright, George N.	University of Wisconsin-Madison	Region V
Wright, Keith C.	Virginia Commonwealth University	Region III
Yonai, James A.	Pennsylvania State University	Region III
Zieziula, Frank	Gallaudet College	Region III
Zuckerman, Lawrence	Hofstra University	Region II
Zwillinger, Gene	San Francisco State University	Region IX

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NCRE REPORT

NATIONAL COUNCIL ON REHABILITATION EDUCATION

"A Professional Organization Dedicated To Quality Services For Persons With Disabilities Through Education and Research"

S. Mae Smith, Editor | Volume 10, Number 3 | Spring, 1984

MEETINGS! MEETINGS! MEETINGS!

NCRE WINTER BOARD MEETING
Alexandria, Virginia
February 7-9, 1984

The NCRE Board met February 7-9 in Alexandria, Virginia. The agenda included individual meetings with Congressional representatives as well a Congressional Reception. **Dr. Douglas Fenderson,** Director, National Institute on Handicapped Research, discussed the Rehabilitation Manpower Needs Study contemplated by NIHR. Discussions of the NCRE Board with **Dr. Spickler** and staff included such topics as: RSA training priorities, grant proposal timetable, peer review, manpower needs analysis, disparities of categorical training grant projects.

Other agenda items included: administrative secretary services, suggested reorganization alternatives for NCRE, Rehabilitation Educator of the Year, pre-AACD NCRE Retreat, NCRE Program at AACD, NCRE Research Study.

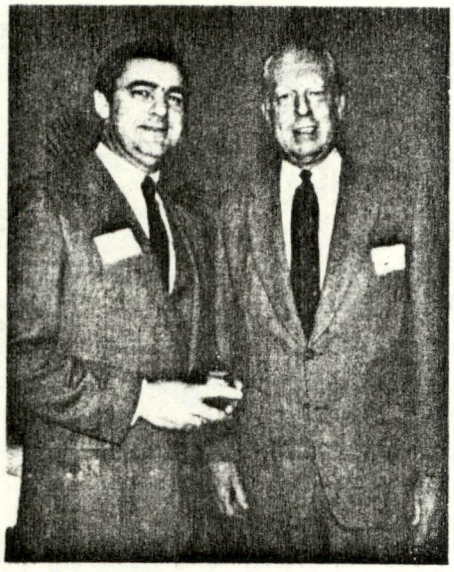


Photo by Joe Afandor

During the reception at the Winter Board Meeting, NCRE President Ken Reagles visits with Senator Stafford from Vermont.



Photo by Joe Afandor

Dr. Fenderson from NIHR explains the need for evaluation studies and the timeliness for field initiated research at the NCRE Winter Board Meeting.

MINUTES - NCRE EXECUTIVE BOARD MEETING
Houston, Texas
March 20, 1984 — 8:30-12:00 Noon

Present: Ken Reagles, Ann Meyer, Norman Nursh, Marita Danek, Chris Geist, Dennis Maki, Paul McCollum, Bill Downey, Joe Afandor, Marvin Kuehn, Dwight Kauppi, Jeanne Boland Patterson, and Garth Eldridge (for Vince Scalia)

Absent: Jack Sink

Guests: Bill Graves, Jerry Gandy, Ralph Matkin, George Wright and Dick Ugland

President Ken Reagles called the meeting to order. The **minutes** from the 2/7/84 NCRE Executive Board Meeting were distributed and approved. Marv Kuehn presented the **financial report** which was accepted. All the dues which were expected have been collected and NCRE has a cash balance of $3,346.02. an Ad Hoc Committee composed of Bill Downey, Bill Graves, Marv Kuehn, Eric Martin, and Jeanne Patterson was appointed to look at alternative strategies for generating income. The Board took a few minutes to brainstorm various alternatives for income.

CHANGE MAKERS: INDEPENDENT LIVING AND REHABILITATION EDUCATION

Lex Frieden

I am pleased to have this opportunity to reflect on the linkages between rehabilitation education and independent living. The independent living and rehabilitation education movements have had substantial impacts on one another during the past decade. Rehabilitation educators have played important roles in the independent living movement as it has progressed. Without taking the risk of forgetting to name someone, suffice it to say that this author personally knows and respects a comparatively large number of educators in the field of rehabilitation who were not only supportive of but in some ways partly responsible for beginning the independent living movement and helping to maintain its momentum. Rehabilitation educators helped to write and, in some cases, to fund grant proposals for independent living organizations. They helped to plan programs and to organize advocacy groups. Some of them began to practice affirmative action before it was required. **Perhaps most importantly, rehabilitation educators have helped to validate and reinforce the progressive ideas, principles, and methods of the independent living movement.** They have additionally served as linkages between the occasionally polarized independent living-oriented consumer advocates and establishment-oriented rehabilitation services providers and program administrators.

Although documentation would be nearly impossible, I suspect there is some casual relationship between the first four or five independent living programs and the major post-secondary educational institutions which existed nearby them. In the case of the Center for Independent Living, the educational institution was the University of California at Berkeley. In Ann Arbor, it was the University of Michigan. In Houston, it was both the University of Houston and Baylor College of Medicine, and in Champaign Urbana, it was the University of Illinois. Finally, in Boston, it was Tufts University at the New England Medical Center. In each of these cases, independent living program founders and activists were closely associated with or affiliated with the respective universities in their community. In many cases, rehabilitation educators have either worked directly or behind the scenes to help establish independent living programs.

Just as rehabilitation education has influenced the independent living movement, the independent living movement has influenced rehabilitation education. Perhaps the first tangible product of this influence was a joint position paper on independent living rehabilitation training needs which was developed jointly by the American Coalition of Citizens with Disabilities, the Council of State Administrators of Vocational Rehabilitation, and the National Council on Rehabilitation Education. This paper, dated August 1979, was the result of two meetings which occurred during 1979. The first meeting was a conference held in New Orleans on January 10-11, 1979. The purpose of this conference was to examine the personnel issues related to the independent living section of the 1978 amendments to the Rehabilitation Act of 1973. This meeting was sponsored by NCRE and CSAVR under a grant from the Rehabilitation Services Administration. In addition to representatives of their own organizations, the conference sponsors invited representatives from the American Coalition of Citizens with Disabilities to join them. The participants at New Orleans laid the groundwork for a later meeting which occurred in Houston on February 11-12, 1979. Eight representatives from the three organizations were appointed to attend the Houston meeting and develop a consensus report on personnel utilization and needs related to independent living which could be endorsed by each of the three groups. Attending the Houston meeting were Glen Geist, Jack Kite, and William Graves representing NCRE; Lex Frieden, Durwood McDaniel, and Jeff Moyer representing ACCD; and Pete Griswold and Jim Wigton representing CSAVR.

Among the **recommendations included in the 1979 report** were two on which I would like to focus your attention. First, the report suggested that **all rehabilitation education programs should include consumers,** especially those representing organized consumer groups, **on their advisory bodies.** Second, the report suggested **independent living content should be requisite in the curricula of rehabilitation education programs seeking accreditation** by the Council on Rehabilitation Education, Inc. (CORE).

Survey Results

In order to obtain some data about the extent to which recommendations of the 1979 joint report have beem implemented by rehabilitation education programs, a nonscientific survey was mailed to 197 university-based programs which advertise courses in rehabilitation or which receive funding from RSA or NIHR. **Fifty programs** responded to this request for information and of those 50, **40 schools indicated that they offer courses with significant independent living content.** The fact that only 50 schools responded to this request for information does not necessarily indicate that 147 other schools engaged in rehabilitation education activities do not offer courses with substantial independent living content. Some may not, but most surveys were probably not returned due to time constraints, wrong mailing addresses, and lack of a suitably compelling argument for completing the survey by this researcher. As a matter of fact, two of the NCRE members who responded to the survey request (one with data and the other without) mentioned that the survey request did not indicate any formal sanction by the NCRE Research Committee. At the time, I was not aware that NCRE had such a committee, and for those of you who were so concerned, please accept my profound apologies for not knowing.

With respect to the issue of involving consumers in advisory capacities, **two thirds of the programs** which responded to the survey **indicated that disabled people are substantially involved** in the process of course planning and curriculum development. Most of these programs indicated that consumers are formally involved in their programs as advisory group members. From my experience in Texas and the surrounding region, I would say that some programs have made a consistent and determined effort to locate representative consumers and involve them substantially in advisory capacities. Other programs have either

(Continued on page 10.)

Research on Qualifications and Education continued.

wide variety of views on rehabilitation education and practice are integrated. Marita Danek and I as co-chairs of the Research Committee have prepared the application. It calls for three years of funding with the third year used to promote utilization of research results. **While its researchable problems and strategies were set forth entirely independently of the Scofield critique prepared at about the same time, the application remarkably corrects for these past deficiencies in rehabilitation practitioner research.**

(George Wright is Co-Chair of the NCRE Research Committee.)

completely ignored the need to do this or they have done so in a token way. An example of one school in our region which has done an extremely credible job of involving consumers in decision making advisory capacities is the **University of Arkansas.** For the past six years, the University of Arkansas has sought consumer input throughout the development of virtually all of their rehabilitation education programs, including short and long term training programs and the rehabilitation continuing education program. I am told by many of my disabled friends in the independent living movement who reside in other regions of the country that this is exceptional. **The survey respones indicate that some programs clearly value consumer input more than others. Perhaps these other programs are the same ones that communicate with advisory groups only when a grant continuation proposal is due.**

Regarding the degree to which rehabilitation education programs have incorporated independent living content into their curricula, 80% of the respondents to the survey (40 schools) indicated that they offer courses with significant independent living content. Thirty-three of these schools offer courses at the Master's level, nine at the Bachelor's level, seven at the Doctoral level, and five offer courses in the area of continuing education. Some programs obviously address courses to students at more than one level. In total, 143 courses are offered by these 40 schools which focus a substantial portion of their content on independent living. The average number of courses with content in these areas offered by the 40 schools is roughly four. The range is from one to 13 courses, and the mode is one. Sixteen of the 40 schools offer courses which appear to focus their content almost exclusively on independently living. Twenty-nine such courses in all are offered by the 16 schools. The range of these predominantly independent living-oriented courses is one to five, and the mode is one. Thus, **roughly 20% of all the courses offered which provide substantial content in the area of independent living appear to focus almost totally on that subject alone.**

With respect to the CORE accreditation standards, **several of the programs which responded to the suvey suggested that the standards prohibit them from adding required courses to their curricula which focus on independent living.** This information conflicts with that provided by CORE officials who state that the CORE standards do encourage the incorporation of independent living content in existing curricula. Furthermore, responses to the survey from **some programs** indicated that those programs purposefully **developed courses with independent living content** as a result of their desire **to maintain accreditation by CORE. Perhaps it is an understatement to suggest that some confusion exists regarding accreditation standards in the field.**

A close examination of the 40 programs which reported courses with substantial content related to independent living reveals five programs which are, **by comparison, doing an exceptional job of exposing students to course matter in the area of independent living.** These five are the **University of Arkansas,** the **University of Nebraska at Lincoln, Mankato State University in Minnesota,** the **University of Arizona,** and **Florida State University.** Both the University of Arkansas and the University of Nebraska offer Master's degrees with specialties in the area of independent living. These programs support their specialty by offering a combination of courses which focus strictly on independent living and those which integrate substantial amounts of independent living content in more generic courses. Mankato State offers a variety of courses to students at both the Bachelor's and Master's level. Mankato State is also in the process of conducting an extensive needs assessment related to training needs in independent living. Their faculty plan to use the results of this study to adjust their present curriculum appropriately and to develop new courses as indicated by the need. Those schools which actually offer the most courses with significant independent living content are the University of Arkansas, the University of Arizona, and Florida State University. These programs have apparently made systematic efforts to assure that significant independent living-related course content is included throughout their entire curricula. Of note also is that the **University of Delaware** offers a Master's degree with a specialty in independent living. However, this program is not now admitting new students.

In spite of the many reasons why programs may have not responded to this request for information, of interest is that 20% of the programs which responded to this survey indicated that they did not offer courses with significant content in the areas of independent living. This information was provided voluntarily even though the original request for information implied that no response was necessary if no activities were occurring in this area. **Perhaps there is a large percentage of rehabilitation education programs which more than a decade after the independent living movement began still do not offer courses with significant content** in the area of independent living.

Regardless of the extent to which independent living content thus far has or has not been incorporated into course curricula of rehabilitation education programs, several outstanding training needs related to independent living exist. **With close to 200 programs employing roughly 2,000 professionals and paraprofessionals working in the field of independent living, there is a need for increased training** in the areas of independent living program management and administration, personnel management, and program accounting. There is a need for training in the areas of grantsmanship and fund raising. There is a need for training related to program evaluation, long-range planning, networking, advocacy programming, board development, information-and-referral program operation and management, and so forth. Besides the people who are working directly in independent living programs, there is a need for people working in allied positions within the rehabilitation field to understand the independent living philosophy and independent living programs. Thus, it would seem reasonable to expect all rehabilitation education programs to include substantial course content either in existing courses or in newly developed courses related to independent living. By doing so, **programs can insure that their students will be exposed to what many people believe are the most important driving forces in the field of rehabilitation today.**

In summary, there is evidence that the independent living and education movements have influenced one another in progressive ways. There is, however, an ongoing need for the people who are working in these areas to maintain communications, to advocate for each other, and to cooperate by contributing to each other's programs. People in the independent living field should serve on education program advisory bodies; they should serve as adjunct faculty members in rehabilitation education programs; and they should provide settings for research and practicum experience. Rehabilitation educators should serve on independent living program boards and advisory groups; they should insure that people working in rehabilitation are familiar with the concepts and principles generally associated with the independent living movement;

(Continued on next page.)

VIEWPOINT continued.

TRAINING NEEDS FOR WORKERS IN POST SECONDARY DISABLED STUDENTS PROGRAMS

Kent Kloepping and Kay Lesh

Responding to the needs of disabled students at the post secondary level requires specialized knowledge and training on the part of practitioners. In order to adequately understand these requirements, we must first look at four main functions of a disabled students program: education, advocacy, technical assistance and service delivery.

The **educational function** of a disabled students program serves the needs of both the institution and the disabled student. The program has the unique opportunity to educate the institution about the special needs and potential contributions of the student with a disability. The removal of attitudinal barriers that are based on stereotypes and misconceptions is a key educational role. For the student, the program can help develop problem solving and self-advocacy skills as well as an understanding of educational rights and responsibilities.

In its **advocacy** function, the disabled students program works to ensure equal educational opportunities for students within the institution. The program can exercise its advocacy role not only in the classroom but also in such campus-wide areas as admissions, registration, financial aids, housing, social, recreational and cultural affairs.

The disabled students program also provides **technical assistance** to the institution and the student in curriculum development and modifications, use of auxiliary aids, architectural barrier removal, and integration of the disabled student into the mainstream of campus life. Availability to serve in a consultant role in technical matters is an important function of a viable program.

Service delivery is the most visible and therefore the most easily indentifiable function of a disabled students program. This function includes provision of academic support services such as interpreters, readers, writers, laboratory assistants, tutors and notetakers. These services may be provided directly by program staff or coordinated through other campus resources.

These four functions are keys to meeting the needs of disabled students at the post secondary level and have implications for training and staffing requirements. While acknowledging the diversity of staffing patterns that exist within disabled student services programs at the post secondary level there are several "core" groupings of professional staff which are typical of most programs across the country:

a. **Administrative** or **supervisory staff** (director, assistant director)
b. **Counseling staff** (trained counselors)
c. **Service coordinators** (specific program areas, i.e., interpreting services, learning disabled, notetaking, athletics and other academic support services)

These three groupings we believe will represent the majority of disabled student services program staff. There are other types of professional support staff (i.e., medical services personnel) affiliated with individual programs, but they represent unique staffing patterns at a particular institution and are not the general rule.

Training for workers in a post secondary disabled students program should be at least at the Master's level if workers are to have sufficient credibility to be viewed as professionals. Program personnel will be interacting with faculty and administrative staff and will thus need sufficient credentials to be viewed as a colleague.

In addressing specific content areas for training, an understanding of disability issues and their impact on individual functioning is a critical need. This area should be supplemented by knowledge of life span and developmental changes which occur at the post secondary level. An awareness and understanding of the changing trends in higher education today is vital in order not only to understand the effect of a disability on the individual but also the impact the disabled student has on the campus community.

Because the practitioner is in a position where both the needs of the institution and the student must be considered, high level communication skills are required. The professional must be skilled in clear assertive communication in order to link these two areas. Training in counseling is mandatory and is closely related to communication skills. A high level of competency is necessary whether practitioners actually do the counseling or refer to another resource. Training in the organization, administration and evaluation of student service programs in higher education, as well as supervisory skills are crucial in successfully directing program activities. Finally staff must have an in-depth knowledge of campus and community resources to effectively meet student needs.

To our knowledge there are no training programs given over specifically to the development of professional personnel for disabled student service programs. Given the very high probability that the vast majority of colleges and universities across the United States have programs serving disabled students at the post secondary level, **it is critical that professional training needs be addressed.**

We propose the development of interdisciplinary training models for Disabled Student Services personnel, which combine curricula from traditional disciplines such as Higher Education, Rehabilitation, Student Services, Management, Counseling and Special Education.

For Administrative personnel the preferred major field would be Higher Education, with minors or supporting areas in Student Personnel, Rehabilitation and Management. For Counseling staff, strong theoretical training and experiential learning in counseling with additional work in disability awareness (e.g., Special Education, Rehabilitation) is essential. Lastly, for the Service Coordinators, competency in disability awareness, student personnel services, organization in Higher Education along with training in the specialty area (i.e., physical therapy, athletics, or nursing), is required. **With the continued growth of programs and the increasing need for sophisticated service delivery systems, high quality professional staff are essential for the 80's.**

(**Kent Kloepping** is Director of and **Kay Lesh** is a Counselor in the Disabled Student Services Program, University of Arizona.)

Independent Living continued.

and they should provide opportunities for people, particularly those who are disabled, to learn to be experts in the philosophy and practice of independent living. **By working together, independent living advocates and educators can lead rehabilitation into the 21st century.**

(**Lex Frieden** is Director of the Independent Living Research Utilization project at The Institute for Rehabilitation and Research and Assistant Professor of Rehabilitation at Baylor College of Medicine, Houston, Texas. He is the recipient of a fellowship from the World Rehabilitation Fund to study programs for disabled people in Europe.)

STATEMENT OF PHILOSOPHY

Rehabilitation, because it is individually tailored to the unique needs of each disabled person seeking assistance, depends upon well-prepared professionals to deliver a wide range of services. Whether these services are medical, psychological, social, or vocational, the quality provided is directly related to the competence and skill of the provider.

It is estimated that 35 million United States citizens have physical, mental, or psychological disabilities that prevent them from holding jobs. Deinstitutionalization has become a national trend and independent living a national goal. NCRE believes that because of these issues, professionals who provide specific rehabilitation services are needed now more than at any previous time in our American history.

The primary thrust of all rehabilitation education emphasizes preparation and maintenance of professonal standards in the field of rehabilitation through quality education and relevant research.

To accomplish our goals, professionals must be educated in academically sound, professional training programs and be available to meet new and vacated positions in the complex rehabilitation service delivery system in America. Employed professionals must also have opportunities to maintain and improve skills and be exposed to new intervention strategies and issues through in-service/continuing education programs.

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National Council on Rehabilitation Education

Facilitating Employment, Independence, and Adjustment of Persons with Disabilities

AN INVESTMENT IN THE FUTURE...

WHAT IS REHABILITATION EDUCATION?

Because of the complexity of potential problems faced by persons with disabilities, the services of different types of professionals may be needed. Rehabilitation Education refers to the philosophy and rehabilitation knowledge base needed by all service providers concerned with vocational, psychological, and social adjustment of the disabled. It also represents a concept that includes a group of professions that may work together to meet the needs of disabled adults.

NEED FOR TRAINED PROFESSIONALS

Adjustment to the loss of ability or skill to perform on a job is often a difficult problem for the disabled, thus, specialists with expertise in vocational rehabilitation are extremely important in helping the disabled gain and maintain employment. The consumer often needs help or consultation from a specialist trained to help him effectively deal with the impact of an illness or disability; rehabilitation education programs provide this kind of training.

EMPLOYMENT AND INDEPENDENCE AS GOALS

What academic training is necessary for the rehabilitation professional to help an adult who has become severely disabled due to a car wreck and is unable to return to a former job? Are there qualified professionals available to assist the individual with a chronic disabling disease having personal adjustment and vocational difficulties? What are the employment implications for the individual coping with alcoholism, a pyschiatric problem, mental retardation, or a neurological disease/condition?

NCRE is particularly concerned with the qualifications of those who can provide these needed services to such adults. Quality professional services are directed toward the ultimate goal of job placement, personal adjustment, and independence/self-sufficiency.

BELIEF IN POTENTIAL

The assumption that the disabled have motivation to regain or develop abilities and contribute to society is a fundamental premise of rehabilitation education. Full participation in American society for citizens with disabilities has been a goal shared by Congress, state and local agencies, and rehabilitation educators and researchers since 1954 when federal training funds were authorized for rehabilitation education programs.

COST EFFECTIVENESS OF REHABILITATION EDUCATION

With federal funding of rehabilitation education programs many NCRE members have been able to train qualified professionals to help disabled persons gain or regain employment and become respected wage-earners/tax payers. Personnel who have been educated to evaluate a disabled individual's work potential in light of medical, vocational, and/or psychological factors are better prepared to support that individual in obtaining gainful employment.

Many professionals trained through rehabilitation education programs provide services in the state/federal vocational rehabilitation program administered by the Rehabilitation Services Administration. Without qualified personnel in these programs and the related supporting facilities this national delivery system would not have become one of the most cost-effective service/training programs in the country.

VARIETY OF SERVICES NEEDED BY THE SEVERELY DISABLED

Physical restoration may be the first phase of helping a severely disabled individual return to employment and/or achieve independence; however, additional specialists may also be necessary to promote personal adjustment and to help the disabled achieve gainful employment. Professionals such as rehabilitation counselors, vocational evaluators, mobility trainers, facility administrators, placement specialists, and others provide needed services that enable disabled persons to attain the education, skill, and eventual employment to ensure reintegration and adjustment in society.

National Council on Rehabilitation Education, Inc.

PROFESSIONAL REHABILITATION EDUCATION AND RESEARCH

SCOPE OF REHABILITATION EDUCATION AND RESEARCH

The maintenance of professional standards and utilization and application of rehabilitation research are the ultimate goals of NCRE. Rehabilitation education programs are expected to include curriculum content and field experiences directly relevant to the vocational rehabilitation of severely physically and mentally disabled individuals.

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Members participate in long-range planning and peer review with the Rehabilitation Services Administration and contribute to the professional literature in the field. Members meet with various House and Senate committees to assist them in understanding the value of rehabilitation services and education. Testimony is also provided for continued federal support of the comprehensive vocational rehabilitation services program and for funding professional rehabilitation training and research programs.

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COMMITMENT TO DIGNITY AND ABILITY

NCRE supports the concept that, "It's ability that counts, not disability." Students are recruited to academic programs who accept this premise and in-service/continuing education programs adopt this concept as a philosophical foundation for training. Through Vocational and Independent Living Rehabilitation, nearly 1 million persons with disabilities are assisted annually in their efforts to become working, productive, independent members of society. To assist more persons in the future gain dignity and be seen as capable, NCRE constantly strives to revise education curricula, update professional standards, and engage in relevant research activities.

MEMBERSHIP

It is the intent of NCRE to represent all rehabilitation educators, trainers, researchers, doctoral students, and others primarily concerned with the preparation and maintenance of professional standards for individuals who provide services to persons who are disabled. The primary membership shall be comprised of the following groups:

A. Rehabilitation Counselor Educators, that is, individuals with the primary responsibility of training rehabilitation counselors at the master's level.

B. Rehabilitation Services Educators, that is, individuals training students at the undergraduate level.

C. Rehabilitation Continuing Educators, that is, those rehabilitation educators providing continuing education services to rehabilitation personnel in state vocational rehabilitation agencies, rehabilitation facilities serving the handicapped, and related allied rehabilitation programs.

D. Vocational Evaluation and Rehabilitation Facility Educators, that is, those educators training evaluators to assess vocational potentials and liabilities of the handicapped population and provide services within rehabilitation settings to better enable handicapped individuals to adjust to work.

E. Facility Administration Educators, that is, those educators who provide skills and knowledge necessary to better administer programs to handicapped populations.

F. Rehabilitation Research and Training Center, and Rehabilitation Research Institute personnel, that is, personnel whose goals and interests are consistent with NCRE.

G. Any other educator/researcher in the field of rehabilitation whose aims are consistent with those of NCRE, i.e. In-service Training Specialists from state agencies.

H. A Doctoral candidate in a rehabilitation education or research program whose career goal is rehabilitation research and/or education. Students should be recommended by the Coordinator of such programs; the program should be an institutional member.

Membership shall be limited to those individuals and institutions whose primary identity is rehabilitation and whose functions are consistent with the goals and objectives of NCRE. The basic requirements for individual membership are that the individual possesses an identity and/or job description primarily of a rehabilitation education, training, or research nature.

A. <u>Institutional Membership</u> - $250

Certified individual membership (within an institutional program) shall be annually designated by the coordinator or director of each rehabilitation program. The coordinator's recommendation will then be forwarded to the President-elect and the Membership Committee who will review and recommend approval or disapproval to the Board. Certified individual members shall be entitled to one vote in all NCRE elections and such policy matters that are voted upon by the general membership. It is the intent of NCRE to be made up primarily of institutional members, from which certified individual members are drawn.

B. Individual Membership (non-institutional) - $30

If institutional membership is prohibited by law, or prohibited by written institutional policy, certified individual membership may be granted, by majority vote of the Board, to individuals in the given institution or agency. Evidence of institutional membership restriction must be substantiated by a letter from the applicant to the President-elect. Any individual may appeal to the board any decision regarding their status. In every instance institutional membership shall be encouraged. It is the respective regional representative's responsibility to provide whatever technical assistance possible for the encouragement of institutional membership.

C. Associate Membership - $15

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STATEMENT OF PHILOSOPHY

Rehabilitation, because it is individually tailored to the unique needs of each disabled person seeking assistance, depends upon well-prepared professionals to deliver a wide range of services. Whether these services are medical, psychological, social, or vocational, the quality provided is directly related to the competence and skill of the provider.

It is estimated that six million United States citizens have physical, mental, or psychological disabilities that prevent them from holding jobs. Deinstitutionalization has become a national trend and independent living a national goal. NCRE believes that because of these issues, professionals who provide specific rehabilitation services are needed now more than at any previous time in our American history.

The primary thrust of all rehabilitation education emphasizes preparation and maintenance of professonal standards in the field of rehabilitation through quality education and relevant research.

To accomplish our goals, professionals must be educated in academically sound, professional training programs and be available to meet new and vacated positions in the complex rehabilitation service delivery system in America. Employed professionals must also have opportunities to maintain and improve skills and be exposed to new intervention strategies and issues through in-service/continuing education programs.

Legislative Office:

NATIONAL COUNCIL ON REHABILITATION EDUCATION
% Jack G. Duncan
Legislative Consultant
738 9th St. S.E.
Washington, D.C. 20003

Administrative Office:

NATIONAL COUNCIL ON REHABILITATION EDUCATION
% Marvin D. Kuehn, Ed.D.
Administrative Secretary
Emporia State University EP - 334
1200 Commercial
Emporia, KS 66801

National Council On Rehabilitation Education

AN INVESTMENT IN THE FUTURE...

WHAT IS REHABILITATION EDUCATION?

Because of the complexity of potential problems faced by persons with disabilities, the services of different types of professionals may be needed. Rehabilitation Education refers to the philosophy and rehabilitation knowledge base needed by all service providers concerned with vocational, psychological, and social adjustment of the disabled. It also represents a concept that includes a group of professions that may work together to meet the needs of disabled adults.

NEED FOR TRAINED PROFESSIONALS

Adjustment to the loss of ability or skill to perform on a job is often a difficult problem for the disabled, thus, specialists with expertise in vocational rehabilitation are extremely important in helping the disabled gain and maintain employment. The consumer often needs help or consultation from a specialist trained to help him effectively deal with the impact of an illness or disability; rehabilitation education programs provide this kind of training.

EMPLOYMENT AND INDEPENDENCE AS GOALS

What academic training is necessary for the rehabilitation professional to help an adult who has become severely disabled due to a car wreck and is unable to return to a former job? Are there qualified professionals available to assist the individual with a chronic disabling disease having personal adjustment and vocational difficulties?

NCRE is particularly concerned with the qualifications of those who can provide these needed services to such adults. Quality professional services are directed toward the ultimate goal of job placement, personal adjustment, and independence/self-sufficiency.

BELIEF IN POTENTIAL

The assumption that the disabled have motivation to regain or develop abilities and contribute to society is a fundamental premise of rehabilitation education. Full participation in American society for citizens with disabilities has been a goal shared by Congress, state and local agencies, and rehabilitation educators and researchers since 1954 when federal training funds were authorized for rehabilitation education programs.

COST EFFECTIVENESS OF REHABILITATION EDUCATION

With federal funding of rehabilitation education programs many NCRE members have been able to train qualified professionals to help disabled persons gain or regain employment and become respected wage-earners/tax payers. Personnel who have been educated to evaluate a disabled individual's work potential in light of medical, vocational, and/or psychological factors are better prepared to support that individual in obtaining gainful employment.

Many professionals trained through rehabilitation education programs provide services in the state/federal vocational rehabilitation program administered by the Rehabilitation Services Administration. Without qualified personnel in these programs and the related supporting facilities this national delivery system would not have become one of the most cost-effective service/training programs in the country.

VARIETY OF SERVICES NEEDED BY THE SEVERELY DISABLED

Physical restoration may be the first phase of helping a severely disabled individual return to employment and/or achieve independence; however, additional specialists may also be necessary to promote personal adjustment and to help the disabled achieve gainful employment. Professionals such as rehabilitation counselors, vocational evaluators, mobility trainers, facility administrators, placement specialists, and others provide needed services that enable disabled persons to attain the education, skill, and eventual employment to ensure reintegration and adjustment in society.

National Council on Rehabilitation Education

PROFESSIONAL REHABILITATION EDUCATION AND RESEARCH

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Lef

M E M O R A N D U M

TO: Marcus J. Fuhrer, Ph.D.

FROM: Lex Frieden

DATE: June 18, 1984

As you requested, I am sending copies of information on the National Council on Rehabilitation Education. I have also enclosed a list of rehabilitation service providers and education and training programs in our region. Perhaps this information will be useful to you in recruiting for the position of director of education. Please call me if I can help further.

LF:rms

National Council on Rehabilitation Education

"A Professional Organization Dedicated To Quality Services For Persons With Disabilities Through Education and Research"

ADMINISTRATIVE OFFICE
MARVIN D. KUEHN
Administrative Secretary
Rehabilitation Programs
Emporia State University
1200 Commercial
Emporia, Kansas 66801
316-343-1200 Ext. 469

LEGISLATIVE OFFICE
JACK G. DUNCAN
Legislative Consultant
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Washington, D.C. 20007
202-232-6963

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University of Arizona
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Seattle University

8/83 ESP 29746

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Represented in our institutional members are academic programs including such areas as: rehabilitation services (BS), rehabilitation counseling (MS and Ph.D.), placement, administration, vocational evaluation, and special programs in continuing education, independent living, and research and training centers. In addition, membership is open to doctoral students in rehabilitation education and research and individuals from both public and private agencies/programs that provide rehabilitation services directly.

Benefits of membership include national identification and recognition as a program or individual involved in the specialized training/research field of rehabilitation. Activities of the Council include communication with other educators/researchers on matters such as training/workshop opportunities, curriculum improvements, recruitment of students, coordination of research, professional standards, employment of graduates, and sources of funding. In addition, all certified individual members receive the NCRE Newsletter and legislative updates through the Legislative Committee of NCRE and our legislative consultant in Washington, D.C.

Each year NCRE provides testimony for the continuation of federal funding support for rehabilitation services, training, and research at House and Senate hearings. Accreditation standards and certification standards are also continually monitored.

Membership in NCRE will be important in carrying out our goals and should help you keep informed on the latest issues being discussed in related professional organizations as well as the Administration and Congress. Our ability to have an impact on the quality of rehabilitation services to persons with disabilities is a function of the size of our membership and the involvement of our individual members.

National Council on Rehabilitation Education

This is to verify that

DR. LEX FRIEDEN

is an individually certified member of the NATIONAL COUNCIL ON REHABILITATION EDUCATION for the year 1983-1984 *and is hereby granted all rights and privileges pertaining to such membership.*

October 25, 1983
Date

Kenneth O. Ringler
President

RSA NATIONAL TASK FORCE ON TRAINING

FINAL REPORT

CHAIRPERSONS

Delbert E. Frost

Paul R. Hoffman

March 21, 1984

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APPENDIX

I. BACKGROUND

Since its inception in 1954, the RSA training effort has been considered successful in preparing individuals for rehabilitation service or maintaining and extending their skill levels. Nevertheless, as the scope of the program expanded, new knowledges became available, and the demands for quality service increased, a redefinition as to the purpose of RSA training and a more responsive and effective system of management of the training program was found to be necessary.

To secure external input to recommend changes, Mr. George Conn, Commissioner of the Rehabilitation Services Administration, appointed a National Task Force on Training. The Task Force was constituted to include representation by state vocational rehabilitation agencies, degree and non-degree university programs, continuing education, public and private sector of training, minority based programs, professional organizations, rehabilitation facilities, and different professional organizations. The central and regional offices of RSA were represented in an ex-officio capacity. Mr. Del Frost, Administrator for the Rehabilitation Division of the Department of Human Services for the State of Nevada and Dr. Paul Hoffman, Executive Director of the Stout Vocational Rehabilitation Institute of the University of Wisconsin-Stout were appointed Co-Chairs of the Task Force.

The Task Force was organized into three working committees with objectives assigned to each committee for discussion and the development of position papers. Committees and their assignments are listed below. Task Force objectives are listed only by number because they are stated in full in the next section of this report.

Group A:

Assignment: Task Force Objectives 1 and 3

Members:
Murray Freed (Co-Chairperson)
Glen Geist (Co-Chairperson)
Del Frost
Martha Walker
Patty Ruegg
Martin Spickler (RSA Ex-Officio)

Group B:

Assignment: Task Force Objective 2

Members:
Peter Griswold (Chairperson)
Carol Dunlap
Fred McFarlane
Constance Palms
Martha Carrick (RSA Ex-Officio)

Group C:

Assignment: Task Force Objectives 4 and 5

Members:
Brockman Schumacher (Chairperson)
Paul Hoffman
John Lapidakis
Carl Shawhan
Miriam Walker (RSA Ex-Officio)
Delores Watkins (RSA Ex-Officio)

Editorial Committee:

Paul Hoffman (Chairperson)
Glen Geist
Peter Griswold
Fred McFarlane
Brockman Schumacher
Miriam Walker (RSA Ex-Officio)

The full Task Force met four times during the 1982-83 years at the RSA Regional Office in Chicago. Dates of the meetings were May 25-26, 1982; October 27-29, 1982; January 26-27, 1983; and May 3-4, 1983. After the October 1982 meeting, a report entitled "Short-Term Recommendations" was submitted to the Commissioner of Rehabilitation Services Administration

as input from the Task Force into the 1983 training grant process. A copy of this report appears in the Appendix.

Upon completion of the work of the full Task Force, an editorial committee was appointed. This committee met in Chicago, February 27-28, 1984 to draft the final report. Prior to submission of this report to the Commissioner, it was reviewed by the full Task Force via the mail.

II. MISSION AND OBJECTIVES

Mission:

To evaluate the purpose and scope of the RSA Training Program and to develop recommendations for a management system for this program.

Objectives:

1. To develop an operational definition of "balance" and the boundary of the rehabilitation field for which training grant funds will be utilized.
2. To recommend elements of a management system:
   a) to determine manpower needs and collecting data to document those needs, and
   b) to evaluate and monitor program impact in terms of responsiveness to RSA program mission and objectives
3. To recommend a system for determining the types and levels of training (pre-service/post-employment) needed to meet the demand for skilled personnel in the rehabilitation fields.
4. To recommend strategies to integrate all training activities into both short and long-range RSA planning and to ensure incorporation of RSA priorities and initiatives into Rehabilitation Training Program planning.

5. To recommend strategies to develop RSA linkages that will preclude duplication of effort and provide a mechanism for the integration of other related training activities into RSA planning strategies which focus on meeting skilled rehabilitation manpower demands.

III. HISTORY OF REHABILITATION TRAINING

In 1954, the Rehabilitation Services Administration provided grants to public and nonprofit agencies and organizations, including institutions of higher education, to assist in increasing the numbers of personnel trained in providing vocational rehabilitation services to handicapped individuals and to improve the quality of professional practice in providing rehabilitation services.

In 1965, appropriations for rehabilitation training were 19.8 million with funding including 38 educational institutions. Educational institutions receiving funding increased to 72 by 1970 while funding for training increased to 30.5 million dollars in 1979. By 1983 approximately 229 rehabilitation training programs and 76 state VR in-service programs were being partially supported by a significantly reduced training appropriation of 19.2 million dollars.

New client groups and tasks have emerged since the early years of emphasis on long term pre-service training. With the 1973 Amendments the Congress mandated that RSA give priority to the severely handicapped. In addition to expanded services to the severely physically handicapped, there has been increased emphasis on the mentally retarded and other developmental disabilities, the learning disabled and the severe neurotic and psychotic conditions. Substance abuse and personality disorders have also received increasing attention.

Parallel to increased legislative emphasis on the above populations, the need for additional knowledge and skills emerged. Needs for specialized training in rehabilitation, development of social and recreational skills, specialized job placement, and independent living are examples. Further, rehabilitation workers now must relate to and explain services to consumers and advocacy groups, workers compensation agencies, and sometimes to the courts or other legal hearings. The realities of service delivery, increased emphasis on special client groups combined with the need for a larger body of knowledge and skills has led to an expanded need for training.

The scope of the Rehabilitation Training Grant Program has expanded since its initial years and now includes:

1. Long-term training grants which provide institutional and academic and non-academic traineeship support in a broad range of rehabilitation disciplines and areas of professional practice;
2. Experimental or innovative training projects designed to train new types of rehabilitation manpower or develop innovative training methodologies;
3. Continuing education programs to upgrade the skills of new and experienced rehabilitation workers in both the public and private rehabilitation sectors;
4. In-service training grants for the staff development of state vocational rehabilitation agency employees; and
5. Short-term training courses related to technical aspects of vocational rehabilitation service delivery.

In summary, the Rehabilitation Training Grant Program is one of the oldest existent Federal training grant assistance programs and has, over its 29 years, maintained its commitment to the ongoing basic support for training personnel who contribute to the vocational rehabilitation of individuals who are physically and mentally handicapped. The program has, however, revised and shifted its emphasis and expanded the scope of its coverage over the tenure of its existence in order to respond to developments affecting the delivery of rehabilitation services to individuals who are physically or mentally handicapped. In accord with legislative changes, consumer movements and advanced medical/psychological knowledge and techniques, special attention has been given to the preparation of personnel to provide an array of rehabilitation services to the most severely handicapped individuals. In addition, training content has been expanded to incorporate appropriate curriculum addressing independent living concepts and employment marketing skills. New fields responding to the needs of severely disabled individuals, on both professional and para-professional levels have emerged. The minimal training funds available to RSA have been caught in the explosion of professional and para-professional fields (disciplines) that impact on the disabled individual and his/her rehabilitation.

IV. SCOPE AND PARAMETERS OF THE RSA TRAINING PROGRAM (BALANCE AND BOUNDARY)

The first objective of the Task Force was to develop definitions of "balance" and the boundary of the rehabilitation field. The Rehabilitation Amendments of 1984 deleted the phrase addressing "a balanced program" [Section 304.(b)]. Nevertheless, the scope and parameters of the RSA Training Program, heretofore encompassed by the terms boundary and balance, remains an important consideration.

The scope of the Training Program pertains to the disciplines for which funds are provided for personnel training. The Rehabilitation Act of 1973, as amended, specifically refers to assisting in "increasing the numbers of qualified personnel trained in providing vocational, medical, social, and psychological rehabilitation services to handicapped individuals...." With the authority based upon the Rehabilitation Act, funds for personnel trained are to be directed to those involved in serving the handicapped clientele of the state/federal system of vocational rehabilitation. Services may be rendered in the public or private sectors, the criterion being services to clientele of the state/federal system.

Parameters pertain to the levels of funding in personnel training. The variables to consider are (1) rehabilitational professional disciplines, (2) pre-service, in-service, and continuing education training programs, and (3) geographical regions. The Task Force is recommending that funding among these variables be determined by a needs assessment that includes national, regional and state data.

V. RECOMMENDED MANAGEMENT SYSTEM

The 1954 Amendments to the Rehabilitation Act provided funds for Manpower Development and Training. Since its inception, there has not been a consistent management plan to respond to manpower needs in an optimally effective manner. Over the past number of years, federal funds supporting this program have been reduced substantially (from $30.5 M in FY 1979 to $19.2 M in FY 1983). Improved management, now more than ever, is a necessity to assure maximum effectiveness of the funds available.

A management system is proposed that provides:

1. An articulated RSA mission statement for manpower development and training;
2. A system to implement rehabilitation manpower needs data nationwide, regionwide, and statewide;
3. A system to provide shared information relating to other funding resources for training in rehabilitation manpower, i.e., Public Health Service, NIH, Special Education, etc.;
4. A recommendation on training grant monitoring and an evaluation mechanism to determine the effectiveness of the training provided in meeting rehabilitation manpower needs and improved services to the severely disabled; and
5. A centralized system for information, storage, and dissemination to assist in developing, implementing, and evaluating a manpower training plan.

This proposal incorporates these elements into the following Management System.

VI. INCORPORATION OF THE MANAGEMENT ELEMENTS INTO AN RSA SYSTEM

1. Mission Statement

The primary objective of the rehabilitation training program is to ensure the availability of skilled manpower needed for the expansion and improvement of vocational rehabilitation services for persons with disabilities. Training grants are made (1) to increase the number of personnel qualified to provide rehabilitation services to the disabled, and (2) to maintain and upgrade the skills of

employed personnel. Emphasis is placed on training personnel to serve the vocational rehabilitation needs of persons with severe disabilities.

2. Statement of Intent

Section 304 of the Rehabilitation Act of 1973 and subsequent amendments provides for training to personnel who would deliver rehabilitation services. The training should be designed for these individuals who provide rehabilitation services as outlined under other sections of the Act. Applicants for training grants under this section would, therefore, demonstrate that individuals receiving training would be prepared to serve the public rehabilitation client. Pre-service programs would not need to assure that all students would enter the public service but only that their training address the needs of individuals covered by the Act.

3. Legal Basis

Rehabilitation Act of 1973, and Amendments of 1978 and 1984.

4. Funding Source

Such appropriation as provided by Congress and administered by the Rehabilitation Services Administration, Department of Education.

5. Needs Assessment, Issue or Problem Identification

Section 304(c) of the Rehabilitation Act, as amended, states that:

> "The Commissioner shall prepare and submit to the Congress, simultaneously with the budget submission for the succeeding fiscal year for the Rehabilitation Services Administration, a report setting forth and justifying in detail how the training funds for the fiscal year prior to such submission are allocated by professional discipline and other program areas. The report shall also

contain findings of personnel shortages, how funds proposed for the succeeding fiscal year will be allocated under the President's budget proposal, and how the findings of personnel shortages justify the allocations."

To accomplish the intent of the 1984 Amendments, a thorough assessment of "Rehabilitation personnel[1/] training needs" is essential for the national program to have an impact on the delivery of services to disabled individuals. This assessment must include national, regional, and state data. When completed, the assessment should provide a baseline for RSA as well as other programs that provide "personnel training" in the medical, social, and vocational field to assist in focusing training efforts and funding resources.

The first step in assessing the "personnel training needs" requires a simultaneous approach implemented by the Commissioner of RSA, Regional RSA Commissioners, and State VR Agency Directors. Chart 1 provides an illustration of the constituency and data sources at the National, Regional, and State levels. Following the receipt of the needs assessment data, an analysis of the needs is completed (Chart 2). From this analysis (national and regional data), the Commissioner would state the National priorities for short-range (1-2 years) and long-range (3-5 years) training and inform the Regional Offices and State Agencies (Chart 3). A review by the Council of State Administrators of Vocational Rehabilitation and the RSA Regional Offices of these priorities is essential.

1/ Rehabilitation personnel refers to the disciplines necessary to provide services to persons with disabilities as defined under the Act.

CHART 1

NEEDS ASSESSMENT: IDENTIFICATION OF NEED

	ACTION (Where Do We Start?)	CONSTITUENCY* (Who Says So?)	SOURCE (Where Did They Get That?)
NATIONAL	Commissioner issues a letter calling for issues, problems or needs of national scope.	(i.e., accrediting, licensing professional & certifying groups) Allied Health Associations CSAVR NCRE NRA and all divisions Consumer Groups RSA Staff AERFP RRCEP Group Business/Industry NARF CORE ACRM AAPMR CARF CRCC	New Federal Legislation National Health Statistics GAO Audits Public Criticisms Follow-Up Studies Client Assistance Project Report Administration Initiatives Performance Data Research Studies Congressional/Administration Studies Information Systems
REGIONAL	Regional Commissioner calls for issues of state, regional scope.	Medical Groups State Agencies University Training Programs Rehab Facilities Associations Regional Rehab Associations Consumer Groups RSA Staff RRCEP's Business/Industry	New State Legislation Regional Health Statistics GAO and State Audits Public Criticisms Follow-Up Studies Client Assistance Project Report State Initiatives Performance Data Research Studies Information Systems
STATE	State Director conducts needs assessment within state.	Medical Groups State Staff University Training Programs Rehab Facilities Association State Rehab Association Consumer Groups RRCEP's Business/Industry	New State Legislation State Health Statistics GAO and State Audits Public Criticisms Follow-Up Studies Client Assistance Project Report Director's Initiatives Performance Data Research Studies Information Systems

*lists are only for illustration

CHART 2

NEEDS ANALYSIS: EXAMINATION OF DATA

	Staff	Chief Executive Officer
NATIONAL:	1. Determines whether issues could be addressed through training. 2. Determines whether scope is national or regional. If the latter, forwards to appropriate region(s).	1. Sets priorities. 2. Allocates preliminary budget to region. 3. Publishes bulletin to constituencies describing specific responses to field recommendations and priorities.
REGIONAL:	1. Determines whether issues could be addressed through training. 2. If issue is apparently universal, forwards to RSA Central for consideration for national scope.	1. Convenes regional training meeting (or teleconference). 2. Recommends regional priorities from meeting to RSA Central Office. 3. Recommends potential National priorities to RSA Central Office.
STATE:	1. Determines whether issues could be addressed through training. 2. Recommends consideration at state, regional, or national levels. Forwards recommendations to Regional Office.	1. Sets state priorities.

CHART 3

TRAINING PLAN: RESOLUTION OF NEED

NATIONAL:	1. Issues Federal Register announcement on priorities; ask applicants to address national, regional or state scope programs and forward accordingly. (Duplication must be declared by applicant.) 2. Receives application, conducts peer reviews, makes preliminary selections by category, and estimates budget demand.
REGIONAL:	1. Receives application, conducts peer reviews, makes preliminary selection by category and estimates budget demand. 2. Utilizes training meeting to set strategies with state agencies as to how training will be accomplished, including applications approved and budget demand. 3. Requests additional funds or releases surplus funds against target budget.
STATE:	1. Establishes annual training plan.

As the major responsibility would shift to Regional Offices, the next steps to be taken are:

A. The Regional Commissioners would survey states as to their individual state needs. The states would assess their own data, transmitting it to the Regional Commissioner. Following the receipt of this data, Regional staff would analyze and compile the data and send this analysis to the Commissioner. (A copy would be shared with each State Agency.)

B. Concurrently, the RSA Commissioner would release a Commissioner's letter to a broad representation of groups[2/] concerned with rehabilitation and afford an opportunity for these groups to identify their training needs. The Commissioner should allow sufficient time for response and require that needs assessment data (such as surveys) should be submitted to substantiate the expression of needs.

The RSA Commissioner, with appropriate staff, would then consider all the above data along with issues from other sources (i.e., program performance data, GAO reports, complaint correspondence from clients, Presidential and Department of Education initiatives, etc.) and develop national and regional training priorities.

6. Plan Development and Budgeting

The National Office develops a training plan with national priorities and submits to each region recommended regional priorities.

2/ Groups should be representative of the various rehabilitation disciplines such as NCRE, NCRA, NARF, Academy of Physical Medicine, CSAVR, AERFP, and nationally recognized consumer groups such as PVA, ACCD, and NAD. These are cited for illustration purposes only.

From these recommendations, a regional training plan will be developed in each region. This might be done by annual meeting (recommended), by teleconferencing, or by survey. Through this process strategies would be set as to whether training needs can best be met by in-service, rehabilitation continuing education (regional), pre-service, or a combination of these training approaches.

Targeted budgets for the region would be set by the National Office on the basis of an equitable formula. Funds for national scope training would be reserved for that purpose and the remainder allocated to the regions for regional and state priorities. This would be a preliminary distribution for planning purposes and adjustments could be made for level of demand.

7. Process Development

Priorities would be published in the Federal Register, noting specifically the National, Regional, and/or State priorities. The Commissioner would publish a bulletin to constituencies describing specific responses to field recommendations and priorities. All new applications would be subject to peer review (Appendix: Short-term Recommendations, Section VII), either national or regional as appropriate.

8. Award of Grants and Implementation

Utilizing the recommendations of peer review, the RSA Commissioner or Regional Commissioner, as appropriate, award the grants. Training would be organized and implemented by grantees. In the case of pre-service training, cooperative arrangements should be implemented by the universities with State VR agencies, facilities, rehabilitation

centers, etc., to assure availability of visiting faculty, practicum locations, and employment of graduates.

9. Monitoring and Evaluation

Each proposal should clearly state objectives of the project and methods to be implemented to ascertain accomplishment (or non-accomplishment) of the stated objectives. The clarity for evaluation of the program is a factor in the approval of any application.

Monitoring of national scope programs is the responsibility of the National Office. Responsibility for monitoring Regional programs would be the responsibility of the Regional Offices. It is recommended that advisory committees be established to monitor these projects. The advisory committees should report this monitoring on an annual or bi-annual basis to the respective national or regional office. In-service training program monitoring would be a joint process by Regional and State Agency staff with the assistance of an external evaluation source, where appropriate. The evaluation of programs would be a natural feed-back into the Needs Assessment that would be updated annually (or bi-annually) prior to the development of new regional or national training plans. Criteria for monitoring programs must be developed for the specific types and needs of the different type of programs. That is, different criteria must be developed to monitor pre-service programs as opposed to continuing education programs or state VR in-service training programs.

VII. RECOMMENDED STRATEGIES TO INTEGRATE TRAINING ACTIVITIES AND DEVELOP LINKAGES

1. It is recommended that RSA implement the management system proposed by the RSA National Task Force on Training in its entirety, the time frame for which is presented in Chart 4.

   a. It is recommended that RSA secure information on training needs and trends from the State/Regional levels. Information on topical and professional training needs will be utilized in the prioritization of training and in the decision making processes involved in allocating training funds.

   b. It is recommended that the RSA Division of Resource Development immediately develop and implement a specific planning process that incorporates established training needs as identified on a state, regional and national basis.

2. It is recommended that strategies should be put into place to bring about a closer coordination between the existing rehabilitation information systems to provide for improved product utilization by the field. Such coordination would serve as a base for the development of a coordinated management information system serving the state, regional and national RSA offices in utilizing these information systems. The three rehabilitation information centers are: National Clearinghouse of Rehabilitation Training Materials (NCHRTM) at Oklahoma State University, National Rehabilitation Information Center (NARIC) at Catholic University, and the Materials Development Center (MDC) at University of Wisconsin-Stout. Strategies to bring about closer coordination would include:

CHART 4

RECOMMENDED TIME TABLE TO ESTABLISH A MANAGEMENT SYSTEM WITHIN THE RSA TRAINING PROGRAM

DATES	ACTIVATORS	ACTIVITIES
8-1-84	RSA - C.O.	Ascertain amounts of continuation training grant money projected for F.Y. '85.
		Ascertain amounts of "new" funds available for "new" starts in F.Y. '85.
12-31-84		Initiate "search" of scholarship money (federal, state and other) available within the Rehabilitation disciplines now considered for RSA funding.
8-1-84	RSA - C.O.	Commissioner issues a letter to "national" organizations calling for issues, problems or needs for trained personnel in the Rehabilitation fields. (Provides for a 30 day response time).
	RSA - R.O.	Regional Commissioners issue a letter to "regional" organizations calling for issues, problems or needs for trained personnel in the Rehabilitation fields (provides for 30 day response time).
	State Agency Directors	Assess state programs relating to issues, problems or needs for trained personnel in the rehabilitation fields. (30 day response time)
	RSA - C.O.	Analyze materials received from all sources Disperse information appropriately-i.e. State Agencies send to R.O. those areas they feel require Regional or national consideration; Regional Offices will transmit to C.O. those areas they feel require "national" consideration. Central Office sends to Regional offices those areas they feel should be considered for regional or state consideration
	RSA - R.O.	
	State Agency Directors	
10-31-84		
11-1-84	RSA - C.O.	Transmits to Regional Offices a proposed training plan for "new" money for National Scope programs
	RSA - R.O.	Transmits to C.O. an analysis and a "proposed" training plan for "new" money for "regional" scope programs utilizing information received from State Agency Directors.
11-30-84	RSA - C.O.	Transmits to Regional Offices and CSAVR a tentative "targeted" budget training plan -- utilizing analysis and training plans received from Regional Offices (which included state agency analysis).

12-15-84	RSA - C.O. RSA - R.O. CSAVR	Negotiates national training plan and targeted budget. Sends "final" targeted budget to R.O. by January 1, 1985.
2-1-85	RSA - C.O.	Issues notice in Federal Register on Training Allocations -- both new and continuations.
4-15-85 ↓ 6-30-85	RSA - C.O. RSA - R.O.	Peer Review -- negotiation of grant award Award documents completed
7-1-85 ↓ 8-15-85	RSA - C.O. RSA - R.O. CSAVR (S/A) University Rep	Develop "evaluation" criteria for all training grants -- transmit to all grantees the criteria established -- to be implemented for next years funding cycle.

TIME TABLE REPEATS WITH EACH SUCCESSIVE YEAR

Note: Time table schedule is to be used as a guideline for a planning schedule.

C.O. = Central Office

R.O. = Regional Office

a. The three information centers need to develop a cooperative agreement for the purposes of (1) facilitating appropriate referrals between themselves, (2) assisting each other in the accomplishment of their objectives, and (3) insuring effective interaction with trainers of rehabilitation personnel.

b. Each of the information centers should insure that all providers of training for rehabilitation personnel (e.g., universities, state VR agencies, RRCEP's, RTC's) are on the mailing list.

c. Each of the centers should insure that there are representatives from the training community on their advisory committees.

d. University training programs and others providing training to rehabilitation personnel should insure that students in training learn of the resources of the National Rehabilitation Information Center, the National Clearinghouse of Rehabilitation Training Materials, and the Materials Development Center.

e. A meeting between trainers of rehabilitation personnel and representatives of the three centers should be held at least biannually to insure that centers are meeting the training needs and that trainers are effectively utilizing these centers. This meeting could be held in conjunction with one of the national meetings.

f. The centers should establish electronic linkages in the future to facilitate and improve service to training programs and other users. Common descriptions of information would also facilitate this process.

g. Needs analyses conducted by the centers should be shared to improve the information data collection and development of materials.

3. It is recommended that the Office of Assistant Secretary for Special Education and Rehabilitative Services convene a series of planning sessions, on an annual basis, with representatives of RSA, Special Education and the NIHR.

The purposes of these ongoing planning sessions are:

- To provide for information exchange and coordination;
- To establish or identify common priorities and goals;
- To examine the potential for collaborative training efforts;
- To explore the potential for involvement of other Federal and non-Federal resources, i.e., Projects with Industry, private rehabilitation facilities, business and industry and organized labor, etc.; and
- To minimize duplication of training efforts among, RSA, NIHR and Special Education.

4. It is recommended that the needs assessment, request for proposal, grantee selection, monitoring, and evaluation process be largely the responsibility of the RSA regional offices. Recognizing that some programs have national impact, an initial determination should be made by RSA Central Office Staff in consultation with appropriate national organizations as to programs that have national scope. New initiatives, special projects, etc., especially in their first grant period, that have national implications would come under the national selection and supervision processes. Those programs established to clearly meet a regional need should be assigned to RSA regional offices.

5. It is recommended that a letter from RSA Commissioner to State Directors and Regional Commissioners indicate that there are some geographic locations where there is a need to expand the proportion of staff who are

academically prepared and qualified to serve clients under the Rehabilitation Act Programs. The Congress has made clear its intent under the 1984 Amendments that RSA prepare "qualified" individuals to serve persons with disabilities. It is recommended that the Commissioner should state that RSA has a commitment to quality service and the development of staff capacity to perform this service.

As RSA continues to fund pre-service training programs, it is recommended that the Commissioner urge states and service providers to hire these graduates as a first priority to afford handicapped citizens professional services.

It is further recommended that the Commissioner of RSA request a status report on the current composition of staff in state VR agencies and other service provider agencies and organizations. Staff mix should be described by academic background and rehabilitation qualification for staff in State VR agencies, rehabilitation facilities, centers for independent living, PWI's, and client assistance programs.

6. It is recommended that EDGAR regulations be revised so that training grants that have reached their final year but have not accomplished full implementation, be given priority for continuation. This must be assessed based on the fact that the grantee has produced an acceptable product but the need remains and is stated through the management system.

7. It is recommended that an ongoing group of consultants consisting of educators, trainers, regional office representatives, and state agency (CSAVR) representatives be formed to assist in the implementation, technical advisement and refinement process of the management system.

The Task Force recognizes that implementation of its various recommenda-

tions, including a management system, needs assessment, integration and linkages of training activities, and an evaluation component, may be complex and require refinement as the process proceeds. Therefore, external consultants could be used to augment RSA staff expertise.

APPENDIX

RSA National Task Force on Training Short-Term Recommendations

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
A. R. MARTELLE, DIRECTOR
ROBERT LIST, GOVERNOR
DEL FROST, ADMINISTRATOR

REHABILITATION DIVISION
ADMINISTRATIVE OFFICE
KINKEAD BUILDING, FIFTH FLOOR
505 E. KING STREET
STATE CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

December 13, 1982

TO: George Conn, R. S. A. Commissioner

FROM: Del Frost and Paul Hoffman, Co-Chairmen,
National Task Force on Training

NATIONAL R. S. A. TASK FORCE ON TRAINING
AND STAFF DEVELOPMENT

During its initial deliberations, the National R. S. A. Training Task Force has recognized the fact that it will be unable to complete its studies and make final recommendations to you prior to your implementation of decisions relative to the FY 83 training grant period. The Task Force, has, therefore, developed the attached interim recommendations which we are forwarding to you for your consideration.

In reviewing the recommendations, you will find that they respond directly to the mission statement developed and approved by the Task Force. (See attached Mission Statement).

The Task Force intends to continue its work, taking up new issues and refining ones already identified for inclusion in its final report to you which we expect to have in your hands by July 1, 1983. The next meeting of the Task Force is scheduled for January 26-27, 1983. Should you have new initiatives or other concerns which you would want the Task Force to study, I hope that you will communicate them to us prior to the meeting dates.

In keeping with your commitment to give "priority consideration" to Task Force recommendations, it is our hope that you will review your initial planning decisions for FY 83 and take appropriate action on our recommendations. Should it not be possible for you to implement our recommendations en toto, we will appreciate detailed information from your office on specific recommendations not implemented and the rationale.

Thank you for the opportunity to provide you with the best thinking of the persons you selected to represent the rehabilitation training and staff development field. On behalf of all of us, we wish you a Merry Christmas and a happy, healthy New Year.

D.F. and P.H.

DF:PH:cf
Attachments (2)

RSA NATIONAL TASK FORCE ON TRAINING

SHORT-TERM RECOMMENDATIONS

The RSA National Task Force on Training is making the following short-term recommendations prior to the final report. These short-term recommendations are for the Fiscal 1983 training grant process and are respectfully submitted in keeping with the directions the Task Force is taking for long-term recommendations.

IN THE MATTER OF:

I. Grant Application Process

Recommendation: The "Dear Colleague Letter" is to note that the applicant show evidence that a copy of the grant application was sent to the Regional Office and to the State Agencies who would be impacted if funded.

Rationale: To provide Regional Offices and State Agencies with an opportunity for review and response.

II. Grant Review Process

Recommendation 1: To ask C.S.A.V.R. to develop an internal assessment tool for State Agencies to be used as a guide for State Agency review and comment. This will be shared with Central Office, Regional Office, and the applicant.

Rationale: This would bring standardization and consistency for State Agency comments on applications and to establish a mechanism for applicants to be appraised of that evaluation.

Recommendation 2: Regional Office will be requested by RSA to provide the Division of Resource Development with an appropriate review of the grant application, to also be shared with the applicant.

Rationale: This would bring standardization and consistency for Regional Office comments on application and to establish a mechanism for applicants to be appraised of that evaluation.

Recommendation 3: It is further recommended that the State Agency and Regional Office comments be shared with the Peer Review Committee.

Rationale: This will expand the informational base beyond the technical aspects of the grant application. This would allow for the inclusion of the evaluation and judgment of those most directly impacted by the program.

III. Duration of Grant

Recommendation: All funded training projects receive three year project periods, unless the applicant requests a shorter project period or fails to include a three-year plan of action.

Rationale: To provide grantee with an opportunity to attract, acquire and develop staff to complete training cycle and to evaluate the project.

IV. Program Standards and Accreditation

Recommendation: All academic degree-granting established programs provide evidence of accreditation from appropriate accrediting body, if applicable, before being accepted for review. All new programs provide a plan to achieve accreditation within requested project period.

Rationale: To help provide quality assurance of training program.

V. Faculty Support

Recommendation: In funding faculty support for new academic degree granting programs or new faculty within an established academic degree granting program who assume responsibility for new initiatives, RSA will provide such support for a maximum of three years. Continuation projects will be given one year's notice of the elimination of faculty support funds (if faculty support has been received for three years or more). The exception would be for historically black colleges and other colleges with large proportions of minority students.

Rationale: To insure institutional commitment and thereby continuity. To insure minority participation in the field and to encourage minority institutions to develop programs.

VI. Manpower and Geographic Needs

Recommendation: Academic degree granting programs be funded on the basis of quality, with consideration to manpower needs in geographic areas.

Rationale: To make the granting systems responsive to changes in manpower needs.

VII. Application Review Process

Recommendation 1: Minimal professional standards for peer reviewers of training grant applications meet the following criteria:

1. Size and Composition of Peer Review Panel

   a. The peer review panel that reviews individual applications should consist of at least three individuals.

   b. The panel should be composed of non-federal reviewers with at least one member from the broad spectrum of peers (e.g., state agency or facility administrators) and two members from accredited programs in the discipline being reviewed, or who are recognized experts in the training discipline.

   c. Two-thirds of the panel should have had at least one (1) year of prior experience as a peer review panelist for RSA training programs.

2. Peer Review Panelist Selection Procedures

   a. List of qualified experts should be sought by RSA from professional groups representing the various disciplines appropriate to the field.

b. A person may not be selected as a peer review panelist if the agency or institution in which that person is engaged has submitted a training grant application in the rehabilitation discipline.

3. Input from External Sources

Information from state agencies and RSA regional office regarding past performance of the applicant and geographic need for such manpower should be provided to panel.

4. RSA Communications

a. All panelists must receive pertinent grant application materials and orientation to the peer review process. Both should be timely and thorough.

b. Time should be allowed panelists to secure agency or institution permission to participate in the peer review process.

c. Information regarding the total number of grant applications to be received should be communicated to panelists.

d. Panelists should be informed within sixty (60) days of the rehabilitation programs funded and the period of funding. Deviation from the recommendations of the panels should also be explained to panelists.

e. Applicants for training grants should receive written, detailed explanations of the actions taken by RSA. Panelist comments should be provided applicant by Division of Resource Development.

5. Workload of Peer Review Panel

a. No panelist should be assigned more than five (5) applications for primary review responsibility

b. No panelist should be assigned more than ten (10) applications for secondary review responsibility

6. Peer Review Process

a. A peer review panelist may not be assigned to serve as either a primary or secondary reviewer on training grant applications from the state or region of the panelist's agency or institution.

b. Each panelist should receive copies of grant applications for which he/she will serve as prime reviewer twenty-eight (28) days in advance of peer review panel meeting.

c. Where at least five (5) grant applications are to be reviewed in one discipline, a meeting should be held by RSA for panelists to meet and review applications.

d. Each panelist should be informed of the confidential nature of the review.

e. Each panelist will be informed by professional staff of the RSA Division of Resource Development, both in writing at time of reviewing applications and at the time of the peer review meetings, of the peer review standards, guidelines for rating, and content of narrative expected by RSA.

f. For applications distributed at the meeting for secondary review, panelists should be allowed an average of two hours for reading each application, with no more than five (5) to be read in an eight-hour day.

g. A minimum of thirty (30) minutes should be allocated for the three panelists to present their evaluation to the remainder of the peers. If more time is required for adequate discussion on any application, additional time must be allocated.

h. At the end of the peer review, RSA should provide panelists information on:

1. Ranking of training grant applications and recommendations of peer review panel for funding

2. Evaluation of peer review panelist performance on consistency of reviews, interrater reliability, and usefulness of narrative.

7. Working Conditions

a. Housing and meeting space must be accessible to the handicapped.

b. Meeting space should be adequately ventilated and have space for spreading materials being reviewed.

c. Work breaks should be allowed for panelists.

Rationale: To provide the qualified experts of the peer review process with appropriate working conditions to complete a thorough and fair review.

Recommendation 2: Similar conditions as for National peer review should be applied at the Regional level for in-service and continuing education project application review.

Rationale: To provide the peer review process with qualified experts who will complete a thorough and fair review.

VIII. Training Content

Recommendation: Each applicant within the rehabilitation training disciplines seeking RSA funds must provide evidence of curriculum content which focuses on functional limitations of disability as they apply to the rehabilitation process.

Rationale: To assure rehabilitation training content specificity and relevancy.

IX. Level of Funding

Recommendation: Based upon attached manpower needs data (AOTA, Delphi Panel and Advisory Panel recommendations for Physical Medicine and Rehabilitation, APTA, Prosthetics, Region IX Rehabilitation Manpower and Training Needs, White Paper on Rehabilitation Facility Needs, Minnesota Rehabilitation Personnel Manpower Survey, 1980-81, NCRE Fact Sheet 1980, National Survey of the Employment of Placement Specialists by General and Blind Rehabilitation Agencies, Educational and Training Needs of Rehabilitation Counselors: Implications for Training, Training Needs of State Agency Rehabilitation Counselors, the Professional Status of Rehabilitation Counseling in State/Federal Vocational Rehabilitation Agencies) the following allocation of training funds for FY 1983 are submitted. These preliminary recommendations are on partial information, but are made in anticipation of a systematic needs assessment for manpower being completed for FY 1984.

	FY % 1983
TRAINING IN ESTABLISHED REHABILITATION DISCIPLINES	
Rehabilitation Counseling	17
Rehabilitation Medicine	12
Rehabilitation Facility Administration	6
Prosthetics and Orthotics	7
Allied Health Professions	4.0
Speech Pathology and Audiology	
Occupational Therapy	
Physical Therapy	
Nursing	
Social Work	
Psychology	
Therapeutic Recreation	
Job Development and Placement	5.0
Vocational Evaluation/Work Adjustment	4.5
Experimental and Innovative	5.0
Blind	3.0
Deaf	3.0
Mentally Ill	1.0
Undergraduate Education	3.0
Other	4.5
STAFF DEVELOPMENT & TRAINING FOR EMPLOYED REHABILITATION WORKERS	
Rehabilitation Continuing Education Programs	10.
State In-Service Training	15.
Short-Term Training	0
Research Fellowships	0

X. Division of Resource Development

Recommendation: It is recommended that the Division of Resource Development be actively involved in any activities within RSA that are concerned with development of goals, planning and needs assessment, program evaluation or in consideration of training programs and needs.

Rationale: To utilize the Division of Resource Development and its resources in the planning process and to insure integration of all emergent needs.

XI. Ongoing Planning Strategy

Recommendation: As an ongoing planning strategy, it is recommended that the Office of Assistant Secretary for Special Education and Rehabilitative Services convene a series of planning sessions, on an annual basis, with representatives of RSA, Special Education and the NIHR.

The purposes of these ongoing planning sessions will be:

- To provide for information exchange and coordination;
- To establish common priorities and goals;
- To examine the potentials for collaborative training efforts;
- To explore the potentials for involvement of other Federal and non-federal resources, i.e., Projects with Industry, private rehabilitation facilities, business and industry and organized labor, etc...

Rationale: To begin the process of coordination of the efforts of these agencies as the first step in a long range plan to integrate overall departmental efforts.

December 2, 1982

National Council on Rehabilitation Education

This is to verify that

DR. LEX FRIEDEN

is an individually certified member of the NATIONAL COUNCIL ON REHABILITATION EDUCATION for the year 1983-1984 *and is hereby granted all rights and privileges pertaining to such membership.*

October 25, 1983
Date

Kenneth O. Ziegler
President