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THE UNIVERSITY OF KANSAS • LAWRENCE, KANSAS • 66045-0048
BUREAU OF CHILD RESEARCH
913-864-4295

November 20, 1987

Mr. Lex Frieden
Executive Director
National Council on the Handicapped
800 Independence Ave., S.W.
Washington, D.C.

Dear Lex:

Thank you for agreeing to serve on the Advisory Board of the proposed Research and Training Center on Families at The University of Kansas. We are doing our best to organize a competitive proposal, and the Center would literally be a dream come true for us. We believe in its potential. We are conceptualizing the Center's research and training capacities to address the full lifespan--early childhood, school-aged, adolescence, transition to adulthood, adulthood, and aging. The target populations in our first three years will be families of persons with developmental disabilities, mental illness, medical conditions resulting in technology dependence, and frail elderly people. In years 4 and 5 we will expand the research and training forms to include other types of disabilities. Finally, we are defining family as the people who are related by blood, marriage, or deliberate association and who share responsibilites for meeting individual or collective needs. We intend to address needs of nuclear and extended family members in traditional and non-traditional arrangements. We can assure you that our work will address the reality of diversity in the lives of families.

If we are fortunate enough to be funded, we look forward to working with you individually and collectively in the formulation of research questions and the implementation of research, and in the dissemination of research results to families and their representative organizations, professionals and their representative organizations, and policy makers.

Please do the following to help us submit tne proposal:

1. Read the enclosures and give us whatever suggestions or criticism you believe is warranted based on the enclosed material and our past work.

2. Write a letter indicating your willingness to serve on the Advisory Board and your support of our proposal, giving special attention to the benefits and potential of the research and training.

We need to receive your letter by Monday, December 7, at the following address:

Dr. Ann P. Turnbull, Principal Investigator
Research and Training Center on Families
Bureau of Child Research
2045 Haworth Hall
The University of Kansas
Lawrence, Ks. 66045

The proposal is due to be mailed on December 15, and time is of the essence. We appreciate your prompt attention.

Your active participation will significantly enhance our work and proposal, and we greatly appreciate your cooperation.

Very truly yours,

Ann

Ann P. Turnbull
Co-Principal Investigator

Rud

Rud Turnbull
Co-Principal Investigator

Jean Ann Summers

Jean Ann Summers
Director of Research

Advisory Board Overview

Composition

The Board consists of researchers, inservice and preservice trainers, representatives of consumer organizations, people with disabilities, minority members, faculty and staff at other Research and Training Centers funded by NIDRR, experts in the OSERS initiatives in infant-toddler preschool education, least restrictive environment in educational-vocational-residential programs, transition-supported employment, and nonaversive management, experts in family research, training, and model programs, representatives in the four target disability populations, and experts in life stages of people with disabilities and their families.

Collectively and individually, the Board members constitute an "invisible university"--a rich pool of talent dedicated to the values that undergird the Center.

Values

1. Children and adults with a disability have the right under various laws and as a matter of natural law and human expectation to enduring, supportive, and permament family relationships.

2. To assure this right across the entire life span of people with a disability, research and training activities should be relevant to the needs of such people and their families. Relevance means that the research and training activities will be directed at learning how to support and augment families (what works, in the judgment of families--i.e., efficacy according to family preferences) and how to translate that knowledge into practice and policy by training professionals who work with families, family members or family association representatives, and policy makers.

3. Research and training is, therefore, a means for enhancing the value of family integrity and unity.

4. Federal policies are properly directed at advancing the independence, integration, and productivity of people with a disability and their families by legislation and research-funding allocations. These allocations focus on infant-toddler preschool education, free appropriate public education and supported employment (following transition) in community and home-based settings (the "least restrictive" environment), through non-aversive behavior-managment techniques and through consumer-centered and consumer-directed service systems across all life-stages. Research and training on families therefore should study families and disseminate research knowledge in a deliberate effort to

learn how policies affect persons with a disability and their families and how, in turn, the effects of policy can be used to confirm or modify existing policy, form the basis of new policy, or abandon policy that is detrimental to family integrity and family functioning.

5. The fact that a person has a disability has multiple effects on the person, the person's family, and society. These effects are neither solely negative, nor solely positive. To the greatest extent possible research and research-based training should seek to prevent and ameliorate the negative effects and to preserve and augment the positive effects.

6. Accordingly, research and training on families should seek to discover and teach how families cope with the negative effects of a disability in one or more of their members and how they build on the positive contributions of members with a disability.

7. Individualization is the hallmark of family support. Research and training should focus on (a) the assessment of family needs and choices, (b) responses to those needs and choices by formal-service-providing systems (in the public and private sectors) and informal support systems, and (c) techniques for planning and advocating for family integrity and empowerment.

In sum, research and training should be value-based and policy-sensitive. It should make a positive difference in the lives of families.

Roles

The members of the Advisory Board should actively subscribe to and help the Center engage in research and training that conforms to these values. They will do so by helping to:

1. Formulate the general nature of the research;

2. specifying the detailed research questions to be investigated;

3. obtain research participants;

4. conduct Center-supported research themselves if interested.

5. design the general and specific nature of training and other dissemination activities;

6. assist in obtaining access to existing training and dissemination activities;

7. create new vehicles for training and dissemination;

8. conduct Center-supported-training and dissemination activities themselves, if interested; and

9. link the Center's reserach, training, and dissemination activities to the existing consumer and professional organizations and to existing and future research and training centers, or other research and training units and projects, relevant to families who have members with a disability.

In sum, the Advisory Board members will serve as faculty of an invisible university.

To do this, the organizations, Centers, universities, or other groups with which they are affiliated, will be invited to receive the support of the Center's administrative, research, and training capacities, in research and training activities. In addition, they will meet as a group at least one time annually, and individually as their other activities intersect with the Center's faculty and staff on other occasions. Finally, they will be linked to the Center by teleconferencing, printed media, and in other ways, to assure the interaction of the Center with each of them.

We believe that each of them, and the organizations, Centers, or university-based projects with which they are affiliated, will form a whole that indeed is greater than the sum of its parts. We are excited about the synergism that can be created for the benefit of families.

ACRES American Council on Rural Special Education

March 30, 1988

Lex Friedan
National Council for the Handicapped - #814
800 Independence Ave., N.W.
Washington, D.C., 20591

Dear Lex:

Only a handful of RSEQ members attended the editorial board meeting at the ACRES conference in Monterey. I was not in attendence either, but D.J. Olcott chaired the meeting; a number of decisions and suggestions came from the discussion.

Topical issues were discussed. Every other issue is a topical one, focusing on a particular issue that relates to rural special education. Following are the upcoming topical issues:

* behavior disorder (vol. 9, #2, summer, 1988. The RSEQ is still one issue behind, so this will be published in fall, 1988. The official publication date is listed by each topical issue.)

* at-risk (vol. 9, #4, winter, 1989)

* technology (vol. 10, #2, summer, 1989)

* adaptive phys. ed. (vol. 10, #4, winter, 1990)

* adult independent living (with a focus on transition for adults with handicaps) (vol. 11, #2, summer, 1990)

Enclosed is a copy of the RSEQ Want List. This is a list of topics or issues that have not appeared in the RSEQ. In addition to this, meeting-goers suggested including more articles on SEA and LEA issues. It's up to you! If you have information for articles that would cover the SEA and LEA issues, I'd like to see them. Please keep the other listed topics in mind; I'd like to see a greater variety of articles in the Quarterly.

A suggestion was made to include, as a regular feature in the front of the Quarterly, a "dialogue" type of discussion of current issues. This would require that someone in the field write a piece on, say, PL 99-457, or legislative awareness. The suggestion was that someone else respond to that in a following issue. While I appreciate the suggestion to add a new "spark" to the RSEQ, Doris Helge and I have decided to not pursue this idea right now. I feel, however, that it has a lot of potential for the near future, and we will consider it at a later date. If you have any feedback on this idea, please don't hestitate to call.

The question, "what percentage of the submitted articles are accepted?" was raised. I have never kept track of that information, but I will begin to do so immediately. I'll be able to give you a good idea in four to six months. We accept more than we reject; my educated guess is 70-75% acceptance.

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The decision was made about two years ago to remove the date because the issues were so far behind. I see now that it has created a problem for reference citation. However, since we are only one issue behind, the date will no longer be an embarrassment.

The final issue that was discussed was the feeling that the editorial board members are underused. I welcome your ideas on how to utilize your expertise better. Many of you have never received an article to review, and that is certainly underutilization of your skills! I'd like to be able to send articles to everyone, but can only do so if I receive manuscripts that fall in each category. Again, I encourage you to submit articles and to encourage your colleagues to do so as well. If you are interested in the position of guest editor for any of the above topical issues, let me know. The behavior disorder issue is well under way, and I believe there is someone interested in the position for the adaptive phys. ed. issue. You might also consider becoming a guest editor for a general issue.

I would also appreciate it if you could take the time to fill out the following form and return it to our office as soon as possible. This is an update on your current address. It also asks if you are interested in reviewing manuscripts in different areas than your own area of expertise. A full list of RSEQ board members and their addresses is enclosed. Once I get the form back from everyone, I can send you the corrected version of the entire board. So don't delay--I'd like to have the corrected list back to you as soon as possible.

I thank those who attended the meeting and offered feedback and suggestions. If you were not in attendance, but feel you have some additional ideas or comments on the above, please give me a call anytime.

Sincerely,

Ginger

Ginger Oppenheimer
Managing Editor
Rural Special Education Quarterly

RSEQ Editorial Board

1,Terry R. Berkeley,Dept. of Special Ed. - Merrill Hall,University of Maine at Farmington,"Farmington, ME 04938",Terry
2,Pete Biaggio,"Box 94987, 301 Centen Mall So.","Lincoln, NE 68509",,Pete
3,Doris Bornhoeft,M.C.R.H. - Ofc. of Clin. Dev.,"Box 8202, U.S.","Grand Forks, ND 58202",Doris
4,Barbara Bowen,Apple Comp. Corp/Ms-13A,20525 Mariani Avenue,"Cupertino, CA 95014",Barbara
5,Jay Brill,H.E.A.T.H.,One Dupont Circle,"Washington, D.C. 20036",Jay
6,Hugh Broadus,Rural Dist. Forum,N.S.B.A. - 1680 Duke Street,"Alexandria, VA 22314",Hugh
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8,Mary Anne Brost,F.D.L.R.S./Gateway,"Route 4, Box 117","Jasper, FL 32052",Mary Anne
9,Kay Bull,Oklahoma State University,311 N. Murray,"Stillwater, OK 74074",Kay
10,Margaret Burley,Ohio Coalition,"933 High St., Suite 200-H","Worthington, OH 43085",Margaret
11,Shirley Coale,Univ. of OR - Western Regn. Resource Ctnr.,"Room 235, School of Education","Eugene, OR 97403",Shirley
12,Jack Cole,"Director, Ed. Research Cntr.",NMSU,"Box 30001, Dept. 3R","Las Cruces, NM 88003-0001",Jack
13,MarilynCondon,Department of Special Education,Murray State University,"Murray, KY 42071",Marilyn
14,Andrew R. Connery,Spaulding Youth Center,Box 189,"Tilton, NH 03276",Andrew
15,Ron Daly,USDA Extension Service,Room 3443,"Washington, D.C. 20250",Ron
16,Glenda Davis,708 W. 1st St.,"Grand Island, NE 68801",,Glenda
17,Thomas Fagan,Memphis State University,"Memphis, TN 38152", ,Thomas
18,Kenneth Fleshman,Indian Health Services,7900 S.J. Stock Rd.,"Tucson, AZ 85746",Kenneth
19,Lex Friedan,National Council for the Handicapped - #814,"800 Independence Ave., N.W.","Washington, D.C. 20591",Lex
20,Ann Fritz,Rural Districts,P.O. Box 158,"Eskridge, KS 66423",Ann
21,Robert Gall,University of Lethbridge,4401 University Drive,"Lethbridge, ALBERTA T1K 3M4",Robert
22,Gayle Gear,2731 Indian Forest Trail,"Helena, AL 35080", ,Gayle
23,Dale Gentry,University of Idaho,"Moscow, ID 83843", ,Dale
24,Bernard Hannon,College and Grove Streets,"Rensselaer, IN 47978", ,Bernard
25,Dick Henschel,C.E.S.A. #3,"Route 1, Box 5A","Fennimore, WI 53809",Dick
26,Myra Howe,Department of Education,Pouch F,"Juneau, AK 99801",Myra
27,Craig Howley,Appalachia Education Laboratory,P.O. Box 1348,"Charleston, WV 25325",Craig
28,Mary Hoy,Assistant Dean,Iowa State University - College of Education,"Ames, IA 50011",Mary

29,Kathleen Huebner,A.F.B.,15 W. 16th Street,"New York, NY 10011",Kathleen
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38,Eugene Maillard,J.F.K. Center of Performing Arts,"Washington, D.C. 20566", ,Eugene
39,Kathryn Markovchick,University of Maine,"Farmington, ME 04938", ,Kathryn
40,Marty Martinson,University of Kentucky,114 Porter Building,"Lexington, KY 40506",Marty
41,Linda Mazzola,Winthrop Grade School,"Winthrop, ME 04364", ,Linda
42,John McLaughlin,V.A. Polytechnic Institute,"Blackburg, VA 24060", ,John
43,Kathy Powers,C.R.A.S./U.S.M.,246 Deering Avenue,"Portland, ME 04102",Kathy
44,Wanda Radcliffe,WV Department of Health. - Ch. 1,"1800 W.A. St. E., Room 456","Charleston, WV 25305",Wanda
45,Gail Raymond,University of South Carolina,P.O. Box 57,"Columbia, SC 29208",Gail
46,Barbara Reeves,Ohio University,105C McCracken Hall,"Athens, OH 45701",Barbara
47,Judy Ritchie,"Route 1, Box 201","Keezletown, VA 22314", ,Judy
48,Irwin Ross,ESU #9,P.O. Box 2047,"Hastings, NE 68901-2047",Irv
49,Becky Schroeder,Special Ed. Cooperative,Box 440,"Union, MO 63084",Becky
50,Ray Simches,Box 147,"Anna Marie, FL 33501", ,Ray
51,David Stockford,ME State Dept. of Ed.,"Augusta, ME 04330", ,David
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53,Glenn Terry,White Pine Co. Schools,Box 400,"East Ely, NV 89315",Glenn
54,Virginia Terry,White Pine Co. Schools,Box 400,"East Ely, NV 89315",Virginia
55,John Van Walleghem,Special Education Department,Minot State University,"Minot, ND 58701",John
56,Carol Werdin,U.M.-Dept. of Ed. Psych.,"2037 University Ave., S.E.","Minneapolis, MN 55414",Carol
57,Wilfred Wienke,Western Virginia University,"Morgantown, WV 26506", ,Bill
58,Sarah Wilson,Garrett County B.O.E.,P.O. Box 59,"Oakland, MD 21550",Sarah

ACRES American Council on Rural Special Education
Miller Hall 359 • Western Washington University • Bellingham, WA 98225 • 206/676-3576

November 16, 1987

Lex Friedan
National Council for the Handicapped - #814
800 Independence Ave., N.W.
Washington, D.C. 20591

Dear Lex:

Enclosed are two copies of the most recent Rural Special Education Quarterly. At the editorial board meeting of the Journal of Rural and Small Schools, a suggestion was made to send copies of the Journal to every board member. I have decided to implement this suggestion for the Quarterly as well.

The rationale behind this decision is to help you maintain your interest in the publication. The second one is enclosed so that you will pass it along to a colleague, friend, or associate--whether close by or far away--who you believe would enjoy and benefit from reading it. Please also encourage a membership in ACRES and/or subscription to the RSEQ.

While your job as a reviewer is greatly valued and appreciated, I encourage you to also invest a few minutes every time an issue arrives to urge others to read and subscribe to the Quarterly. We need your help to grow, and to build membership and subscribers.

I have had feedback from several editorial board members who would like more contact with me. Let's call this a new beginning, and I will try to write or call each of you on a regular basis throughout the coming year. Please do not hesitate to contact me if you have any questions or concerns. If you have not received any manuscripts in recent months, it does not mean you are not needed. It only means that I haven't received manuscripts that fall under your area of expertise.

To give you an update on the state of the Quarterly, I am pleased to say that it has been a busy and full year for me. My goals have been to improve the physical appearance of the publication, maintain the highest quality content, and to put it back on its proper timeline. When I began in the fall of 1986, we were three issues behind. At this time, the RSEQ is one issue behind; volume 8, #3 which should be a fall issue, is scheduled to be out in December. The winter issue, which is a topical issue on the gifted in rural settings, will be out in early February. We should be right on target for the general spring issue in early April (volume 9, #1).

If you have any comments, suggestions or criticisms, please contact me; I welcome your feedback. Let's work together to continue to produce a top quality publication.

Sincerely,

Ginger

Ginger Oppenheimer, Managing Editor
Rural Special Education Quarterly

NEW ODD PAGE

Lex's Copy 4/26

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATIONS FOR FISCAL YEAR 1989

FRIDAY, APRIL 15, 1988

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 9:30 a.m., in room SD-192, Dirksen Senate Office Building, Hon. Lawton Chiles (chairman) presiding.

Present: Senators Chiles, Harkin, Bumpers, Weicker, and Domenici.

NATIONAL COUNCIL ON THE HANDICAPPED 10 PT. CAPS

STATEMENT OF SANDRA S. PARRINO, CHAIRPERSON 8 PT. BOLD CAPS

ACCOMPNAIED BY LEX FRIEDEN, EXECUTIVE DIRECTOR

PREPARED STATEMENT 10 PT. S.C.

Senator Weicker (presiding): The subcommittee will come to order.

We have as our first witnesses persons representing the National Council on the Handicapped, more particularly the very esteemed Chairman, Sandy Parrino, who has worked very closely with both the Appropriations Committee and the authorizing committees, and also in so doing, has well

represented the aspirations of the handicapped of this Nation. And she is accompanied by her very able Executive Director, or whatever it is they call you, Lex Frieden, who has to weather all the storms both of Sandy and myself. He's the guy who is sort of caught in the middle and does a great job in that respect.

So, Sandy, it is wonderful having you here, and please proceed.

Ms. Parrino: Thank you.

Mr. Chairman, as you know, my name is Sandy Parrino. I'm Chairman of the National Council on the Handicapped. We appreciate the opportunity to come before this subcommittee to present our justification for a fiscal year 1989 budget request in the amount of $974,000. In an effort to conserve time, however, we would like to request that the opening statement be incorporated into the record and take just a few moments to highlight five key areas.

Senator Weicker: It will be included in its entirety.

[The statement follows:]

INSERT 2a FOLLOWS

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Ms. Parrino: I would first like to mention our new report, which is I think in front of you, Senator, and there are a few copies here on the table, which is called On the Threshold of Independence. As promised, in January this year

we completed this congressionally mandated follow-up report to our first report which was called Toward Independence.

I would then like to mention four topics very briefly: equal rights of people with disabilities, education of children with disabilities, prevention of primary and secondary disabilities, and the need to discuss major issues facing families with disabled members.

The first topic, equal rights of people with disabilities. Several years ago the council became aware of the fact that people with disabilities in this country do not enjoy the same protection under the U.S. Constitution as other Americans do. And although there are a number of statutes and regulations that prohibit discrimination on the basis of handicap, there are too many gaps and not enough compliance. Too often the pursuit of employment and education and the enjoyment of public facilities and transportation are denied people with disabilities. Therefore, the members of the council decided three years ago that there was a need for a comprehensive civil rights law for Americans with disabilities, and we outlined that law in our report Toward Independence.

In 1987 after recognizing that our recommendation had not been acted upon, the council decided to write the act and hope that persons in Congress might introduce it. I am very proud to say and very grateful that Senator Weicker and

Senator Harkin have agreed to introduce this legislation which we named the Americans with Disabilities Act of 1988. I don't know if that is going to remain the title.

It is our understanding that this bill will be introduced two weeks from today on April 29. It is also our understanding that Congressman Coelho and Conte will introduce this bill at the same time in the House. For people with disabilities and family members like myself, this is an historic occasion, and I hope it will be historic for all people in this country.

Regarding the education of children with disabilities, the Council feels that there is a need for an independent national study on the education of disabled children. In 1983 the National Commission on Excellence in Education issued its report on Nation at Risk. This report was done by a blue ribbon panel of experts, outlined major problems facing education in America today and suggested how we as a nation might address these problems. Unfortunately, the report did not address the needs of students with disabilities and their families. The council believes that 11 years after the passage of Public Law 94-142, this is a critical unmet need which must be fulfilled.

I will also mention that the council commissioned a third Harris poll which has not yet been completed surveying parents of disabled children, educators of disabled children

and some disabled teenagers. We had hoped to have the results of this poll today. We will have the preliminary results in May. The council estimates that $3 million would be required over a two-year period, and the council would be willing to assume an oversight responsibility for this study.

The next is prevention of primary and secondary disabilities. As I think you are aware, the council is deeply committed to the prevention of both primary and secondary disabilities. And we are very encouraged by the progress which has been made by the Centers for Disease Control. The council's recommendation, pending approval by the full council, is that CDC receive $20 million for fiscal year 1989. this funding would allow CDC to expand the prevention of disabilities programs to 25 states with approximately 75 community-based prevention programs.

We further recommend that the Office of Disease Prevention and Health Promotion receive $500,000 and four FTEs for fiscal year 1989 which will enable the office to develop a national plan for prevention of disabilities and assure that such a plan maintains a focus on major issues confronting the disability community.

The council is particularly concerned about secondary disability. And CDC has indicated they understand this concern and that that will be a major part of their focus.

Lastly, the council recognizes that a tremendous

responsibility falls on the shoulders of parents and family members of persons with disabilities. And because it is our belief that the majority of human beings thrive better outside institutions and nursing homes, we encourage and promote the idea of disabled children and adults staying in their homes and communities whenever possible.

The council would like to conduct 10 regional conferences over an 18 month period in order to bring together persons with disabilities, parents, family members, service providers, advocacy groups and others to discuss major issues facing families such as equal rights, parental involvement and advocacy, living arrangements, insurance, community support systems, educational needs and rights of children with disabilities, disabled elderly, et cetera. We believe that by having conferences in the regions, it would allow individuals who would otherwise not be able to attend an opportunity to intend.

The intent is to take information to the people and reach groups traditionally overlooked, such as minorities, including Native Americans on reservations, people living in rural areas, immigrants and the homeless.

There would also be the possibility after the 10 regional conferences of having a national conference to bring together all the information and then bring the recommendations back to Congress from these regional conferences. I do have some

figures on that if you would like them.

That concludes my remarks, and we would certainly be happy to answer any questions.

~~[The statement follows:]~~

Senator Weicker: Thank you very much. I want to commend you, Sandy, again and your staff of the National Council for developing the historic legislation entitled Americans with Disabilities Act which I am going to have the honor to introduce along with Senator Tom Harkin on April 29, and as you have indicated, its sponsors on the House side.

Is it your sense from the many forums that the council has held around the country that people are ready to do what is necessary to get a comprehensive bill prohibiting discrimination against disabled persons? Do you think, in other words, there will be a grassroots push? I know how hard you have worked, how hard staff has worked, how hard, indeed, Senator Harkin and others on the House side have worked to try to get a consensus here. But now, how is it going to be received by the public?

Ms. Parrino: Yes. It is our understanding from the forums that this is a great concern of people with disabilities and their families, that they do not have protection under the Constitution that other people have. And I think there will be great interest all over the country, and even more so when others begin to find out that they don't have this protection. Many people, family members, disabled people, parents like myself, don't even know that we don't have that protection. We don't have any idea about it. We think we are equal to everybody else or

our children are equal, and we do not know that is not the case. So, I think if a very moderate mother like myself would be interested in seeing something like this go forward, I am assuming that there will be millions of other people equally interested.

Senator Weicker: I have one last question. I have other questions for response to the record, but I realize we have a full schedule here today.

~~[The information follows:]~~

~~[SUBCOMMITTEE INSERT]~~

~~Senator Weicker:~~ As you mentioned in your testimony last year, this subcommittee appropriated $3.8 million to the Centers Disease Control for a small grant program to assist community-developed programs aimed at the prevention of disabilities. Do you know how many states are now receiving funds from this program? Can you describe some of the program plans which those states are developing?

Ms. Parrino: I unfortunately cannot give you those answers.

Senator Weicker: Can you give them for the record?

Ms. Parrino: Yes, we certainly can.

Senator Weicker: Fine.

[The information follows:]

~~[SUBCOMMITTEE INSERT]~~

INSERT 10a FOLLOWS

Senator Weicker: You indicate it will be desirable to expand the small grants program to include other states. Could you give us an estimate as to the sufficient amount of funding to adequately meet the national need for community-based programs and prevention?

Ms. Parrino: I will provide that.

Senator Weicker: Would you like to provide that for the record also?

Ms. Parrino: Yes.

[The information follows:]

~~{SUBCOMMITTEE INSERT}~~

INSERT 11a FOLLOWS

Senator Weicker: Again, before turning over to Chairman Chiles, I just want to tell you that this council unlike so many other councils' projects here in Washington under your leadership has nothing but a string of accomplishments of actually having -- never mind hand-wringing and gaining sympathy -- your reports, your plumbing the depths of feeling by the American people in conjunction with the Harris organization, the legislation which you proposed. I have never seen any organization as long as I have been in Washington that has a record of production that equals yours and done on an absolute shoestring budget. My compliments to you.

Ms. Parrino: Thank you. I would just also like to say that really a lot of that credit should go to our staff, to Lex Frieden, our Executive Director, to people on the staff like Andy Farbman who have really made it possible. So, I think the credit should go to not only the members, but to the staff as well. Thank you.

Senator Chiles (presiding): Ms. Parrino, I understand there is some interest in the disabilities community for a comprehensive study on the impact of the Education of the Handicapped Act, Public Law 94-142. Do you think a comprehensive study is needed there?

Ms. Parrino: Yes, we do. We think that a national comprehensive study is needed because it is now 11 years

after the act was passed -- or 13, depending on whether you go by 1975 or 1977. And we haven't seen a study done similar to a Nation at Risk which we think was a very good study and had some good outcomes. We feel that a comprehensive look should be given to the education of disabled children.

We often hear they are being integrated, but are they being educated? And I think our main interest is what happens after school, after they finish the entitlement program. Are they going to be employed? Are they going to go on to other education, or what exactly is going to happen?

Senator Chiles: Who do you think would be best situated to conduct such a study? The council or more appropriately done by the Education Department?

Ms. Parrino: Well, it has been suggested that it would be --

Senator Chiles: Do you have any idea of the cost of such a study?

Ms. Parrino: Yes. We have estimated it would cost about $3 million over a two-year period, so about $1.5 million each year. And I think there are groups like the Carnegie people who have I think just completed a study on high schools. We did discuss it briefly, not specifically this study, but we have talked to them, and they do produce very good studies such as this.

QUESTIONS SUBMITTED BY THE SUBCOMMITTEE 10 PT. S.C.

Senator Chiles: Well, I have some other questions that I

will also submit for the record, and we thank you all very much for your appearance here today.

[The following questions were not asked at the hearing but were submitted to be answered for the record:]

INSERT 14a ... FOLLOWS

REMARKS BY
VICE PRESIDENT GEORGE BUSH
DISABLED AMERICANS AT WORK
INDIAN TREATY ROOM
MAY 19, 1987

THIS IS AN IMPORTANT OCCASION -- A CELEBRATION ON EMPLOYMENT OF AMERICANS WITH DISABILITIES, ORGANIZED EXCLUSIVELY BY DISABLED AMERICANS. I SALUTE YOU, BOB MULLER. FOR YOUR EXTRAORDINARY SUCCESS IN MAKING THIS POSSIBLE, AND I SALUTE THE CORPORATE REPRESENTATIVES HERE FOR SEEING THE FUTURE SO CLEARLY.

WHAT I WANT TO DO IS REAFFIRM WHAT I'VE SAID MANY TIMES IN THE PAST AND THAT IS THAT I SHARE YOUR GOAL OF INTEGRATING DISABLED AMERICANS FULLY AND EQUALLY INTO THE MAINSTREAM OF AMERICAN LIFE. AND I SHARE YOUR BELIEF THAT THE WAY TO ACCOMPLISH THIS GOAL IS BY INCREASING THE INDEPENDENCE OF DISABLED AMERICANS.

THE PRESIDENT AND I HAVE SAID MANY TIMES THAT OUR HIGHEST DOMESTIC PRIORITY IS TO ASSUME THAT EVERY AMERICAN WHO WANTS A PRODUCTIVE JOB IN THE PRIVATE SECTOR HAS A JOB. AND WE SAY EVERY AMERICAN, WE MEAN EVERY AMERICAN, INCLUDING THOSE WHO HAPPEN TO BE DISABLED.

UNFORTUNATELY, WE HAVE A LONG WAY TO GO IN THIS AREA. MANY DISABLED CITIZENS NO LONGER EVEN LOOK FOR WORK.

THOSE WHO DO FACE MANY BARRIERS: DISCRIMINATION, YES, BUT ALSO ADMINISTRATIVE AND REGULATORY OBSTACLES TO EMPLOYMENT AND THOSE WHO DO FIND WORK ARE OFTEN RELEGATED TO ONLY MARGINAL JOBS.

THE RESULT: AMERICA'S DISABLED CITIZENS ARE PERHAPS OUR GREATEST SOURCE OF UNTAPPED HUMAN POTENTIAL.

BUT THIS ADMINISTRATION IS WORKING TO INCREASE THE ECONOMIC AND PERSONAL INDEPENDENCE OF DISABLED AMERICANS. FOR EXAMPLE, WE'RE DEVELOPING DEMONSTRATION PROJECTS UNDER RECENTLY PASSED LEGISLATION TO SEE IF WE CAN CORRECT EMPLOYMENT DISINCENTIVES IN HEALTH INSURANCE REGULATIONS AND WE WANT TO PERSUADE OTHERS IN THE PRIVATE SECTOR TO WORK MORE AGGRESSIVELY WITH THOSE OF YOU HERE IN PLACING DISABLED AMERICANS.

WE ARE DOING THIS, SIMPLY, BECAUSE WE KNOW IT'S THE RIGHT THING TO DO.

BUT LET ME ADD THAT FOR VERY PRACTICAL REASONS I BELIEVE IT'S ALSO THE SMART AND NECESSARY THING TO DO -- FOR ALL OF AMERICA. THE WORLD HAS ENTERED AS ERA WHEN AMERICAN DOMINANCE IN WORLD TRADE IS CHALLENGED ON ALL FRONTS. WE CANNOT MAINTAIN OUR STRENGTH IN WORLD MARKETS UNLESS WE ALL PITCH IN. THAT MEANS THAT ALL OF AMERICA MUST UTILIZE YOUR TALENTS AND ABILITIES.

THIS JOINT CELEBRATION BETWEEN THE DISABLED AND MAJOR EMPLOYERS IS JUST ONE MORE REASON WHY I'M SO OPTIMISTIC ABOUT OUR NATION'S FUTURE. THE IDEAS REPRESENTED HERE ARE FRESH; THEY'RE VIBRANT AND THEY'RE EXCITING. IN LESS THAN 15 YEARS, DISABLED LEADERS LIKE EVAN KEMP, JUSTIN DART, LEX FRIEDEN, MARY DOREMUS, DAVID GRAY, ALAN REICH, AND HAROLD RUSSELL HAVE PUT TOGETHER A MOVEMENT OF REMARKABLE EFFECTIVENESS. BUT, MORE STILL NEEDS TO BE DONE.

WORKING TO OPEN OUR SOCIETY TO GREATER PARTICIPATION BY THE DISABLED WILL IMPROVE THE QUALITY OF LIFE NOT ONLY FOR DISABLED AMERICANS, BUT FOR ALL AMERICANS.

THANK YOU, AND GOD BLESS YOU.

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DISABLED AMERICANS AT WORK
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THANK YOU, AND GOD BLESS YOU.

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National Council on the Handicapped
800 Independence Avenue, S.W.
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Washington, D.C. 20591

202-267-3846 voice
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An Independent
Federal Agency

STATEMENT OF: THE NATIONAL COUNCIL ON THE HANDICAPPED

BY: LEX FRIEDEN, EXECUTIVE DIRECTOR

BEFORE THE: U.S. SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

DATE: APRIL 1, 1987

STATEMENT OF: THE NATIONAL COUNCIL ON THE HANDICAPPED

BY: LEX FRIEDEN, EXECUTIVE DIRECTOR

BEFORE THE: U.S. SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

DATE: APRIL 1, 1987

The National Council on the Handicapped appreciates this opportunity to present its views on the principles espoused in the proposed Civil Rights Restoration Act. The views I am expressing today are those of the Council and not the Administration. The Administration's views will be presented by the Departments of Justice and Education. As you are aware, the Council is an independent Federal agency comprised of 15 members appointed by the President and confirmed by the Senate. Congress has statutorily charged the Council with reviewing all laws, programs and policies of the Federal Government which affect persons with disabilities and making such recommendations as it deems necessary to the President, the Congress, the Rehabilitation Services Administration, the National Institute on Disability and Rehabilitation Research, and other Federal agencies and officials. Although many government agencies relate to the needs and concerns of people with disabilities, the National Council on the Handicapped is the only Federal

agency with such cross-cutting responsibility for disability issues -- regardless of age, disability type, employment potential, economic need, or other individual circumstances.

In its 1986 report to Congress and the President, Toward Independence, the Council commented on the central premise of the proposed Civil Rights Restoration Act:

> ... any person or agency that wishes to obtain Federal grant funds should be required to avoid or cease discriminating in all of its activities. Conversely stated, the Federal Government should not provide financial assistance to any person or agency that engages in discrimination in any part of its operations or activities.
> (Topic Paper on "Equal Opportunity Laws," Appendix, p. A-9)

In pursuing its statutory mandate of advising the Congress and the President on disability issues, the Council has held forums with people with disabilities all around the country. Time after time, individuals with disabilities have told the Council about the egregious discrimination they encounter in their daily lives -- discrimination in jobs, in elementary and secondary education, in higher education, in health services, in recreation, in transportation, in housing, in public accommodations, in obtaining the benefits of public programs and services, and in virtually every other facet of American life. On numerous occasions, Americans with disabilities have declared to the Council that their number one priority is for strong and comprehensive civil rights laws protecting them from discrimination based upon their disabilities. That such views are representative of Americans with disabilities generally is underscored by one of the findings of the 1986 Harris nationwide poll of disabled Americans; Louis Harris and Associates reported

as follows:

> When it comes to how disabled persons should be treated under the law, a near consensus emerges. Three out of every four (75%) disabled persons believe that civil rights laws that protect minorities against discrimination should also protect them. Only 17% disagree.
> (Louis Harris and Associates, Survey of Disabled Americans, p. 112)

The primary Federal statute prohibiting discrimination on the basis of handicap, Section 504 of the Rehabilitation Act of 1973, has had a tremendous impact in reducing discrimination against persons with disabilities. Since the decision of the Supreme Court of the United States in Grove City College v. Bell in 1984, however, the effect of Section 504 has been significantly blunted. In the case of Consolidated Rail Corporation v. Darrone (104 S.Ct. 1248 (1984)), decided on the same day as the Grove City ruling, the Supreme Court announced that the limitations upon civil rights coverage established in Grove City apply to Section 504 cases as well (104 S.Ct. at p. 1255). The Darrone case involved a claim of discrimination in employment. In the Council's opinion, this suggests that the limitations established in Grove City are not confined to the context of higher education.

The Council is aware of numerous types of situations affected adversely by the limitations imposed by the Grove City and Darrone rulings. Examples include:

- A man with multiple sclerosis was fired because of his disability from a job in a state office of probation and parole which receives substantial Federal grants, but not for the specific program in which the man worked.

- A college athlete is not allowed to participate in the intramural basketball program because of a visual impairment; the intercollegiate program of the college athletic program receives substantial amounts of Federal financial assistance and the student is the recipient of Federal student loans.

- A person who once had an epileptic seizure was excluded from a state job because of a rule against hiring people with a history of epilepsy; the department where the job is located receives Federal grants, but these funds cannot be traced directly to the program in which the individual applied for a job.

- A public school teacher is refused a teaching position because she has a visual impairment; the school system receives a variety of Federal funds, which can even be traced to the particular school, but the music department in which the particular job was located does not receive Federal funds.

In each of these situations, the individuals with disabilities would have been protected from discrimination prior to the Grove City decision, but now they are left without recourse under Section 504 against the blatant and despicable acts of discrimination they have suffered.

If our Nation's commitment to equality of opportunity for its citizens is to have any meaning, the Council believes that Congress must restore Section 504 and other civil rights laws to the breadth of coverage that they had prior to the Grove City and Darrone decisions. The Council has noted, in its Toward Independence report, that, even without the Grove City narrowing of the scope of Section 504, persons with disabilities have much less protection against discrimination than under civil rights laws protecting other groups. At some time in the future, the Council intends to provide this Committee with its views regarding a more comprehensive approach to prohibiting the discrimination faced by persons with disabilities. But the Council believes that an absolutely necessary first step is to return the scope of coverage of Section 504 and the other civil rights laws to their status before the Supreme Court's ruling in the Grove City case.

The Supreme Court of the United States has noted recently that discrimination against persons with disabilities is often rooted in "simple prejudice," "archaic attitudes and laws," and "erroneous but nevertheless prevalent perceptions about the handicapped" (School Board of Nassau County v. Arline, slip op. at pp. 4-5). There have been concerns about the implications of the Civil Rights Restoration Act as it applies to discrimination against persons with disabilities.

One concern is that employers are opposed to statutory prohibitions of employment discrimination against persons with disabilities. Louis Harris and Associates recently conducted a national poll of employers (representing equal subgroups of small, medium, and large businesses) to determine their opinions on such issues. By a substantial majority, employers recognized the need and indicated their support for nondiscrimination provisions protecting individuals with disabilities. Three-fourths of company managers interviewed reported that they believe that persons with disabilities often encounter job discrimination, and over 70% stated that civil rights laws should protect persons with disabilities.

A related concern is that it is very burdensome for employers to provide equal employment opportunities for persons with disabilities. The recent Harris poll of employers has reaffirmed prior studies that have consistently found that persons with disabilities make good or better than average employees. Based upon employers' responses, the Harris organization concluded, "Overwhelming majorities of managers give disabled employees a good or excellent rating on their

overall job performance," and further, "Nearly all disabled employees do their jobs as well or better than other employees in similar jobs." Employees with disabilities were rated as good or better than their nondisabled counterparts in regard to willingness to work hard, reliability, attendance and punctuality, productivity, desire for promotion, ability to take supervision, and leadership ability.

What about the costs of employing a person with a disability? Are job modifications for employees with disabilities very costly? The Council has examined existing studies of workplace accommodations provided for individuals with disabilities and concluded that accommodations are usually minor and inexpensive (see Toward Independence, Appendix, p. A-48). A 1982 Department of Labor study of workplace accommodations concluded that accommodation is "no big deal." The Harris poll of employers verifies the results of the earlier studies; the poll found large majorities of managers (approximately 75%) reporting that the costs of making accommodations are not expensive. While nearly one-half of companies reported that they had made some worksite modifications, an overwhelming majority stated that the costs of accommodations rarely drives the cost of employing a person with a disability above the average range of costs for other employees.

Some have argued that "Mom and Pop grocery stores" and "corner drugstores" will be saddled with the duty to make extensive and prohibitively expensive modifications of their premises to achieve accessibility for persons with

disabilities. Such hypotheticals are based upon a serious misunderstanding of Section 504 and its application. In the first place, Section 504, with or without the Restoration Act, applies only to recipients of Federal financial assistance. Suggestions that the acceptance of food stamps could trigger the application of Section 504 are totally groundless. The Council has never heard nor been apprised of any case in which Section 504 coverage was predicated upon the receipt of food stamps by a small business.

Secondly, those small businesses that do qualify as recipients of Federal financial assistance are subject to the "small provider" exceptions of Section 504. Since their original issuance, Section 504 regulations have included provisions exempting small providers (i.e., agencies with fewer than fifteen employees) from certain requirements, including the obligation to make significant alterations to existing facilities to achieve accessibility and to comply with recordkeeping and reporting requirements. This exception for small providers is specifically retained in the current version of the Restoration Act as it relates to Section 504.

The specter of Section 504 placing onerous and excessive burdens upon small businesses is further dispelled when one understands that Section 504 only requires reasonable modifications. Both the regulations and the court cases that have applied Section 504 have made it clear that the statute only requires the making of reasonable accommodations and alterations for the benefit of an individual with a disability;

unduly burdensome or unreasonable changes are not required by Section 504.

Finally, the Council wishes to note that many businesses, including Mom and Pop grocery stores and corner drugstores, have been willing to make their facilities accessible to and usable by persons with disabilities. Such changes have not proven to be exorbitantly expensive nor disruptive to business. Making facilities architecturally accessible benefits not only persons with disabilities but also many other customers, including elderly individuals, people pushing strollers and shopping carts, pregnant women, and many others. The Council is aware that many States and local governments have seen fit to mandate architectural accessibility as part of their building codes and ordinances. Obviously, architectural accessibility is not an impossible or unachievable goal.

In the Council's view, our entire society benefits from initiatives to secure increased opportunities for persons with disabilities. At the very least, citizens with disabilities are entitled to have Section 504 -- the primary statute that protects them from discrimination -- restored to the scope of coverage that it had prior to the Grove City decision.

ORRIN G HATCH UTAH
ROBERT T STAFFORD VERMONT
DAN QUAYLE INDIANA
STROM THURMOND SOUTH CAROLINA
LOWELL P WEICKER JR CONNECTICUT
THAD COCHRAN MISSISSIPPI
GORDON J HUMPHREY NEW HAMPSHIRE
STAFF DIRECTOR AND CHIEF COUNSEL
MINORITY STAFF DIRECTOR

United States Senate

COMMITTEE ON LABOR AND
HUMAN RESOURCES
WASHINGTON, DC 20510

April 16, 1987

Lex Frieden
Executive Director
National Council on the Handicapped
800 Independence Ave., S.W.
Suite 814
Washington, D.C. 20591

Mr. Frieden:

The enclosed transcript of your remarks is furnished your review of testimony and/or answers to questions and necessary typographical and grammatical corrections. r clarifying changes will be accepted if they do not ge the original statements.

Please make all corrections in **RED OR ANOTHER RASTING COLOR** directly onto the attached transcipt. If ngthy insert is necessary, please staple it to the page rigin with point of insertion clearly marked. Also I d appreciate your supplying, at this time, any documents information requested during your appearance before the ittee.

WITHIN THREE DAYS, kindly return the transcript and any ested materials to the attention of Mr. James W. Powell, or, Senate Committee on Labor and Human Resources, ed States Senate, Washington, D.C. 20510. An addressed, age-paid mailing label is enclosed for your convenience. Powell's telephone number is 202/224-7657.

Sincerely,

Thomas M. Rollins
Staff Director and
Chief Counsel

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TRANSCRIPT OF PROCEEDINGS

UNITED STATES SENATE

* * *

COMMITTEE ON LABOR AND HUMAN RESOURCES

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HEARING ON CIVIL RIGHTS RESTORATION ACT OF 1987

* * *

WASHINGTON, D. C.

April 1, 1987

MILLER REPORTING COMPANY, INC.
507 C Street, N.E.
Washington, D.C. 20002
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Senator Mikulski. We would now like to welcome Lex Frieden, the Executive Director of the National Council on the Handicapped.

Mr. Frieden, in addition to my own welcome is that of Senator Kennedy. Senator Weicker in particular asked me to give you a special "hello" for him, but committee business elsewhere prevents him from being here. The very causes that you advocate means he is there shepherding them in another committee. So a special "hi" from him.

Mr. Frieden. Thank you very much, Senator.

My name is Lex Frieden. I am Executive Director of the National Council on the Handicapped. I am accompanied here today by ~~Bob~~ Robert Burgdorf, Jr., Research Specialist with the ~~handicapped~~ Council and a person who the Council considers to be one of the most knowledgeable experts in the field of disability law today.

On behalf of our Chairperson, Sandra Perrino, and the members of the National Council on the Handicapped, I would like to thank this Committee for seeking the Council's views on this very important piece of legislation ~~which is~~ being considered here today. We are pleased to be able to share our opinions about the principles addressed by this legislation.

As you know, the Council is an independent Federal agency made up of 15 members who are appointed by the President, confirmed by the Senate, and charged with the responsibility of reviewing all Federal laws, programs, and policies affecting the lives of people with disabilities

advising the President and the Congress on those matters ~~of~~ policy.

The views which we will express here today are those of the National Council on the Handicapped and do not necessarily represent those of any other Federal agency or the Administration. I would like to have the complete text of our statement included in the record if we may, please.

In the process of pursuing its statutory mandate and advising Congress and the President on disability issues, the Council has had the opportunity to hear, by the mechanism of public forums, from disabled people all over the United States. During the past six years, the Congress has heard from literally thousands of people with disabilities, their parents, service providers and concerned individuals and I ~~must say~~ the number one concern addressed by people with disabilities throughout the country is that they need to have equal opportunities and equal rights protection under the law.

Thousands of people have recounted numerous examples of experience in their lives when they ~~feel~~ as though they have been discriminated against on the basis of disability. If I may, Madame Chairperson, I would like to share with you an example of one such experience that occurred in my own life.

Nearly 20 years ago, I broke my neck in an automobile accident while I was a freshman in college. Less than a year after that, I applied for admission to a major university in

the Southwest, and my admission application was denied strictly on the basis of the fact that I was disabled. I was concerned by that. I spoke to the university administrators, and I was told that that was university policy. I inquired from others about this policy and was told that I had no protection under the law; that in fact this discrimination was legal, ~~and~~ I considered it at the time to be legal assault.

I must say that I was somewhat dismayed by that, ~~as~~ you might imagine; I was demoralized, and certainly disillusioned about the protections which we as Americans expect to have in this great Nation.

In 1973, ~~in~~ the Rehabilitation Act ~~of 1973~~, Section 504 was included, ~~which~~ many of us felt really was our civil rights affirmation. Millions of disabled people rejoiced at Section 504 of the Rehabilitation Act and have depended on it since then ~~to refer to~~ in ~~a matter of~~ instances where discrimination ~~was~~ the case.

However, since the Grove City decision in 1984, millions of people with disabilities have once again ~~been~~ disillusioned. I might add that my own personal experience could be repeated today by people with disabilities applying for admission to universities; on the basis of the Grove City decision, they could be denied admission.

I believe that it is important for this Committee to clearly understand the tremendous responsibility which we all

face now in reversing the Grove City decision.

Disabled people want to have the opportunity to be productive citizens. We want to be independent. We want to be taxpayers and not tax users.

It is clear to us that the protections enjoyed by other groups must be enjoyed by people with disabilities. The Council is committed to the restoration of the civil rights provisions of Section 504 of the Rehabilitation Act. In our report which we ~~offered~~ the President and Congress a year ago, the Council stated that any person or agency that wishes to obtain Federal grant funds should be required to avoid or cease discriminating in all of its activities.

Conversely stated, the Federal Government should not provide financial assistance to any person or agency that engages in discrimination in any part of its operations or activities.

If our Nation's commitment to equality of opportunity for its citizens is to have any meaning at all, the Council believes that Congress must restore Section 504 and other civil rights laws to the breadth of coverage that they had prior to the Grove City and the Darrone decisions. The Council has noted in its "Toward Independence" report that even with the Grove City narrowing of the scope of Section 504, persons with disabilities have much less protection against discrimination than under civil rights laws protecting

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Madame Chairperson, the Council is aware of other concerns which have been expressed by witnesses here today and by others about the implications of the Civil Rights Restoration Act as it applies to discrimination against persons with disabilities. One concern that we have heard is that employers are opposed to statutory prohibitions of employment discrimination against persons with disabilities. Data that we have from a recent Lou Harris poll, however, contradicts that indication. Three-fourths of company managers interviewed by the Harris firm reported that they believe that persons with disabilities often do encounter job discrimination, and over 70 percent stated that civil rights laws should protect persons with disabilities.

We have also heard that it is burdensome for employers to provide equal employment opportunities for persons with disabilities. The Harris poll reaffirmed prior studies that indicate employers believe people with disabilities are among

their best employees.

Another thing that we have heard is that employing people with disabilities costs inordinate amounts of money. A 1982 Department of Labor study of workplace accommodations concluded that accommodating disabled people is, quote, "no big deal." The Harris poll of employers verifies the results of the earlier studies. The poll found large majorities of managers reporting that the costs of making accommodations are indeed not expensive and not prohibitive.

Finally, some have argued that "mom and pop" grocery stores and corner drugstores will be saddled with the duty to make extensive and prohibitively expensive modifications of their premises to achieve accessibility. They have stated that there are onerous and excessive burdens which may be faced by small providers. Such hypotheticals are based upon serious misunderstandings of Section 504 and its applications. Those small businesses that do qualify as recipients of Federal financial assistance are subject to the small provider exemptions of Section 504.

Furthermore, Section 504 requires only reasonable modifications to be made.

Finally, Madame Chairperson, we believe that many small businesses want to accommodate people with disabilities. I grew up in a small community in northwestern Oklahoma, and most of the businesses in that community could be characterized

as small businesses. Our family depended on those small businesses, and everyone else in that rural community did. Those community stores, providers made many accommodations for people with disabilities and they did so voluntarily; they did so with the best intentions.

We believe that employers, providers do not want to discriminate against people with disabilities, but the fact is they occasionally do, and when they do, people with disabilities should be protected by law against such discrimination.

In the Council's view, our entire society benefits from initiatives to secure increased opportunities for persons with disabilities. At the very least, citizens with disabilities have a right to expect the provisions restored to the scope of coverage that they had prior to the Grove City decision.

Thank you very much.

Senator Mikulski. Thank you very much for that very thorough testimony.

[Statement follows:]

Senator Mikulski. I have for you, Mr. Frieden, two questions, one from Senator Weicker and one from Senator Harkin, and then a question for you, Mr. Conway.

Mr. Frieden, a question for you from Senator Weicker. He asks, "Lex, we heard from Mr. Disler earlier this morning that the Administration is proposing its own bill to address the Grove City decision which does not appear to address all the adverse implications of Grove City. Among other problems, their bill does not provide for institution-wide coverage of discrimination against the disabled. Now the question. Given the Council's role as an independent advisory agency charged with advising the Administration and Congress on disability policy, were you involved in the development of the Administration's Grove City bill?"

Mr. Frieden. In our report to the President and to the Congress last year, "Toward Independence", the Council did offer recommendations on these matters to both the Administration and the Congress. More recently, the Council has advised the Justice Department of our desire to work further on developing legislative proposals based on the recommendations contained in that report.

We have not been informed by the Justice Department of work proceeding on the development of an Administration bill and have not had the opportunity to contribute to the development of that bill thus far.

If we did have the opportunity, I would say that our recommendations would be consistent with those offered here today.

Senator Mikulski. Thank you, but in summary the answer is "No" to Senator Weicker's testimony; is that correct?

Mr. Frieden. That is right.

Senator Mikulski. The reason I am asking for Senator Weicker and Senator Harkin, as you know, they have been probably the foremost advocates in developing constructive domestic public policy for the handicapped. Senator Weicker's championship is, I think, well-known; and Senator Harkin chairs our Subcommittee on the Handicapped on this Committee. He wanted me to ask you this. He went back to the Conference Report accompanying the '74 Amendments that explained that Section 504 was enacted to prevent discrimination against all handicapped individuals, whether that be in employment, health, or any other Federally-aided program.

What he then goes on to say is that, "Today, almost every agency that provides Federal financial assistance has issued regulations to implement 504." Then he says, "Is the need to prohibit discrimination in employment, as well as in the receipt of the services by intended beneficiaries of Federal assistance as valid today as it was 13 years ago? And is the need to prohibit discrimination by all Federally-aided programs, not simply education programs, as valid as it

was 13 years ago? Absolutely

Mr. Frieden. Certainly. There is no doubt that the need to prevent discrimination any time it occurs in this country is as valid today as it was 13 years ago. The Council is aware that many agencies of Federal Government have promulgated regulations under Section 504. Some of those regulations are good models. And we believe that many people with disabilities have benefitted from the provisions in Section 504 and the implementation of those provisions by Federal agencies.

However, discrimination continues to occur, and we need to provide legislative protection for people with disabilities who do face discrimination in employment, in education, in the receipt of benefits from Federal programs and so forth.

Senator Mikulski. Thank you.

Mr. Frieden. Thank you.

Senator Mikulski. Mr. Conway, I want to go on to your concerns about business, which of course is a concern of mine. I grew up in a family where my mom and dad operated a small neighborhood grocery store of the kind described by Mr. Frieden in his testimony. My grandmother ran a "Famous Mikulski's Baker Shop" so we are small business people.

My question to you is what does NAM think the pre-Grove City coverage was, and what is the basis for that conclusion? In other words, take for example on page 4, and tell the

TRANSCRIPT OF PROCEEDINGS

UNITED STATES SENATE

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COMMITTEE ON LABOR AND HUMAN RESOURCES

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HEARING ON CIVIL RIGHTS RESTORATION ACT OF 1987

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April 1, 1987

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546-6666

Senator Mikulski. We would now like to welcome Lex Frieden, the Executive Director of the National Council on the Handicapped.

Mr. Frieden, in addition to my own welcome is that of Senator Kennedy. Senator Weicker in particular asked me to give you a special "hello" for him, but committee business elsewhere prevents him from being here. The very causes that you advocate means he is there shepherding them in another committee. So a special "hi" from him.

Mr. Frieden. Thank you very much, Senator.

My name is Lex Frieden. I am the Executive Director of the National Council on the Handicapped. I am accompanied here today by ~~Bob~~ Robert Burgdorf, Jr., Research Specialist with the National Council on the Handicapped and a person who the Council considers to be one of the most knowledgeable experts in the field of disability law today.

On behalf of our Chairperson, Sandra Swift Perrino, and the members of the National Council on the Handicapped, I would like to thank this Committee for seeking the Council's views on this very important piece of legislation ~~which is being considered here today~~. We are pleased to be able to share our opinions about the principles addressed by this legislation.

As you know, the Council is an independent Federal agency made up of 15 members who are appointed by the President, confirmed by the Senate, and charged with the responsibility of reviewing all Federal laws, programs, and policies affecting the lives of people with disabilities and

advising the President and the Congress on those matters ~~of policy.~~

The views which we ~~will~~ express here today are those of the National Council on the Handicapped and do not necessarily represent those of any other Federal agency or the Administration. I would like to have the complete text of our statement included in the record if we may, please. Thank you.

In the process of pursuing its statutory mandate and advising Congress and the President on disability issues, the Council has had the opportunity to hear, by the mechanism of public forums, from disabled people all over the United States. During the past six years, the ~~Congress~~ Council has heard from literally thousands of people with disabilities, their parents, service providers and concerned individuals. ~~and it must say~~ The number one concern addressed by people with disabilities throughout the country is that they need to have equal opportunities and equal ~~rights~~ protection under the law.

Thousands of people have recounted ~~numerous~~ examples of ~~experience in their lives~~ instances when they ~~feel~~ felt as though they ~~have~~ had been discriminated against on the basis of disability. ~~If it may, Madame Chairperson,~~ I would like to share with ~~you~~ the Committee an example of one such experience that occurred in my own life.

Nearly 20 years ago, I broke my neck in an automobile accident while I was a freshman in college. Less than a year after that, I applied for admission to a major university in

the Southwest, and my admission application was denied strictly on the basis of the fact that I was disabled. I was ~~concerned~~ disturbed by that denial. I spoke to the university administrators, and I was told that ~~that~~ this action was based on university policy. I inquired from others about this policy and was told that I had no protection under the law; that in fact this discrimination was perfectly legal although ~~and~~ I considered it ~~at the time~~ to be a legal assault.

I must say that I was somewhat dismayed by that as you ~~might~~ can imagine, I was demoralized, and certainly disillusioned about the legal protections which we as Americans expect to have in this great Nation.

~~In 1973, in~~ When the Rehabilitation Act of 1973 was passed and included Section 504, ~~was included, which~~ that many of us felt ~~really~~ was our civil rights affirmation. Millions of disabled people rejoiced at the promises of Section 504 of the Rehabilitation Act and since then have depended on it ~~since then to refer to~~ for protection ~~in a matter of~~ in instances where discrimination ~~was the case~~ has occurred.

However, since the Grove City decision in 1984, millions of people with disabilities have once again ~~been~~ become disillusioned. I might add that my own personal experience could be repeated today by people with disabilities applying for admission to universities on the basis of the Grove City decision, they could be denied admission strictly on the basis of their disabilities.

I believe that it is important for this Committee to clearly understand the tremendous responsibility which we all

face now ~~in~~ to reversing the Grove City decision.

Disabled people want to have the opportunity to be productive citizens. We want to be independent. We want to be taxpayers and not tax users.

It is clear to us that the protections enjoyed by other groups must be enjoyed by people with disabilities. The Council is committed to the restoration of the civil rights provisions of Section 504 of the Rehabilitation Act. In our report, "Toward Independence," which we ~~offered~~ submitted to the President and Congress a year ago, the Council stated that any person or agency that wishes to obtain Federal grant funds should be required to avoid or cease discriminating in all of its activities.

Conversely stated, the Federal Government should not provide financial assistance to any person or agency that engages in discrimination in any part of its operations or activities.

If our Nation's commitment to equality of opportunity for its citizens is to have any meaning at all, the Council believes that Congress must restore Section 504 and other civil rights laws to the breadth of coverage that they had prior to the Grove City and ~~the~~ Darrone decisions. The Council has noted in ~~its~~ "Toward Independence" ~~report~~ that even ~~with the~~ before Grove City narrowed ~~of~~ the scope of Section 504, persons with disabilities ~~have~~ had much less protection against discrimination than other groups had under civil rights laws protecting

them
~~other groups.~~ At some time in the future, the Council intends to provide this Committee with its views regarding a more comprehensive approach to prohibiting the discrimination faced by persons with disabilities. But the Council believes that an absolutely necessary first step is to return the scope of coverage of Section 504 and the other civil rights laws to their status prior to ~~before the~~ Supreme Court's ruling in the Grove City case.

~~Madame Chairperson,~~ the Council is aware of other concerns which have been expressed by witnesses here today and by others about the implications of the Civil Rights Restoration Act as it applies to discrimination against persons with disabilities. One concern that we have heard is that employers are opposed to statutory prohibitions of employment discrimination against persons with disabilities. Data that we have from a recent Lou Harris poll, "Employing Disabled Americans," however, contradicts that indication. Three-fourths of company managers interviewed by the Harris firm reported that they believe that persons with disabilities often do encounter job discrimination, and over 70 percent stated that civil rights laws should protect persons with disabilities.

Another unconfirmed belief is
~~We have also heard~~ that it is burdensome for employers to provide equal employment opportunities for persons with disabilities. The Harris poll reaffirmed prior studies that indicate employers believe people with disabilities are among

The majority of managers rated disabled employees as good or excellent on their overall job performance.

their best employees.

Another thing that we have heard is that employing people with disabilities costs inordinate amounts of money. A 1982 Department of Labor study of workplace accommodations concluded that accommodating disabled people is, ~~quote~~ "no big deal." The Harris poll of employers verifies the results of the earlier studies. The poll found large majorities of managers reporting that the costs of making accommodations are indeed not expensive and certainly not prohibitive.

Finally, some have argued that "mom and pop" grocery stores and corner drugstores will be saddled with the duty to make extensive and prohibitively expensive modifications of their premises to achieve accessibility. They have stated that there are onerous and excessive burdens which may be faced by small providers. Such hypotheticals are based upon serious misunderstandings of Section 504 and its applications. ~~Those~~ & Small businesses that do qualify as recipients of Federal financial assistance are subject to the small provider exceptions of Section 504.

Furthermore, Section 504 requires only reasonable modifications to be made.

Finally, ~~Madame Chairperson,~~ we believe that many small businesses want to accommodate people with disabilities. I grew up in a small community in northwestern Oklahoma, and most of the businesses in that community could be characterized

as small businesses. Our family depended on those small businesses, as did and everyone else in that rural community ~~did.~~ The small businesses and ~~Those community stores,~~ providers in that community made many accommodations for people with disabilities and they did so voluntarily; they did so with the best intentions.

We believe that most employers and providers do not intentionally want to discriminate against people with disabilities, ~~but~~ the fact is that they occasionally do discriminate, and when they do, people with disabilities should be protected by law against such discrimination.

In the Council's view, our entire society benefits from initiatives to secure increased opportunities for persons with disabilities. At the very least, citizens with disabilities have a right to expect that existing ~~the~~ provisions be restored to the scope of coverage that they had prior to the Grove City decision.

Thank you very much. I would be happy to answer any questions.

Senator Mikulski. Thank you very much for that very thorough testimony.

[Statement follows:]

Senator Mikulski. I have for you, Mr. Frieden, two questions, one from Senator Weicker and one from Senator Harkin, and then a question for you, Mr. Conway.

Mr. Frieden, a question for you from Senator Weicker. representing the Dept. of Justice. He asks, "Lex, we heard from Mr. Disler earlier this morning that the Administration is proposing its own bill to address the Grove City decision which does not appear to address all the adverse implications of Grove City. Among other problems, their bill does not provide for institution-wide coverage of discrimination against the disabled. Now the question. Given the Council's role as an independent ~~advisory~~ Federal agency charged with advising the Administration and Congress on disability policy, were you involved in the development of the Administration's Grove City bill?"

Mr. Frieden. In our report to the President and to the Congress last year, "Toward Independence", the Council did offer recommendations on these matters to both the Administration and the Congress. More recently, the Council has advised the Justice Department of our desire to work further on developing legislative proposals based on the recommendations contained in that report.

We have not been informed by the Justice Department of work proceeding on the development of an Administration bill and have not had the opportunity to contribute to the development of that bill thus far.

If we did have the opportunity, I would say that our recommendations would be consistent with those offered here today.

Senator Mikulski. Thank you, but in summary the answer is "No" to Senator Weicker's testimony; is that correct?

Mr. Frieden. That is right.

Senator Mikulski. The reason I am asking for Senator Weicker and Senator Harkin, as you know, they have been probably the foremost advocates in developing constructive domestic public policy for ~~the~~ handicapped persons. Senator Weicker's championship is, I think, well-known; and Senator Harkin chairs our Subcommittee on the Handicapped on this Committee. He wanted me to ask you this. He went back to the Conference Report accompanying the '74 Amendments that explained that Section 504 was enacted to prevent discrimination against all handicapped individuals, whether that be in employment, health, or any other Federally-aided program.

What he then goes on to say is that, "Today, almost every agency that provides Federal financial assistance has issued regulations to implement 504." Then he says, "Is the need to prohibit discrimination in employment, as well as in the receipt of the services by intended beneficiaries of Federal assistance as valid today as it was 13 years ago? And is the need to prohibit discrimination by all Federally-aided programs, not simply education programs, as valid as it

was 13 years ago?

Mr. Frieden. ~~Certainly.~~ Absolutely. There is no doubt that the need to prevent discrimination any time it occurs in this country is as valid today as it was 13 years ago. The Council is aware that many agencies of the Federal Government have promulgated regulations under Section 504. ~~Some of those regulations are models.~~ And we believe that many people with disabilities have benefitted from the provisions in Section 504 and the implementation of those provisions by Federal agencies.

However, discrimination continues to occur, and we need to provide legislative protection for people with disabilities who do face discrimination in employment, in education, in the receipt of benefits from Federal programs and so forth.

Senator Mikulski. Thank you.

Mr. Frieden. Thank you.

Senator Mikulski. Mr. Conway, I want to go on to your concerns about business, which of course is a concern of mine. I grew up in a family where my mom and dad operated a small neighborhood grocery store of the kind described by Mr. Frieden in his testimony. My grandmother ran a "Famous Mikulski's Baker Shop" so we are small business people.

My question to you is what does NAM think the pre-Grove City coverage was, and what is the basis for that conclusion? In other words, take for example on page 4, and tell the

The University of Oklahoma

REHABILITATION ADMINISTRATION
AND MANAGEMENT PROGRAMS
1700 Asp Avenue, Building 158
Norman, Oklahoma 73037

(405) 325-4913

February 2, 1988

Mr. Lex Friedan

National Council of the Handicapped
800 Independence Avenue SW, Suie 814
Washington, DC 20591

Dear Lex,

On Thursday and Friday February 25 and 26 RAMP is sponsoring a forum entitled "Standards in the State / Federal Vocational Rehabilitation Program". The forum will be held at the Airport Marriott Hotel at the Dallas-Fort Worth Airport in Texas; it will convene at 9:00 a.m. on February 25 and conclude by 12:00 noon on February 26.

We are inviting a select group of state agency administrators and a limited number of upper level state agency staff. Other invitees will include RRCEP Directors and representatives of RSA Central and Regional offices.

You are being invited because of your specific interest and knowledge in this subject area and because you are a recognized leader in the Rehabilitation field. Your expense incurred in attending these meetings will be met by RAMP.

RAMP is concluding a three year RSA funded project entitled Rehabilitation Program Standards Training; "Standards Based Management". The forum will be one of the final activities of the grant. It will provide an opportunity to share and discuss the various activities of the project and to examine the potential future role of Standards in the state/federal vocational rehabilitation program.

The purposes of the forum are:

* to summarize the standards training in the ten regions with discussion of agency utilization of standards

* to provide a follow-up assessment on training participants' perception of agency utilization of standards based management

* a presentation and discussion on the value of Standards in Policy Formation and Implementation

* presentation and discussion of Cost Benefit/Cost Effective models presently being utilized by VR agencies and their managerial uses

* presentation and discussion on the mandate for development of standards in specific program areas and the implications for the state VR agency

* presentation and discussion on standards and strategic planning for the 1990's

For your convenience, we have arranged with the Airport Marriott to direct bill us for your room, meals, and gratuities while attending the forum. On checking out you will simply sign your bill and pay for any incidental charges. We will also reimburse you at coach air fare for your transportation. The Marriott provides complimentary transportation between the terminal and the hotel.

We hope that your busy schedule will permit you to attend this forum. If we have not heard from you by February 17 we will call you. We will personally make a reservation for you at the Marriott for the nights of February 24 and 25.

Sincerely,

C. Owen Pollard,
Management Specialist

COP/rdm

Insert Nat'l Mtg
on Info + Rehab

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Attached to
Following Page

THE STATE UNIVERSITY OF NEW JERSEY
RUTGERS

Institute of Management and Labor Relations • Center for Human Resources
Ryders Lane • Cook Campus • P.O. Box 231 • New Brunswick • New Jersey 08903 • 201/932-9888

July 30, 1987

Mr. Lex Frieden
Executive Director
National Council on the Handicapped
800 Independence Avenue, S.W.
Washington, DC 20591

Dear Lex:

Here is Ethan's draft of a summary of your June 29th talk. Please let Judy Kapp of our staff know if you have any edits to suggest.

We'd like to send this out to a mailing list of about 100, (those in attendance plus some who couldn't be present) with your permission.

Thank you.

Sincerely,

David Ford

David Ford
Director

cc: George Chizmadia
Ethan Ellis

THE STATE UNIVERSITY OF NEW JERSEY
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Institute of Management and Labor Relations • Center for Human Resources
Ryders Lane • Cook Campus • P.O. Box 231 • New Brunswick • New Jersey 08903 • 201/932-9888

PROGRESS OF PEOPLE WITH DISABILITIES

Summary of an Evening Conversation

with

Lex Frieden

June 29, 1987

at the

Center for Health Affairs, Princeton, NJ

Sponsored by:

The Division of Vocational Rehabilitation Services,
New Jersey Department of Labor
and
The Center for Human Resources,
Rutgers University

Lex Frieden, Executive Director of the National Council on the Handicapped, is a powerful example of advocacy by and for people with disabilities. He has combined community activism with responsibilities as the administrator of important academic and government organizations. Since he broke his neck in an accident as an Oklahoma high school senior in 1967, he has:

* Organized people with disabilities in Tulsa, Oklahoma and Houston, Texas

* Co-founded the Coalition of Texans with Disabilities and the American Coalition of Citizens with Disabilities

* Taught rehabilitation at the Baylor School of Medicine

* Served as a consultant to the ~~Congressional~~ Committee of Science and Technology

Chosen as the first Executive Director of the expanded National Council on the Handicapped in 1984, he moved quickly to produce the widely acclaimed "Toward Independence," a report to the President, the Congress and the country on the status of people with disabilities and the programs which serve them. Issued in 1986, its recommendations have become a handbook for progress in that field. It has also served as a model for similar efforts at the state and local level, most notably "Certain Inalienable Rights" issued in New Jersey this April by the Governor's Task Force on Services for Disabled Persons with support from the Rutgers Center for Human Resources.

In his conversation with consumers and providers at Princeton, Frieden made six important points. He illustrated most of them from his own broad experience. Those points are:

* People with disabilities should have the chance to make many choices for themselves that the world now tries to make for them.

* They are allowed to make more choices now than they used to, but there's still much progress to be made before they can make all those critical choices necessary to function in the world as fully as they can.

* That progress will be made when people with disabilities overcome their superficial differences, recognize what they have and want in common, and unite politically to get it.

* Many people with disabilities learn to make choices in Independent Living Centers. That control over their own lives gives them the power to unite to make more progress.

* What they want is already spelled out in the recommendations in "Toward Independence."

* Some of these recommendations have already been adopted; others are being discussed in Congress now. These will be adopted when people with disabilities push together for them politically.

Making Choices Then and Now: Some Progress

Frieden recalled two things that happened to him shortly after he was disabled to illustrate the physical, legal and attitudinal barriers which limited his choices then. The punch line of each story shows how progress has since been made.

While he was in the hospital, he was sent to see a rehabilitation counselor. This man, who also used a wheelchair,

gave Lex a battery of tests. The counselor said the tests showed that Lex was smart enough to do just about anything he wanted to. Then he gave Lex a book by Jill Kinmont who taught school in a wheelchair. "She's just like you," he said, "You should be a school teacher too."

Lex asked if that was what the tests showed. When the man said no, he asked if he could be an engineer, which was what he had always wanted to be. The man said he probably could be according to the tests, but he would never make a good living because engineers have to travel a lot and people like Lex can't travel. Lex knew he was right because the man was in a wheelchair too. Today that man is a pastoral (church) counselor. Those who took his place begin by asking people with disabilities what they want to become and then work together with them to make those goals possible.

Frieden then applied to a nearby university to become a school teacher. It was the newest school in the state and most of its buildings were accessible. He was turned down flat. He called the Dean to ask why. He was told that the university had a policy against admitting handicapped students. In vain Frieden reviewed his qualifications: he was at the top of his class, he had a Presidential scholarship. He even explained how he'd manage the few buildings that weren't accessible. "I'm sorry," said the Dean, "we have a policy."

He was accepted at the University of Tulsa where he majored in Psychology because courses in that subject were held in the only building that was accessible. The Dean at Tulsa volunteered to move the other courses Lex wanted to take into that building and he was able to broaden and finish his college education. "It shows what can happened when people want to find opportunities rather than barriers," Frieden commented.

In 1977, after passage of Section 504, Frieden got a letter from the President of the university which had turned him down nine years earlier. It said that Section 504 had made their policy invalid and they'd be glad to admit him now, especially if he still had his Presidential Scholarship.

Discovering Unity

While he was going to school in Tulsa, Lex's Dad saw a newspaper headline "HANDICAPPED GROUP ORGANIZING" and decided that Lex should go to the meeting. Lex didn't want to go, but his Dad took him anyhow. Lex didn't know what upset him most: being taken there against his will (and missing a TV football game); being in the same room with ten other handicapped people; or the whole idea of people with disabilities organizing.

The people at the meeting wanted to change things. They wanted to make Tulsa more accessible. They wanted one of the other colleges to accept people with disabilities. Lex had a

school to go to and a grandfather to drive him there in a van. His father put food on the table and his mother put him to bed at night. Those problems didn't have anything to do with him. Talking about them with people with disabilities only made him uncomfortable.

After that, the President of the group, Michael Phillips, called and asked him to take on several assignments. He did, but wouldn't go to any more meetings. One day Phillips called and announced that he was coming by the Frieden home that Sunday to pick up something Lex had written for the group. Lex panicked. What would the neighbor's think? He got along well with them, but Phillips not only used a wheelchair, he was a dwarf.

The day came and a van pulled up in front of Lex's house. A ramp extended from its side and out came not only the dwarf, but his wheelchair, wife and two children. "The neighbors will think I'm importing them," Lex thought. When he recovered he noticed that his parents, and even his teenage sister, were perfectly comfortable with the Phillips family. After a good visit, Mike Phillips invited the Friedens to come over to their house. When they did, Lex discovered that Mike lived in an even nicer part of town than he did.

"That visit was a very important experience for me," Frieden told the group. Through it he learned that people with disabilities could live alone, have their own homes and families, and create their own life styles. Wanting that too, Lex discovered that he had a lot in common with Mike and other members of the group, much more in common than the superficial differences of their various disabilities.

Frieden began to go to meetings. Things began to change in Tulsa. The city agreed to ramp sidewalks so that people with disabilities could use them. Mike Phillips explained that sidewalks were public places built with public taxes, so everyone had a right to use them, short, tall or disabled. That right, to use public places, to be in society, is the heart of the disability movement's philosophy. Frieden learned it in Tulsa and has been guided by it ever since.

TRR

Making Choices and Making Changes

In graduate school, Frieden lived in an old nursing home which the Texas vocational rehabilitation agency had fixed up and turned over to people with disabilities to live in and run. The first night there, he looked around for someone to put him to bed. "I didn't see anyone in a white coat," he said. Somebody pointed to a hippie down the hall and said, "That's the help."

OK

The hippie agreed to help Lex go to bed, but when Lex parked his wheelchair in the room and waited, the hippie just stood and waited too. Then Lex asked him to lift him under the arms and put him on the bed. "I'll be glad to," the hippie said, and he did.

"Can you get my clothes off?" asked Lex. The man said yes, but didn't move.

"Well, can you unbutton my shirt?"

"I'll be glad to," and he did.

"Could you pull off my pants?"

"Sure," and he did.

Step by step, with Lex instructing him on every item, the hippie undressed him and put him under the covers. "I learned things that were going on with me that I hadn't thought of since my accident when my mother put me to bed. For the first time in three and a half years, I had put myself to bed, had made every decision in the process, instead of just lying there, thinking about a football game."

Lex thought about that all night. "This is what independence is all about, being responsible, making decisions that affect your life." He liked the idea . . . . very much.

In Houston, Texas, and all over the country in the early 1970s, people with disabilities like Frieden began to work out the philosophy of Independent Living. The energy they got from making decisions about their own lives was converted into making changes in the world so that they could live in it more independently . . . . so they could make more decisions for themselves. They organized self-help groups in Massachusetts, California, Texas and many other states. They joined together with groups of parents of disabled children and lobbied Congress and got Sections 503, 504 and P.L. 94-142 passed. Together they formed a national movement of people with disabilities and things are still changing today because of it.

The Agenda for Change: "Toward Independence"

One of those changes was the creation of the National Council on the Handicapped. Set up originally in the U.S. Department of Education in 1978 and composed of such distinguished members as Dr. Elizabeth Boggs of New Jersey, the group's original purpose was to give advice to Congress and the President on matters affecting people with disabilities, particularly research issues. They made many thoughtful recommendations, however, because they were poorly situated within the large bureaucracy of that department, many of those recommendations were lost and the President and Congress never saw them.

In 1983 Congress made the Council an independent agency, expanded its function and charged it with the responsibility of evaluating all federal programs which affect people with disabilities and report its findings directly to the President, Congress and the nation. In its first report, "Toward Independence" the National Council on the Handicapped found that the federal government spends about $100 billion to assist people with disabilities. Most of that money goes to provide needed services such as income maintenance and medical care. Only a small part of it goes to programs which help people with disabilities become independent: about $1 billion each for the state/federal vocational rehabilitation program and special education; only $27 million for Independent Living programs; and another $30 million for other advocacy services.

In meetings held around the country, the Council asked people with disabilities and the parents of children with disabilities what they thought of these programs. They all agreed that most of them were needed and some of them could be improved or expanded.

They also agreed that there was an even greater need for services which would assist people with disabilities to live more independently and stronger laws to guarantee their right to do so. The list they came up with includes: accessible transportation, housing and recreation, stronger laws on access to public places, and a comprehensive civil rights act for people with disabilities to protect them from exclusion and discrimination.

Altogether, there were forty-five items or recommendations on the list. It was very similar to a list that any group of parents and people with disabilities would draw up. In fact, it looked remarkably like the list which had been drawn up in 1976 at the White House Conference on the Disabled.

The National Council on the Handicapped decided it needed something more than just another list. It needed a plan to make that list a reality. It decided to do two things. First, it would issue a report card to the President and Congress every two years to let them know how they were doing on each of the forty-five recommendations. Secondly, the Council would actively encourage consumers to press government and the country to do more on each of the recommendations.

The Interim Report Card: What's Passed and What's Pending

Frieden then gave a brief update on what has happened to the recommendations since "Toward Independence" was released and what is happening now.

The so-called "Baby Bill" has already become law. It extends special education services so that they are now available to infants with disabilities from birth to two years of age.

Senator Ted Kennedy of Massachusetts and Senator Arlan Spector of Pennsylvania have introduced an amendment (S-558) to the Fair Housing Act which would require that all apartments on the ground floor of two-story garden apartments and all apartments in buildings of more than two stories be accessible. That bill is before the Senate Committee and may come up for a vote in the fall.

Frieden said that he also expected that a comprehensive Civil Rights Act covering all people with disabilities would be introduced after Congress returned from its Summer Recess.

In his closing remarks, Frieden stressed that people with disabilities can accomplish the full agenda of "Toward Independence" if they become involved in the political process. He pointed out that people with disabilities number 36 million in the nation today. They and their families make up a powerful force for change. He reiterated that Independent Living Centers and other advocacy groups can mobilize this potential to make their goals realities.

In answer to the question, "What can we do in New Jersey?", he made the following points:

* Join a group of local disability activists

* Become a member of a national disability lobbying organization

* Get newsletters telling about pending legislation

* Write letters to New Jersey's Senators and Congresspeople on every bill that will move the agenda "Toward Independence"

He said that he would be watching how Senators Bill Bradley and Frank Lautenberg vote on the Kennedy/Spector amendment (S-558) to the Fair Housing Act making new apartment buildings accessible. He told his listeners that he expected them to convince those New Jersey Senators to support it.

Summary by Ethan Ellis

National Rehabilitation Association

633 South Washington Street
Alexandria, VA 22314
(703) 836-0850
836-0852 TDD

Jack G. Duncan
General Counsel
1213 29th Street, N.W.
Washington, D.C. 20007
(202) 333-5841

January 25, 1988

Lex Frieden
Executive Director
National Council on the Handicapped
800 Independence Ave., Suite 814, S.W.
Washington, DC 20591

Dear Lex:

The National Rehabilitation Association will be holding its **Seventh Annual Governmental Affairs Seminar** in Washington, D.C. on **March 13-16, 1988.** We would like to invite you to participate in the Seminar.

As one of the nation's strong advocates for persons with disabilities, we would like to invite you to be a part of the Seminar and make a few remarks to our Seminar participants on **Monday, March 14, 1988** from **11:00 am to 11:15 am.** The meeting will be in **2175 Rayburn House Office Building.**

The Seminar provides some of our members (100-125 persons representing both consumers and providers), from across the country with a practical knowledge of the legislative process, awareness of activities within Federal agencies, and the groundwork necessary to become a part of the vital advocacy process.

The Seminar gives NRA members the opportunity to meet with Administration officials about major rehabilitation issues which affect the lives of millions of Americans with disabilities. Just as important, the Seminar gives NRA members the insight that their involvement in the advocacy process does make a difference.

In preparing your presentation we would appreciate your focusing your remarks on a review of the National Council on the Handicapped and the activities which the Council is concerned with at this time.

If you have any questions, please call my office at 333-5841. We look forward to your participation in the Seventh Annual NRA Governmental Affairs Seminar.

Sincerely,

Jack

Jack G. Duncan
Governmental Affairs Counsel

MAJORITY MEMBERS:
MAJOR R. OWENS, NEW YORK, CHAIRMAN
PAT WILLIAMS, MONTANA
MARIO BIAGGI, NEW YORK
AUGUSTUS F. HAWKINS, CALIFORNIA, EX OFFICIO

(202) 226-7532

MARIA A. CUPRILL, STAFF DIRECTOR

MINORITY MEMBERS:
STEVE BARTLETT, TEXAS
JAMES M. JEFFORDS, VERMONT, EX OFFICIO

COMMITTEE ON EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES
518 ANNEX I
WASHINGTON, DC 20515

SUBCOMMITTEE ON SELECT EDUCATION

March 10, 1988

Mr. Lex Frieden
c/o National Council on the Handicapped
800 Independence Avenue
Washington, D.C. 20591

Dear Mr. Frieden:

I am writing to invite you to testify at the Subcommittee on Select Education's oversight hearing concerning the Office of Special Education and Rehabilitative Services, the Rehabilitation Services Administration, and future directions for disability policy. The hearing will be held on Wednesday, March 16, at 2:00 p.m., in Room 2175 Rayburn House Office Building. The members of the Subcommittee would appreciate hearing your views on the future of rehabilitation, disability policy, and independent living services for people with disabilities. I am asking you to testify as an individual and not in your capacity as Executive Director of the National Council on the Handicapped.

We ask that you provide seventy-five (75) copies of your testimony in advance (by noon on Monday, March 14.) Please have these copies delivered to Jillian Evans, Subcommittee on Select Education, 518 House Annex 1. In order to allow sufficient time for follow up questions, we ask that your oral presentation be limited to no more than a 5 to 7 minutes summary of your written testimony. In any event, your entire written testimony will be submitted for inclusion in the hearing record.

Should you have any further questions regarding the hearing, please contact Bob Tate of the Subcommittee staff at (202) 226-7532. We look forward to your testimony.

Sincerely yours,

Major R. Owens

MAJOR R. OWENS
Chairman

INTERNATIONAL CONFERENCE
AND MEETING SPECIALISTS (ICMS)

Mr. Lex Frieden
Director
National Council on the Handicapped
800 Independence Ave., S.W.
Suite 814
Washington, D.C. 20591

July 22, 1986

Dear Lex:

Please let me thank you again for the time you took out of your busy schedule to give me some very useful hints and information. I am very much looking forward to hear you speak on October 2 and hope that we can interest a lot of planners in this very important subject. May I ask you to mail me a one-to-two page outline, a short bio and any special request you have by July 29 if possible. We have a copy deadline by August 1 and would very much appreciate to have all bios and outlines by July 29.

Mary Jane has agreed to speak also and I will be meeting with her this coming Friday. There is a possibility for a third speaker who will give us the hotel's point of view. I will be meeting with her probably next Monday. Each of you would be speaking about twenty minutes, and we then will have a question/answer period. I should like to mention that Mary Jane sounds very, very interesting and I am really looking forward to meeting her on Friday. I believe you two will compliment each other's talk and I am truly thrilled to have you both on this program.

Also, let me tell you again how very much interested I am in organizing a workshop in Switzerland for disabled persons. I have outlined some general ideas on how it could be developed.

1) Invite 25-30 disabled persons from all over the United States to participate in a workshop/lecture trip in Zurich, Switzerland for seven days.

2) The conference would be limited to <u>professionals only</u> who would use the newly gained knowledge in their respective professions here in the U.S. They could be business people, professors, managers in government agencies, researchers, etc. No one could attend "just for the fun of it". Guests could accompany the conference participant but no children would be allowed along on the trip. And guests would not be allowed to take part in the workshop itself but would be invited to all the recreational events. Each attendant would have to submit a request/proposal stating the reason why they want to take part in this workshop and how it could enhance their present work. A committee headed by you would screen each application, and then select the best and most qualified people.

3) Tying in to the professional/educational emphasis at this workshop, I would coordinate the fund-raising approach to several philanthropic foundations as

well as corporations, and other miscellaneous Swiss and American organizations. Your council would be the sponsoring arm and my firm would provide all the "legwork" in obtaining funding. You would be the project leader, and my firm would act as conference manager, responsible for logistics, scheduling, speaker arrangement, negotiations, etc. We also would handle all financial matters such as preparing the budget and the final accounting. I would have my attorney draw up a contract between your council and my firm (are there any special requirements involved since you are a government agency?)

4) A suggested travel date would be early August 1987 but we might have to look at 1988. We would depart on a Saturday night, arriving early Sunday morning in Zurich. Sunday would be a rest day (nursing our jet lag), with a welcoming reception held that night. The workshop would start Monday morning and end on Friday afternoon. On the following Saturday and Sunday, we would travel as a group to two different cities to sightsee and relax, returning each night to the host hotel in Zurich. Departure for New York would be on Monday from where each participant would then fly out to his/her own destination.

5) We would lunch each day at the hotel, so as not to interrupt the workshops. Several interesting variations for dinners could be arranged, such as a dinner/cruise on Lake Zurich or any of several excellent Zurich restaurants. Group entertainment and sightseeing excursions could be arranged as well.

6) We could have a keynote speaker such as Senator Dole or someone of that stature for either a opening or mid-week speech. We also would invite a Swiss political dignitary for that night.

7) Workshop leaders, lecturers, breakout sessions would be appropriately scheduled depending on the topics and formats to be used.

8) To the extent beneficial and desirable to your organization, we could arrange to get press coverage both here and in Switzerland.

9) We could make it a one or a two-subject conference. Something along the lines of politics, economics, business, social issues and make it a comparative study. (I should have made this #3)

Rather than being overly specific, I've tried to present a very broad outline of possibilities, realizing that as things shape up, many other details have to be discussed such as insurance coverage, medical needs etc. But for now this will hopefully suffice to have you give some serious thought to this. Would you please let me know as soon as possible, if you like the idea. If you believe your council would support the idea, I would suggest a meeting should be arranged to discuss this in more detail.

If you believe that this would be totally out of the realm of your council, could you recommend another sponsoring arm I could take this idea to (preferably non-government)? I still would suggest that you then be the project leader, with the other organization being the sponsor.

Again, let me thank you for the information you have provided me, and for agreeing to speak on October 2. We are truly honored. I have enclosed a brochure on MPI for your information. I will call your secretary Thursday or Friday to set up another appointment with you and Mary Jane and also our Committee chairman. We then can discuss everything in more detail.

Best wishes,

Yolanda

Yolanda Ravazzolo

Enclosure: MPI brochure

For Lex 6/14

Leonard Gottesman
At Cane Penn
Wants speech re: proceedings.
215-668 2030

Kathy Roy wants talk
to Lex.

POLICY PARAMETERS

Cross disability
(all)

all ages

Optimal consumer control

all income levels
- cost sharing

include broad range
of personal care
& domestic services

include 24 hour
to respite options

not site dependent

not disincentive to employment

range of contract options

provides consumer training

provide agency training

provide adq. training/
recruitment

reasonable wages
& benefits

require consumer
involvement in
admin. & policy dev.

T9 Res

Def. attd care
technical

personal
rel. to IL
Houston / Dep.
Irving

NCH Recs.

PERSONAL ASSISTANCE: ATTENDANT SERVICES, READERS AND INTERPRETERS

EXECUTIVE SUMMARY TEXT: BECAUSE OF THE CRITICAL IMPORTANCE OF SUCH SERVICES IN FOSTERING INDEPENDENCE AND AVOIDING EXPENSIVE INSTITUTIONALIZATION, THE COUNCIL RECOMMENDS A NATIONAL COMMITMENT TO DEVELOPING A QUALITY SYSTEM OF ATTENDANT SERVICES, READERS, AND INTERPRETERS.

PERSONAL ASSISTANCE RENDERED BY ATTENDANTS, READERS, INTERPRETERS AND ADVOCATES, IN CONJUNCTION WITH OTHER COMMUNITY-BASED SERVICES CAN BE AN EFFECTIVE AND ECONOMICAL MEANS FOR REDUCING THIS NATION'S RELIANCE ON INSTITUTIONS AND ENABLING MOST PEOPLE WITH DISABILITIES TO LIVE INDEPENDENTLY. STABLE FUNDING AND A COORDINATED SYSTEM FOR PROVIDING THESE SERVICES ARE NEEDED FOR THIS TO HAPPEN.

THE DEVELOPMENT OF A COORDINATED APPROACH AS OUTLINED IN THE REPORT WILL REQUIRE THE INVOLVEMENT OF PEOPLE WITH DISABILITIES IN THE PLANNING AND THE DEFINITION OF WHAT THESE SERVICES WOULD ENTAIL.

THE RECHANNELING OF SOME OF THE FUNDS THAT CURRENTLY SUPPORT INSTITUTIONS TO SUPPORT THE DEVELOPMENT OF DEMONSTRATION PROJECTS WOULD BE A COST-EFFECTIVE MEANS OF CAREFULLY IMPLEMENTING A NATIONAL PROGRAM. THIS WOULD BE DONE BY THE SOCIAL SECURITY ADMINISTRATION IN CONSULTATION WITH THE NATIONAL COUNCIL. AS A MAJOR PORTION OF THE RESOURCES WHICH SUPPORT PERSONS WITH SEVERE DISABILITIES IN INSTITUTIONAL SETTINGS COMES FROM TITLE XIX OF THE SOCIAL SECURITY ACT IT IS BELIEVED THAT A SUBSTANTIAL NUMBER OF THESE INDIVIDUALS COULD HAVE LIVES OF CONSIDERABLY MORE INDEPENDENCE AND PRODUCTIVITY IF FUNDING CURRENTLY CONSUMED BY

INSTITUTIONS AND SERVICES

ISSUES

Definition
- Medical - nonmedical
- role of consumer/control
- My Houston experience

Eligibility
- function
- Dis type
- age
- work-related
- financial need

Delivery mechanism
- role of agency
- role of family
- Volunteers
- Home
- Health
- research
- new models

Funding
- $100 million
- $ Billion
- Standards
- R&D
- innovation

Integration of present sources

Conversion of potential savings

Independence / Dependence Issues

INSTITUTIONS AND SERVICES REQUIRING MEDICAL SUPERVISION COULD BE MADE AVAILABLE FOR PERSONAL ASSISTANCE SERVICES.

RECOGNIZING THE FAR-REACHING EFFECTS OF SUCH CHANGES IN THE LANGUAGE OF THE SOCIAL SECURITY ACT, COMPREHENSIVE STUDIES OF THE MOST COST-EFFECTIVE MEANS FOR INCREASING FUNDING FOR PERSONAL ASSISTANT SERVICES SHOULD PRECEDE SUCH CHANGES, USING THE DATA GAINED IN THE DEMONSTRATION PROJECTS.

COMMUNITY BASED SERVICES FOR INDEPENDENT LIVING

EXECUTIVE SUMMARY TEXT: TO ACHIEVE PRODUCTIVITY AND INDEPENDENCE, PEOPLE WITH DISABILITIES REQUIRE A RANGE OF SUPPORT SERVICES ACCORDING TO THE NATURE AND DEGREE OF THEIR DISABILITIES. THE COUNCIL PROPOSES A VARIETY OF MEASURES, INCLUDING AMENDMENTS AND FUNDING SUPPORT UNDER PARTS A AND B OF TITLE VII OF THE REHABILITATION ACT, TO PROMOTE THE AVAILABILITY OF COMMUNITY-BASED SERVICES FOR INDEPENDENT LIVING.

IN 1983 IN ITS NATIONAL POLICY FOR PERSONS WITH DISABILITIES, THE COUNCIL DEFINED INDEPENDENT LIVING AS "CONTROL OVER ONE'S LIFE BASED ON THE CHOICE OF ACCEPTABLE OPTIONS THAT MINIMIZE RELIANCE ON OTHERS IN MAKING DECISIONS AND IN PERFORMING EVERYDAY ACTIVITIES". TO DO THIS, DISABLED PEOPLE SOMETIMES NEED A WIDE RANGE OF SUPPORT SERVICES, DEPENDING ON THE TYPE OF DISABILITY THEY HAVE. AN INDIVIDUAL WITH A SEVERE PHYSICAL DISABILITY MAY NEED ASSISTANCE WITH PERSONAL CARE, DOMESTIC TASKS, TRANSPORTATION, ARCHITECTURAL MODIFICATIONS AT HOME OR WORK, OR OTHER SERVICES. PERSONS WITH SENSORY DISABILITIES MAY NEED ASSISTANCE WITH COMMUNICATION, AS PROVIDED BY READERS AND INTERPRETERS. PERSONS WITH MENTAL DISABILITIES MAY REQUIRE ASSISTANCE WITH COGNITIVE TASKS OR A DEGREE OF SUPERVISION TO LIVE INDEPENDENTLY. THE COUNCIL IS COMMITTED TO THE PHILOSOPHY OF INDEPENDENT LIVING AND THAT SERVICES SHOULD BE COMMUNITY-BASED.

FOR COMMUNITY-BASED INDEPENDENT LIVING TO BECOME A REALITY FOR AMERICANS WHO HAVE SEVERE DISABILITIES, INSTITUTIONAL BIAS WITHIN MEDICAID AND OTHER PROGRAMS FUNDED UNDER THE SOCIAL SECURITY ACT MUST BE REPLACED BY A PREFERENCE FOR COMMUNITY-BASED

Thank you

Com Se dyst.
se Cohen
Pa NFW
er Cohen
other friends

Pa. — good start
congrats

attd care — give context
context 12

Main pole

ISSUES

def.
personal experience
dig.
del. med
funding

Principles

NCH recs — general

State of the Cst

Next steps
organize

Questions

Thanks

Issues in planning

Parameters & Conditions
- Principles -
State of the art - WI's Study

Recs. from WI & elsewhere

Next Steps

attendant care in the context of a definative set of needs

~~find sponsors to introduce bills~~

Harris Poll

equal
opportunity 75%

independent living
employment 2/3

barriers

attitudes - descrimination
transportation
personal assistance
fear
medical rehab.
education

opportunity for progress
24-36 million people
more than hispanics
75% identification rate

Where are we? State of the art 5

Selected data from WID report on attendant care.

STUDY METHODOLOGY
66 programs were reviewed in 29 states. These included respite programs, programs which included personal care and/or domestic services on a long term basis and programs for all age groups. The study excluded programs that were short-term, which only served people who had a mental illness or mental retardation or which only served Vocational Rehabilitation clients.

AGE OF PROGRAMS
77% of the programs were under 10 years old, though the oldest was 31 years old. Generally this indicates how new the field is.

PURPOSE
Of the programs surveyed, 85% gave as their purpose to prevent unnecessary institutionalization and to maintain people in their own community. 55% saw themselves as containing costs. And 12% were trying to allow people to work.

CONSUMER CONTROL
Individual providers of attendant care almost all allowed a great degree of consumer control of services, including training the attendant, paying the attendant and involvement in hiring and firing. Government Agencies, on the other hand, tended to allow the least consumer control, with less than 20% allowing consumer involvement in any of the activities I just mentioned.

FUNDING
The Federal share in programs reviewed, including all types of federal funding available, accounted for 35.5% of the funds spent on attendant care. State funds alone accounted for 57.6%. Of the federal share Medicaid was the largest contributor, 21.4% of the total. The total expenditure of the 66 programs reviewed was $1,190,988,000.

EXPENDITURES
Expenditures per client ranged from $30 to $44,304. Waiver programs spent much more money per client than non-waiver programs. Costs also decreased with reduction in requirements for medical supervision. Personal care services were the most expensive to provide ($6,228 per client) while respite programs were the least ($196 per client).

206

next steps

continue demonstrations

- refine programs
- obtain costs data
- obtain benefits data
- obtain need data

start new demonstrations

accumulate and consolidate data

study policy options – Medicaid, etc.

~~seek sponsorship in Congress~~

organize – ~~votes~~

Organize

use existing groups
develope and publicize positions

form national coalition around 1 issue
develope and publicize consensus position

educate the Administration

organize politically
find sponsors at precint level
local level
district level
state level
national level

obtain indorsements
secure platform statements

find sponsors to introduce bills

SERVICES. RECOMMENDATIONS MADE IN THIS REPORT ARE MADE WITH THAT GOAL IN MIND.

CONSUMER-CONTROLLED INDEPENDENT LIVING CENTERS HAVE BEEN AN EFFECTIVE MEANS OF PROVIDING INDEPENDENT LIVING SERVICES TO SEVERELY DISABLED INDIVIDUALS. BY REQUIRING STATES TO USE AT LEAST 50 PERCENT OF THE FUNDS RECEIVED FOR INDEPENDENT LIVING SERVICES TO MAKE GRANTS TO LOCAL PUBLIC AGENCIES AND NONPROFIT ORGANIZATIONS WHICH MEET THE COUNCIL'S STANDARDS FOR INDEPENDENT LIVING CENTERS, DEVELOPED IN 1985, THIS WILL ASSURE THAT FUNDING GOES TO THE AGENCIES ESTABLISHED AND OPERATED FOR THE PURPOSE OF PROVIDING INDEPENDENT LIVING SERVICES. ALSO, BY PROVIDING CORE FUNDING FOR CONSUMER-RUN, COMMUNITY BASED INDEPENDENT LIVING TO COMPETE FOR along WITH STATE VOCATIONAL REHABILITATION PROGRAMS, THIS WILL ASSURE THE SIGNIFICANT INVOLVEMENT OF DISABLED PEOPLE IN POLICY DIRECTION AND MANAGEMENT, AND ENCOURAGE THE DEVELOPMENT OF NEW INDEPENDENT LIVING CENTERS.

IT IS ESSENTIAL THAT THE HEALTH CARE FINANCING ADMINISTRATION EXAMINE THE INSTITUTIONAL BIAS THAT APPEARS TO EXIST IN THE MANNER IN WHICH MEDICAID AND OTHER PROGRAM FUNDS WHICH IT ADMINISTERS ARE SPENT. THE COUNCIL BELIEVES THAT STRICTLY MAINTENANCE-ORIENTED INSTITUTIONAL PROGRAMMING IS INDEFENSIBLE AND UNNECESSARY. PEOPLE WHO HAVE SEVERE DISABILITIES SHOULD BE GIVEN THE OPPORTUNITY TO TRY TO ACHIEVE SELF-DIRECTION AND INDEPENDENCE TO THE MAXIMUM OF THEIR POTENTIAL, IN THE MOST DIGNIFIED AND LEAST RESTRICTIVE ENVIRONMENT. FUNDAMENTAL CHANGES ARE NEEDED IN THE MANAGEMENT AND STRUCTURE OF PROGRAMS FUNDED UNDER HCFA.

SINCE MANY EXPENSES RELATED TO INDEPENDENT LIVING, GAINING EMPLOYMENT, PERSONAL CARE ASSISTANCE ARE NOT CURRENTLY REIMBURSABLE, CHANGES IN THE INTERNAL REVENUE CODE TO ALLOW A TAX CREDIT FOR PORTIONS OF THESE EXPENSES WOULD ALSO HELP MANY TOWARD INDEPENDENCE.

Special Sampler Issue

REHABILITATION EDUCATION

Official Journal of the
National Council on Rehabilitation Education

Featuring: "NCRE Position Statement
on Undergraduate Rehabilitation Education"

Volume 1, 1987

PERGAMON PRESS
New York • Oxford • Beijing • Frankfurt • São Paulo • Sydney • Tokyo • Toronto

REHABILITATION EDUCATION

Official Journal of *The National Council on Rehabilitation Education*

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Publishing, Subscription and Advertising Offices: Pergamon Journals Inc., Fairview Park, Elmsford, New York 10523, USA and Pergamon Journals Ltd., Headington Hill Hall, Oxford OX3 0BW, England.

Published Quarterly. *Annual institutional subscription rate* (1987): US$75.00; *Two-year institutional subscription rate* (1987/88): US$142.50. Prices are subject to change without notice. Members of the National Council on Rehabilitation Education receive this journal as part of their membership. Notify 8 weeks in advance of address change with a copy of the subscription mailing label. *Microform subscriptions:* Information available upon request.

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Rehabilitation Education, Vol. 1, p. *i*, 1987
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EDITORIAL

The seeds from which this journal sprouted were planted over a decade ago, when the Council of Rehabilitation Counselor Educators (CRCE) expanded its philosophy and membership categories to all rehabilitation educators, researchers, and trainers to become the National Council on Rehabilitation Education (NCRE). With that expansion to include all university-based rehabilitation educators came the need for a scholarly forum in which to present current rehabilitation education research findings, curriculum development, new educational strategies and a forum for the airing of current issues which effect the development and expansion of university-based programs.

Just as rehabilitation continues to be a dynamic and enduring area, rehabilitation education grows and endures. The recent reorganization of the structure of NCRE reflects that growth and commitment to growth. The recent study of counselor competencies undertaken by NCRE with funding from the National Institute for Disability and Rehabilitation Research, and other scholarly endeavors such as the position paper presented in this sampler issue which defines the term "qualified" rehabilitation professional, show the rehabilitation community that NCRE has come of age.

This journal will be the medium for continuing documentation of our "coming of age." The journal invites articles on rehabilitation education from all of our constituent groups and from rehabilitation educators, researchers and trainers who are not currently part of the NCRE fold. We encourage submissions from medical and vocational rehabilitation, continuing education, job placement and vocational evaluation educators and trainers from the proprietary sector. This is your forum. This is a chance for you to share the knowledge you have gained, to critique the developments in the field and to respond to current issues in formal fashion. Please use it.

I very much appreciate the strong support and encouragement I have received from the NCRE Board in the pursuit of this journal. Vinnie Scalia and Joe Afanador were especially helpful as we delved into advantages and disadvantages there would be in this endeavor. I would also like to thank the members of our editorial advisory board and our associate editors for the work which they have already done to get us through this first issue. The personnel at Pergamon Journals, especially Phyllis Hall and Jacqui Berlinger, have been quite an asset as we struggled through these first steps. Finally, I would like to thank my editorial assistant at I.I.T., Bonnie Martin, for her commitment and "obsessive-compulsive" behavior in moving things along.

Chrisann Schiro-Geist
Editor-in-Chief

Rehabilitation Education, Vol. 1, pp. 1–9, 1987
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NATIONAL COUNCIL ON REHABILITATION EDUCATION[1] POSITION STATEMENT ON UNDERGRADUATE REHABILITATION EDUCATION

Approved by NCRE Board on November 7, 1986

ABSTRACT. *The following position statement on undergraduate rehabilitation education was approved by the NCRE Executive Board on November 7, 1986. The statement outlines the objectives of a baccalaureate in general rehabilitation services education and describes an ideal curriculum. It addresses skills, employment possibilities, relationship to graduate study, other areas of undergraduate education, and research recommendations. The statement is the culmination of three years of study by the NCRE National Committee on Undergraduate Rehabilitation Education. However, as would be expected, the topic has been the subject of considerable study, discussion, and investigation by various individuals and groups for a number of years.*

The chair of the committee will soon publish a comprehensive paper discussing the professional literature, activities, and applications that provide the background for this position statement. The position statement will serve as an appendix to this paper. This publication will be produced in April, 1987, as part of the Commonwealth Papers *series through the Center for Public Affairs, in cooperation with the Department of Rehabilitation Counseling, of the School of Community and Public Affairs at Virginia Commonwealth University, Richmond, Virginia. The position statement itself is being published in* Rehabilitation Education *prior to the publication of this paper by permission of Virginia Commonwealth University.*

This position statement by the National Council on Rehabilitation Education (NCRE) pertains primarily to the baccalaureate in general (as opposed to specialty) rehabilitation services education. However, undergraduate rehabilitation educa-

[1]NCRE Committee on Undergraduate Rehabilitation Education: Gerald L. Gandy, Virginia Commonwealth University, Chairperson; Daniel Crawford, University of Northern Colorado; Douglas A. Dunlap, University of Maine at Farmington; Thomas L. Evenson, North Texas State University; Ronald H. Karst, Emporia State University; E. Davis Martin, Jr., Virginia Commonwealth University; Jeanne Boland Patterson, Florida State University; John K. Thompson, Seattle University; Barbara Witten, Bluegrass Comprehensive Care Center (Frankfort, Kentucky).

tion in the United States of America also includes courses at the two-year, community college level, as well as minors and rehabilitation specialties or specializations at the four-year college or university level. These aspects of rehabilitation are addressed under the section of this statement entitled "Other Areas of Undergraduate Rehabilitation Education." NCRE considers the other areas of such undergraduate education to be in need of additional attention and study. However, the critical issue at the present time appears to be the considerable diversity among the various baccalaureate programs in rehabilitation services education in the United States. Consequently, NCRE offers this statement to provide a clearer definition of the ideal purpose and role of the baccalaureate in rehabilitation services education, in order to encourage more consistency among these programs and better establish the role of undergraduate education in the rehabilitation field.

OBJECTIVES OF BACCALAUREATE EDUCATION

The ideal objective of all undergraduate education is the attainment of an informed and, one hopes, an enlightened understanding of the human condition. This understanding derives from a solid grounding in the liberal arts—which includes the arts and humanities, the natural sciences, and the social sciences. The undergraduate degree in rehabilitation services provides a unique focus in that it introduces students to the realities of physical and mental disability and their effects on all people's lives. It also gives the student an elementary grounding in the unique contributions of the holistic approach of rehabilitation in meeting the challenges posed by a variety of human problems, including but not restricted to physical, emotional, and intellectual disabilities, and economic and social disadvantagement.

Therefore, the ideal purpose of a baccalaureate in rehabilitation services education can best be described as providing the student with a broad, liberal arts education combined with a basic understanding of physical, mental, emotional, and social disabilities. The student is initially provided with a liberal arts foundation that includes the arts and humanities, the natural sciences, and the social sciences. Upon this foundation is built a basic understanding of how to help people with physical, mental, emotional, or social disabilities learn to lead more productive lives. Three general, post-baccalaureate possibilities exist, depending on the needs and interests of students: (1) employment in a wide range of rehabilitation-related and human service positions, (2) graduate study in rehabilitation counseling or allied professions, and (3) employment or graduate study in other career areas that emphasize human relations or interpersonal skills. These possibilities are elaborated upon as follows:

1. *Employment in Rehabilitation-Related and Human Service Positions:* Baccalaureate graduates have the background to perform functions related to counseling under the supervision of a graduate-trained rehabilitation counselor. Functions related to counseling are elaborated upon under "Potential Skills of Baccalaureate Graduates" and include such skills as intake interviewing and screening, community outreach and case-finding, and routine service coordination and case-recording. Graduate-trained professionals in allied rehabilitation fields, such as occupational therapists, physical therapists, social workers, and psychologists have also been receptive to having the baccalaureate re-

habilitation services graduate perform different but related functions under their supervision. This use of the baccalaureate individual, under the supervision of either a graduate-trained rehabilitation counselor or allied rehabilitation professional, enables the graduate-trained professional to be involved in more complex activities, such as advanced professional skill applications, program management, and research. While many baccalaureate graduates work in rehabilitation or human service agencies, a substantial number work in business settings, often in personnel administration or in employee assistance programs. Although they are employed in a corporate setting, they are nonetheless engaged in rehabilitation activities.

2. *Graduate Study in Rehabilitation Counseling or Allied Rehabilitation-Related Professions:* After completion of the baccalaureate in rehabilitation services education, many individuals may want to consider graduate study in rehabilitation counseling. However, the general nature of the degree encourages other students to consider graduate study in allied rehabilitation areas, such as occupational therapy, physical therapy, social work, and psychology. Because some of these professions may tend to specialize in a specific aspect of the individual with a disability, a broader, holistic, undergraduate rehabilitation education is desirable. The baccalaureate in rehabilitation services provides a comprehensive understanding of a person as a physical, social, and psychological being. Education of this nature also provides for a better foundation for mutual, interdisciplinary respect and effective teamwork among allied rehabilitation professionals.
3. *Employment or Graduate Study in Other Career Areas That Emphasize Human Relations or Interpersonal Skills:* As previously noted, the baccalaureate degree in rehabilitation services education combines a broad, liberal arts education with an understanding of physical, mental, emotional, and social disabilities and rehabilitation. Moreover, students are taught to understand "people" who happen to have "disabilities" rather than "disabled people." Consequently, this type of education—with its humanistic orientation—is adaptable to other career areas that emphasize human relations or interpersonal skills. Some individuals may want to consider employment or graduate study in such fields as public administration, law, urban planning, business administration, and so forth. They may want to have a different type of impact on the needs of people with disabilities. In this respect, the undergraduate rehabilitation education provides a good background for dealing more effectively with the problems of disability in our society, whether or not a graduate enters a rehabilitation or other profession.

Since much of contemporary public policy is concerned with the implementation of the Rehabilitation Act and the Education for all Handicapped Children Act, those in positions of public trust are better able to understand and serve the interests of persons with disabilities if they have had a more comprehensive exposure to disability and its effects on people's lives.

Because individuals with a baccalaureate in rehabilitation services education have been taught to work with "people" who happen to have "disabilities" rather than "disabled people," they have a lot in common with individuals who obtain baccalaureate degrees in psychology, social work, sociology, and similar human service majors. Certainly, the content of this major is derived from a number of sources, among which sociology and psychology are the most prominent. However, the

degree differs markedly from similar majors with its emphasis on rehabilitation as both a philosophical orientation toward disability and disadvantagement and a method for enabling persons with any of the "thousand natural shocks that flesh is heir to" to live their lives as fully as they can.

Moreover, topics such as medical aspects of rehabilitation, vocational evaluation and work adjustment, job development and placement, and history and legislation pertaining to rehabilitation, are not typically primary content in these other majors. The next section will elaborate on the ideal curriculum of a baccalaureate in rehabilitation services education.

BACCALAUREATE CURRICULUM

The ideal baccalaureate in rehabilitation services education should include approximately two academic years of liberal arts study, approximately one academic year of rehabilitation services courses, and approximately one academic year of approved electives.

Liberal Arts: The Foundation

NCRE concurs with the consensus among most study groups in higher education that an undergraduate professional or applied discipline should include at least two academic years of liberal arts study. The rationale, here, is to provide students with a holistic understanding of people and society. The liberal arts are generally described as the arts and humanities, the natural sciences, and the social sciences. However, a liberal arts curriculum also includes a thorough foundation in verbal and quantitative skills. Specific examples of areas and courses include: verbal skills (e.g., English, advanced composition, speech), quantitative skills (e.g., mathematics, statistics), arts and humanities (e.g., art, music, literature, foreign language and culture, history), natural sciences (e.g., biology, chemistry, physics), and social sciences (e.g., psychology, sociology, anthropology, and political science).

The liberal arts, then, provide students with a general knowledge and background and develop their intellectual capabilities (particularly, reason and judgment) in preparation for advanced study in an academic discipline, for professional training, or for employment in larger society.

In addition to the general benefits of a liberal arts education, the relevance of a liberal arts education to rehabilitation can be drawn more specifically. Exposure to the arts and humanities provides the student with an awareness of the many ways human beings have dealt with the vicissitudes of their existence and have transformed the suffering and pain of their lives. The study of literature, art, music, history, language, and culture can be an ideal way of helping the student understand the context in which the struggle to cope with disability and disadvantagement takes place. Courses in composition, public speaking, and the theatre arts aid the student in the development of communication skills so necessary to the process of rehabilitation. Courses in the natural sciences, particularly biology and chemistry, are helpful, if not necessary, in one's understanding of the medical aspects of disability. The social sciences assist the student in understanding the nature and source of attitudes toward persons who are physically, emotionally, intellectually or socially "different" and in gaining insight into the ways persons choose to deal with their conditions.

Rehabilitation Services: The Core

Because NCRE considers professional counseling to be a master's level profession, this position statement is designed to make a distinction between undergraduate training in rehabilitation services and graduate training in rehabilitation counseling. Consequently, the following structure is based in part on the format used in the *Accreditation Manual for Rehabilitation Counselor Education Programs* (Council on Rehabilitation Education, Inc., Chicago, Illinois, 1983, pp. 13-15), which describes the required curriculum for master's degree programs in rehabilitation counselor education. A comparison of the following curricular guideline with the one described in the accreditation manual should help to distinguish between undergraduate and graduate levels of training in rehabilitation education. However, these distinctions are elaborated upon where appropriate.

The baccalaureate in rehabilitation services education should include approximately one academic year of courses in rehabilitation services and should include course or study units in the following areas (each of these areas does not necessarily represent a full course but includes major topics that can be organized or incorporated into the rehabilitation curriculum in different ways):

1. History and philosophy of rehabilitation, with an emphasis on legislation that has advanced the progress of people with disabilities.
2. The organizational structure of the human service and rehabilitation systems, including public and private, for-profit and not-for-profit service delivery.
3. Effective interviewing, interpersonal helping and human-relations skills, excluding in-depth material on counseling theories and techniques.
4. Introduction to the case management process, such as case-finding, case-recording, client advocacy, and routine service coordination.
5. Introductory survey of basic methods and techniques utilized in vocational evaluation and work adjustment, excluding in-depth material on theories and more advanced professional applications.
6. Basic knowledge of medical, psychological, and social aspects of disability, excluding in-depth material on theories, research, and extended case studies.
7. Knowledge of community resources and services.
8. Routine vocational placement, follow-up and/or follow-along services.
9. Introductory survey of methods and techniques utilized in research in rehabilitation, excluding development of in-depth research designs and applications.
10. Legal and ethical tenets in the human services and rehabilitation field, including those related to social policy affecting persons with disabilities.

The curriculum should contain additional courses or study units, required or elective, for obtaining knowledge, skills, and attitudes appropriate to the mission and objectives of the program and needs of its students.

The program should require first-hand observation of clients in rehabilitation settings as a part of various courses and may include a certain amount of volunteer work with rehabilitation agencies. In addition, students should be required to complete a practicum in a rehabilitation setting involving the following features:

1. specific learning objectives agreed upon by faculty supervisor, on-site supervisor, and student;

2. periodic meetings with the faculty supervisor as well as the on-site supervisor; and
3. an evaluation of the student by the faculty supervisor and on-site supervisor, as well as a self-evaluation by the student.

The specific skills developed and practiced will depend on the interests and needs of the student and can be selected from the types of skills that baccalaureate graduates have the potential to perform under supervision, as described in the section of this statement entitled "Potential Skills of Baccalaureate Students."

Electives: The Complement

Students should have an opportunity to explore and broaden their career interests, particularly in regard to allied rehabilitation professions and other careers emphasizing human relations and interpersonal skills. Consequently, it is recommended that students be allowed the approximately one academic year of electives or, at least, electives in approved cognate areas.

POTENTIAL SKILLS OF BACCALAUREATE STUDENTS

Examples of skills that the baccalaureate in rehabilitation services graduate should be able to perform under the supervision of a graduate-trained rehabilitation counselor include the following:

1. intake interviewing and screening;
2. community outreach and case-finding;
3. routine service coordination and case-recording activities;
4. routine work evaluation and work adjustment techniques and procedures;
5. preliminary job development and placement activities;
6. basic client-advocate activities;
7. routine statistical and research-reporting activities; and
8. various, specialized, administrative staff duties and assignments.

Graduate-trained, allied rehabilitation professionals, such as occupational therapists, physical therapists, social workers and psychologists have also been receptive to baccalaureate rehabilitation services graduates performing different but related functions under their supervision, after in-service training, continuing education, or on-the-job training.

JOB TITLES AND WORK SETTINGS OF BACCALAUREATE GRADUATES

Some examples of job titles for baccalaureate in rehabilitation services graduates that might incorporate one or more of the skills identified include:

1. counselor aide;
2. rehabilitation specialist;
3. case recorder;
4. service coordinator;
5. interviewer;
6. placement specialist;

7. disability prevention specialist;
8. social skills instructor;
9. vocational evaluator aide;
10. volunteer coordinator;
11. corrections classification specialist;
12. eligibility worker;
13. mental health technician;
14. research assistant;
15. client-advocate representative;
16. disability recreation specialist;
17. work adjustment aide; and
18. public health technician.

Institutional settings include organizations or agencies, public or private, concerned with physical disability, developmental disabilities, crisis intervention, mental illness, geriatrics, corrections, drug addiction, alcoholism, employment, human resources development, community-based youth employment, and therapeutic recreation.

RELATIONSHIP TO GRADUATE STUDY

The baccalaureate degree in rehabilitation services education is, therefore, more broadly conceived than the master's degree in rehabilitation counseling. An individual with the baccalaureate degree could be considered for exemption from one or possibly more graduate courses, but certainly not more than a few. Such exemption would enable the individual either to obtain a master's degree more rapidly or to focus on elective courses in a specialized area. Graduate programs in allied rehabilitation professions could also give consideration to baccalaureate in rehabilitation services graduates, depending on their individual backgrounds in electives and rehabilitation courses. Institutions with both undergraduate and graduate programs should be able to develop more easily some type of organized relationship between the two curricula.

OTHER AREAS OF UNDERGRADUATE REHABILITATION EDUCATION

Some two-year, community colleges offer allied rehabilitation professions-related courses. NCRE supports these offerings as long as they are designed to interest students in the allied rehabilitation professions and students are encouraged to take a predominantly liberal arts, transfer curriculum. However, some of these courses are part of an associate's degree, human services-oriented curriculum that may exclude such areas of study as mathematics, natural sciences, and humanities. NCRE is not in favor of education of this nature and takes the position that rehabilitation-related professional training should be based on a firm, liberal arts foundation.

Undergraduate rehabilitation services programs at four-year colleges or universities may be organizationally associated with education, psychology, allied health, sociology, community services, public affairs, or some other administrative arrangement. Regardless of where they are housed, they should be able to follow the general guidelines of this position statement. A few institutions offer only a minor

in rehabilitation, generally within a social science discipline. NCRE encourages this practice primarily because it develops more awareness of rehabilitation in related disciplines and stimulates interest in graduate study in allied rehabilitation professions. Some institutions offer a baccalaureate in a rehabilitation specialization such as vocational evaluation, mobility training, deafness, alcohol and drug addiction, or other areas. Even programs that offer a baccalaureate in general rehabilitation services will sometimes offer an alternate option to the general program in one of these specializations. The position of NCRE is that these specializations are appropriate as long as they are based in the liberal arts. Most importantly, NCRE would encourage these institutions to cooperate with divisional specializations of the national professional organizations by differentiating between bachelor's level and master's level training in these areas.

NCRE acknowledges that national, professional counseling organizations and certification boards, as well as state licensing boards of professional counseling, consider counseling to be a master's level function. Under no circumstances does NCRE recognize the undergraduate degree in rehabilitation services as equivalent to the graduate degree in rehabilitation counseling. Rather, NCRE regards the undergraduate rehabilitation services degree as analogous to the undergraduate degree in applied psychology or social work in the sense that the possessors of such degrees are not recognized as professional psychologists or social workers. Likewise, NCRE does not regard those holding undergraduate degrees in rehabilitation services as professional rehabilitation counselors. Moreover, NCRE does not condone the use of the label "counseling" as part of the title of any undergraduate rehabilitation services degree or major.

RECOMMENDATIONS FOR FURTHER STUDY

This position statement is based on numerous journal commentaries and research studies; several national institutes, symposia, and program presentations; a few national study groups; a comprehensive national survey of undergraduate programs; and the observations of many rehabilitation educators, employers, former and current students, and consumers. However, NCRE has identified the following critical goals for further or continued study and research:

1. Updating of demographic data and descriptions of existing baccalaureate programs on a regular basis.
2. Continued study of the appropriate distinction between the curricula of a bachelor's degree in general rehabilitation services education and a master's degree in rehabilitation counseling.
3. Continued study of jobs appropriate for baccalaureate degree in rehabilitation services graduates versus job appropriate for master's degree in rehabilitation counseling graduates.
4. A study of federal and state funding sources that, because of their guidelines, tend to create duplication and overlap in training or employment of baccalaureate in rehabilitation services graduates and master's degree in rehabilitation counseling graduates.
5. A study of the appropriateness of national accreditation for the baccalaureate in rehabilitation services education versus broad, general guidelines by NCRE that allow for flexibility within programs, depending on regional differences.

6. Continued study of other areas of undergraduate rehabilitation education (i.e., community college courses and human services-oriented associate's degrees, and four-year college or university minors and baccalaureate degrees in rehabilitation specializations).
7. Continued study of the similarities and differences among the baccalaureate degree in rehabilitation services and baccalaureate degrees in psychology, social work, sociology, and other human service areas.
8. Further studies of both prospective students, such as the older or "nontraditional" student who may have disabling conditions or relevant life experiences, and potential employment markets, such as hospital departments of rehabilitation medicine.

These areas of study could be the subjects for independent researchers within individual institutions. However, NCRE will make every effort, when feasible, to sponsor worthwhile research in these areas. Moreover, NCRE would like to encourage other rehabilitation professional organizations, as well as state and federal funding sources, to consider sponsoring or jointly cooperating in sponsoring needed research in these areas.

PROGRAMS ACCREDITED BY THE COUNCIL ON REHABILITATION EDUCATION

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Knoxville, TN

Ohio University
Athens, OH

Southern University
Baton Rouge, LA

Accreditation
Appalachian State University
Boone, NC

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State University, AR

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Worchester, MA

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Auburn, AL

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Fresno, CA

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Edinboro, PA

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Emporia, KS

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Washington, D.C.

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Atlanta, GA

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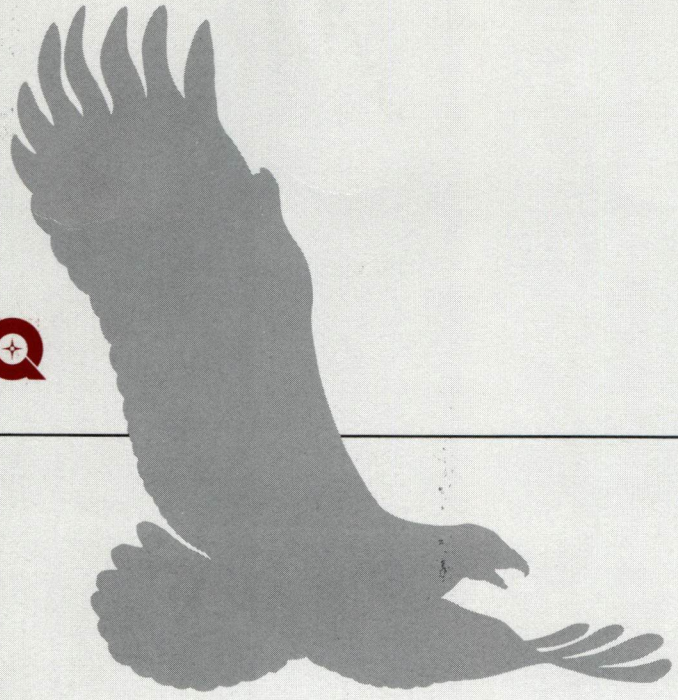
REHABILITATION EDUCATION

Official Journal of *The National Council on Rehabilitation Education*

ISSN 0889-7018
(818)



RSEQ

Volume 8, Number 2

Rural Special Education Quarterly

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ISSN #8756-8705

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Statement of purpose

The *Rural Special Education Quarterly* is produced by the National Rural Development Institute and the American Council on Rural Special Education (ACRES). The *RSEQ* is the only national scholarly publication solely devoted to rural special education issues. The purpose of the *Quarterly* is to provide articles concerning federal and other events relevant to rural individuals with disabilties, progressive service delivery systems, reviews of relevant conferences and publications, and resources for rural special educators. The publisher cannot accept responsibility for the correctness of information supplied to our office or for opinions expressed. The mention of commercial products, their sources, or their use in connection with material reported herein is not to be construed as either an actual or implied endorsement of such products by the *Rural Special Education Quarterly,* its affiliates or sponsors.

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Observation opportunities for rural special education

Mary P. Hoy
Iowa State University
Ames, Iowa

This article describes a unique observation laboratory experience available to teacher preparation institutions. Live microwave broadcasts from two special education and six regular elementary classrooms are disseminated nationally via satellite. Observation theory is merged with effective teaching research in an instructional model that has demonstrated effectiveness. Results of pre/post correlated *t*-tests indicated a significant difference in the treatment group for anecdotal recording, time sampling, effective teaching knowledge, and classification of teaching behaviors.

The provision of quality observation opportunities for rural preservice special education (student) teachers (PSTs) places severe demands upon the resources of rural teacher preparation programs. The opportunity for PSTs to experience a diversity of teachers, students, classrooms, settings, and teaching styles is limited by distance and availability of special education classrooms. To provide this myriad of observation alternatives to large numbers of PSTs (college students), theory must be merged with best practices in an efficacious manner. To be successful from the perspective of the consumer (the PSTs), as well as from the suppliers (the university and public school personnel), a collegial relationship must be developed, nurtured, and maintained to ensure the availability of sufficient numbers of special education observation and practicum sites.

This article describes a model developed for both special and regular education teacher preparation programs that provides live observations from public elementary school classrooms to teacher preparation programs nationwide. The model is based on observation theory related to the professional guidelines for quality initial experiences in the classroom.

Theory

Utilizing generalizability theory *G* (Cronbach, Gleser, Nanda, & Rajaratnam, 1972), a measurement theory designed to address the multiple sources of variation found in the classroom processes, Hoy and Merkley (1987) describe a rationale for observation. It recognizes that a specific behavioral observation is but a sample from a universe of possible observations and is subject to one or more sources of error variation (subject matter, observer, time of day, etc.). While complex in design, the *G* theory does provide a basis for the acceptance of these variations in student observations in controlled settings. Therefore, as Rowley (1976), suggests, by increasing the numbers of independent samples of observation, preservice student teachers (PSTs) are more likely to produce a more representative set of observations.

The TOT model

Preservice student teachers (PSTs), both special and regular, are naive observers of the teaching/learning environment. If their opportunities to observe are limited to one teacher, one classroom, or one school system, they may fail to bridge the theory and

classroom milieu. The Teachers On Television (TOT) project has developed a highly successful system for providing live observation of elementary and special education classrooms to all levels of elementary education students (PSTs). The TOT model (described by Hoy and Merkley, 1987) is based upon the tridimensional concept described by Semmel and Thiagarajan (1973) (see Fig. 1). Observation training is conducted at three levels:

- simulation
- controlled observation in preparation for
- natural observation.

The specific observation tasks require advancing developmental abilities:

- discrimination
- application
- evaluation of knowledge.

The objectives of the observations focus upon a hierarchical sequence of:

- individual behaviors
- patterns of behavior, and ultimately
- upon the total teaching/learning environment.

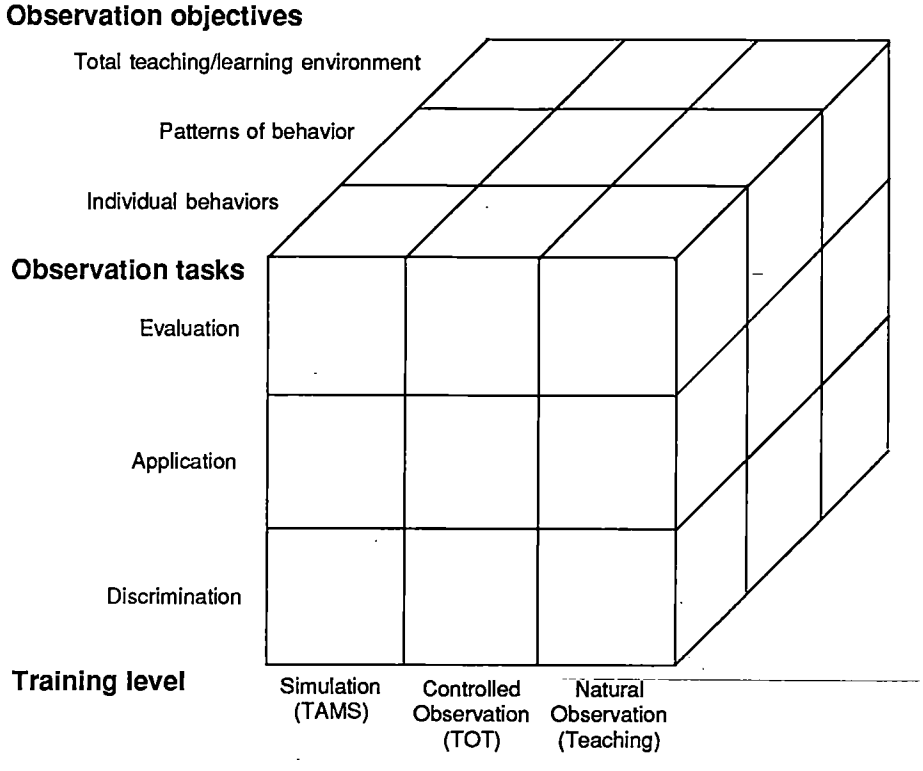
Training

The TOT model begins with all teacher preparation students (PSTs), both regular and special, receiving an introduction to vocabulary common to the profession (Good & Brophy, 1987). The terms are described and presented to beginning PSTs through an interactive guided practice activity utilizing the Teaching Assessment Modules (TAMs) (Volker, Gehler, Howlett, & Twetten, 1986). These interactive microcomputer simulations involve assessment of a specific videotaped sequence of specific teaching behaviors. Training is continued during phase two by observing live classroom activities via microwave television. These broadcasts show actual regular and special elementary classrooms throughout the day allowing for a variety of observation experiences without leaving the campus. The third phase of training is completed in a natural setting during the student teaching or actual teaching sessions.

Tasks

In the TOT model, observation tasks are developed through three levels of proficiency at each of the training levels. For the special education PSTs, fundamental tasks involve recognition, awareness, or discrimination of specific observable teaching behaviors identified in the literature, as well as identification, recognition, and analysis of specific learner traits. This discrimination skill can be applied at each of the training levels. The second level, generation, involves a series of professional development skills taught in advanced special education methods courses. Simply being able to discriminate a behavior does not imply that that behavior can be modeled (Bandura, 1969). However, PSTs can, in the early stages, begin to generate examples of effective teaching behaviors through lesson plans and other activities. These plans

Figure 1. TOT Observation Model



The opportunity for PSTs to experience a diversity of teachers, students, classrooms, settings, and teaching styles is limited by distance and availability of special education classrooms.

develop as a result of instruction coupled with observation activities at all three training levels. Ultimately, the PST and, later, the practicing teacher are required on a daily basis to generate a series of ongoing lessons and activities utilizing the best of effective teaching behaviors. The ultimate level in the task dimension is evaluation. Evaluation is the application of specific standards to observable behavior for the purpose of forming conclusions regarding the effectiveness of that behavior.

Objectives

Initial observations focus on individual behaviors, either those of the classroom teacher or students. This specificity is necessary, as Gage (1963) suggested, to enable the observers to focus on specific aspects of the teacher's task rather than all the parts of teaching at once. These discrete behaviors are clearly defined as observable. Once PSTs are able to work with individual behaviors consistently, a second level of objectives is presented. At this level, special education PSTs are required to observe for temporal, instructional, and social integration of special education students (Kaufman, Gottlieb, Agard, & Kukis, 1975). PSTs are asked to recognize a series of behaviors or patterns of behaviors exhibited by the student(s) or teacher. As implied in the model, recognition is then followed by generation and evaluation. The final level of objectives addressed in this model is the discrimination, generation and evaluation of the total teaching/learning environment. This objective is one that all professional teachers are constantly striving to achieve (Hoy & Merkley, 1987).

Observation systems

Hoy (1987) found that rural special educators felt that behavioral observation skills were best developed during a practicum or field-based experience. However, we know, as Mills (1980) clearly states, that to be successful, observation requires

- a definite plan of action
- the ability to record data accurately
- a variety of recording materials
- a precise vocabulary.

These skills must be taught in a university setting. Rosenshine and Furst (1973) identified nine variables which yielded consistent significant results on teaching behavior and student achievement across 50 studies. These variables became the basis of the observation teaching modules infused into the TOT model. Simon and Boyer (1970) identified 92 observation systems. These observation systems differ on three dimensions: recording procedure, scope or specificity of the items, and the format of the instrument (Rosenshine & Furst, 1973). Each instrument in the observation module, *Observation: Key to Experiential Learning* (Merkley & Hoy, 1987), utilized in the TOT model, differs on the above dimensions, according to the purpose of the observation.

Results

Results of formative and summative evaluations suggest that the TOT model is an effective model for providing observation experiences. Survey questionnaires were administered Fall, 1985 and Spring, 1986 to PSTs enrolled in courses in Elementary Education at Iowa State University. A pre/post test design was employed to obtain respondents' rating of 23 attitudinal items. PSTs in the Spring, 1986 sample were provided a treatment consisting of observational instruction.

Hoy and Merkley (1987) reported that results of a correlated pre/post *t*-test showed a significant difference in the treatment group for four items related to anecdotal recording, time sampling, effective teaching knowledge, and classification of teaching behaviors. Baseline results from a longitudinal study conducted by the Teachers On Television project are available. Subjects in the study were undergraduate students enrolled in the introductory strategies in the teaching course. The experimental group (N=28) was exposed to class lectures, discussion, readings, videotape vignettes focusing on specific teaching behaviors, and extensive

opportunities to observe Teachers On Television. The control group (N=26) was newly enrolled and had received no instruction. Students in both groups were considered to be a sample of the same population of beginning preservice teachers.

Each participant observed a 10-minute videotape of a teaching episode. Participants were told to observe for effective teaching behaviors, and to take notes to record their observations. Following the observations, the students were requested to write narrative descriptions of the entire segment using appropriate vocabulary. Each summary was then scored noting the presence or absence of specific vocabulary. Table 1 shows the results of this analysis.

Table 1. Teachers On Television Observation Tally

Topic/Vocabulary	Experimental (N=28)	Control (N=26)
INSTRUCTIONAL SETTING		
Physical aspects	15	8
Aesthetics	4	0
Teacher props	2	3
Environment interaction	4	0
Floor space	0	0
Wall space	0	0
Storage space	0	0
RESOURCES		
Variety	2	0
Quality	14	10
Execution	7	4
Selection	10	4
MANAGEMENT		
Approaches	0	0
Student behaviors	5	0
Teacher responses	0	0
Rules	0	0
Consequences	0	0
STUDENT INVOLVEMENT		
Engaged students	1	0
Nonengaged students	1	0
LESSON DESIGN COMPONENT		
Anticipatory set	2	0
Objective communicated	7	0
Input	2	0
Modeling	9	0
Check for understanding	11	0
Guides practice	10	0
Independent practice	9	0
Closure	7	0
QUESTIONING		
High level	2	0
Low level	1	0
Convergent	0	0
Divergent	0	0
Redirection	8	0
Prompting	13	0
Probing	7	0
Wait time	4	0
MOTIVATION		
Expectation	7	0
Involvement	20	15
Success	10	1
Enthusiasm	9	6
Praise	21	20
COMMUNICATION		
Sending	23	13
Receiving	3	1
Verbal	23	14
Nonverbal	25	13
Clarity	19	8

As expected, the experimental group demonstrated a far superior command of the appropriate vocabulary than did the control group, demonstrating the ability of preservice teachers to recognize and appropriately label observable teaching behaviors. However, it must also be noted that the experimental students did not demonstrate a high level of proficiency in using the appropriate vocabulary. Some terms were never used.

Preservice student teachers (PSTs) exposed to live observation via TOT show greater ability to recognize and describe effective teaching behaviors. However, it appears that students without instruction in observation are able to describe appropriately the elements of motivation and communication. It may be that this is general knowledge and should not be a focus of intensive instruction. It is dismaying to note that the lexicon of the field is not easily acquired. While experimental participants wrote clear descriptions, they did so in general terms. It

Preservice student teachers (PSTs) exposed to live observation via TOT show greater ability to recognize and describe effective teaching behaviors.

Spontaneous discussions among the PSTs occur without disrupting the Teachers On Television classroom.

must also be recognized that these data reflect on preliminary results. The long-term effects of TOT will not be available until PSTs enter the teaching field.

While these early statistical results suggest an efficacy to the TOT model, other evaluation techniques provide added support. PSTs observing TOT ask questions with increasing frequency regarding the "whys" of the teaching situation. Spontaneous discussions among the PSTs occur without disrupting the Teachers On Television classroom.

The 1986 College of Education follow-up of first-year teachers revealed numerous nominations of Teacher On Television as one of the "three best aspects of teacher education at Iowa State University."

National dissemination

The TOT model is available for distribution to teacher preparation institutions nationwide. Live broadcasts for two hours per day for five consecutive days from eight different elementary classrooms each semester will be uplinked to communication satellites. The signal can then be received by a C-band dish and transmitted to university classrooms. Two of these eight broadcast sequences feature special education classrooms. One classroom is a self-contained mental retardation classroom. The second features a multicategorical resource room (1-12) from a very small (300, K-12) rural school district. Descriptive information, lesson plans and the observation modules are provided to the receiving institutions. For subscription information contact: TOT; N108 Lagomarcino Hall; Iowa State University; Ames, Iowa 50011; 515/294-1915.

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RSEQ

Parent involvement: A model for program development

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Despite extensive research indicating that parent involvement is an important part in the intervention efforts with young, handicapped children, many parents elect not to participate in their child's educational program. Findings in this study indicate that only 35% of the parents with preschool handicapped children express interest in participating in their child's educational program. In an attempt to increase parent participation, a model for individualizing parent involvement is presented. Through an interview procedure, parents of preschool, handicapped children identify parent involvement activities in which they would like to participate. Most parents express interest in participating in a combination of activities, which serve as the basis for the model.

Parent participation is an important part of intervention efforts with young, handicapped children. It is particularly important to maximize parent interest and involvement during the early years when parents are most likely to participate in their child's educational program (Cone, Delawyer, & Wolfe, 1985). The reasons for parent intervention are widely discussed in the literature and can be classified into four general categories.

- Parents can be trained to intervene directly with their child to modify child behaviors (Issacs, Embry, & Baer, 1982; Strain, Steele, Ellis, & Timm, 1982).
- Involving parents in their child's program produces an increase in the child's performance (Bronfenbrenner, 1974; Karnes, Teska, Hodgins, & Badger, 1970).
- The very nature of the parent/child relationship provides a basis for involvement. Parents know their child best and are in a position to spend more time working with their child in a one-to-one situation (Cartwright, 1981).
- There is a legal precedent for parent participation. The Education for All Handicapped Children Act of 1975, PL 94-142, mandates parent involvement in the identification, diagnosis, placement, and programming of the handicapped child.

Despite these reasons for parent involvement, many parents elect not to participate in their child's education—or appear to "burn out," taking less interest in their child's academic goals. Lynch and Stein (1982) asked parents to identify barriers that precluded them from achieving more active participation. Identified barriers included logistical problems, communication problems, lack of understanding of the school system, and feelings of inferiority. Logistics (e.g., lack of transportation, baby-sitting, and time) are particular problems for families of handicapped children living in rural areas. These families are often composed of single parents (Cone et al., 1985; Turnbull & Turnbull, 1986) who may have lower earning power and job responsibilities which prevent them from maximum participation. Communication problems, including language and cultural differences, also impede parent involvement. Some professionals may unintentionally impose their value system on the parent and child by stressing specific child-oriented goals (Turnbull & Turnbull, 1986). This problem might be compounded when teachers, who are unfamiliar with local cultures, accept positions in rural school systems. Furthermore, many parents from minority backgrounds lack information on the IEP process and on legal rights pertaining to the identification/placement process

. . . every family requires an individualized approach for increasing parent participation.

(Thompson, 1982; Turnbull, Winton, Blacher, & Salkind, 1983). Lack of information, coupled with other communication problems may contribute to parents' feelings of inferiority (Turnbull & Turnbull, 1986). Karnes, Linnemeyer, and Shwedel (1981) also report that lack of parent involvement can be attributed to a general lack of interest.

Professionals developing and implementing educational programs are faced with a dilemma. The rationale for parent participation within the child's educational program is evident; however, parents continue to be uninvolved (Rosenberg, Reppucci & Linney, 1983). Turnbull and Turnbull (1986) suggest that every family requires an individualized approach for increasing parent participation. The purpose of this study is to show how an individualized parent involvement model can be developed and implemented within a local school district.

Method

Subjects

Thirty-four parents of handicapped preschool children were interviewed. All parents had responded to a letter asking for their input regarding parent education programs or levels of involvement afforded by these programs. Parents' socioeconomic levels ranged from low income to upper middle class. The individuals lived in a relatively rural area of the southeast United States. In 86% of the families, at least one parent was employed and in 46% of the families, at least one parent had some college education. Half of the parents were married. Twenty-one percent were single and lived alone, and 18% were single, but lived in an extended family situation. Eleven percent lived with a person of the opposite gender.

Twenty-two of the preschoolers were enrolled in specialized programs housed in regular elementary schools, and twelve preschoolers received part-time services at a center for developmentally delayed children. Children at the center ranged in age from infancy through three years. Children attending preschool programs in elementary schools were four to five years old. The handicaps of the children in this sample included mental retardation, physical impairments, significant language delays, visual impairments, and developmental delays. There were Caucasian, Black, and biracial children.

Procedure

The first step in developing a parent involvement model was to identify all ways parents could participate in special education programs. Types of parent involvement were identified through the literature and through local parent support meetings. An extensive list was developed and organized into categories based on similar activities. These categories were:

- Contact with teacher
- Teacher home visits
- School personnel (other than teacher) home visits
- Volunteer in classroom
- Child-related behavior management
- Parent support programs
- Advocacy groups
- Developmental activities in home

A letter was then sent to all parents of preschool handicapped children in a local school district. The parents were requested to sign the letter and return it to their child's teacher so a parent consultant could contact them regarding parent involvement in programs and services.

All parents who returned the letter and who indicated interest in further discussion, were interviewed by one of two parent consultants to identify the areas of involvement in which the parent was interested in participating. A semistructured interview was used since it has the advantage of being objective, while still allowing a thorough understanding of the individual's needs and concerns (Borg & Gall, 1979). A questionnaire was developed for use in the interview to prompt parents to identify types of involvement in which they might participate. The questionnaire consisted of 37 questions and covered areas of child health, family information, child behavior problems, and child and parent

programs and services. Open-ended questions were asked so parents could freely respond. All responses were recorded in writing on the questionnaire.

All efforts were made to establish a good rapport with the parents before the interview began. Most interviews took place in the parents' home; however, a few parents who had children in the developmental center requested that the interviews take place at the center. The interviews were comprehensive and took one to two hours to administer. At the conclusion of the interview, parents were asked for additional comments or concerns which were not covered during the interview process.

Both consultants were trained in interview techniques. Practice sessions were held to ensure reliability between the two consultants. One consultant had a bachelor's degree in speech while the other consultant had a doctorate in special education.

After all interviews and questionnaires were completed, the information was shared with the special education teachers and other school personnel through inservice training. This enabled teachers and school personnel to provide feedback regarding methods for successful implementation of the parental activity categories.

Results

All parents of preschool handicapped children were initially contacted by letter. Fourteen of the 34 parents (41%) who had children in the developmental center returned the letter. Of these parents, 12 (35%) indicated interest in discussing parental involvement activities with a parent consultant. Forty of the 55 parents (73%) who had preschool children in elementary schools returned the letters. Twenty (36%) of these parents were interested in discussing parent involvement activities. In total, 61% of the parents responded to the letters and 36% were interested in further discussion.

A parent consultant interviewed all parents who indicated interest in providing input in their child's educational program. Of these parents, all expressed value in having informal contact with the teacher. This contact included teacher/parent notes attached to the child's belongings or written on the child's school papers, telephone calls, and brief meetings when the parents picked their child up from school or left the child at school in the mornings. Many of the parents saved the teachers' notes and shared these with the parent consultant. Parents repeatedly indicated the importance of this informal contact.

. . . all parents expressed value in having informal contact with the teacher.

Sixty-five percent of the parents expressed interest in having their child's teacher make home visits. Reasons for these visits varied among parents. Some parents believed teacher-home visits would simplify logistical problems of transportation as many of these families lacked transportation to the nearest town. Other parents believed that communication among the child, teacher, and parents would be facilitated because the teacher would have a greater understanding of the child's rural home environment. Finally, through improved communication among all parties, parents believed that more appropriate IEP goals could be developed. Although no parent expressed concern regarding the frequency of the visits, feedback from teachers and other school personnel supported the need for teachers to make two different home visits per week until all parents were visited. The schedule would be repeated until the end of the academic year.

Forty-seven percent of the parents were interested in having a professional from the school (other than a teacher) make home visits. When questioned as to why home visits from a noninstructional person were preferred, each parent's response indicated that it was out of respect for the teacher. The parents did not want to impose upon the teacher's time. They preferred having a professional from the school serve as a liaison person between the child's class and the home environment. In this situation, parents viewed the professional as working with the teacher and child at school, and also with the child and parent at home. As in the teacher-home visits component, the parents actively

. . . the parents actively wanted to work with the professional in developing and implementing the child's educational goals.

wanted to work with the professional in developing and implementing the child's educational goals. Also, this type of parent involvement appeared popular because it reduced the parent's logistical problems and increased appropriate communication among all individuals. This category was suggested by parents because it had previously been successfully implemented, for a short period of time, in one of the community schools. Through conversations, many parents heard of the program and wanted the same program for their own child.

Forty-four percent of the parents expressed a desire to serve as a volunteer in their child's classroom. Parents who worked full-time reported willingness to use some vacation time to be a volunteer. Mothers who were not employed frequently indicated a desire to work one day per week in the class. When describing the role of a volunteer, parents expressed interest in teaching their own child and having decision-making responsibilities regarding their child's educational goals. These parents did not want to grade papers, design bulletin boards, take attendance, or complete other "aide-related activities." They wanted to be actively involved by working cooperatively with the teacher in developing and implementing their own child's educational plan.

Many parents were particularly concerned about their child's behavior problems. Repeatedly, parents reported that they accepted (or could learn to accept) their child's physical or mental disability, but such a handicap was no excuse for inappropriate behavior. In fact, 29% of the parents expressed interest in a specialized behavior management program. Parents suggested that the school district hire, or have access to, a behavior specialist who could train the parents in behavior management skills. Ideally, the behavior specialist would make home visits to teach the parents specific management skills and to aid the parents in developing a behavior program for eliminating their child's behavior problems and modifying other inappropriate behaviors. Parents viewed the behavior specialist as a consultant who could be contacted when the need arose.

Parent support programs are generally composed of parents who have children with a similar handicapping condition (e.g., blindness, Down syndrome, etc.). The purpose of these programs is for parents to seek support and information from other parents in a similar situation. Despite the importance of these groups, only 26% of the parents expressed an interest in being involved in any parent support program. Two of these parents wanted a specific support program composed only of parents who had children with the same type of handicap. One parent wanted a program composed only of parents who had children with Down syndrome and the other parent wanted a program for parents of blind children.

Participation in advocacy committees was identified by 19% of the parents. The parents were interested in having access to a committee in which adults advocate for rights of the handicapped child. The parents viewed committee members as being involved in the distribution of literature on current legislation affecting exceptional children and lobbying for special legislation.

Nine percent of the parents expressed an interest in participating in a structured, home-based parent training program. This category involves a professional making home visits to train the parent in child care activities. Typically, parents receive training in specific child activities designed to promote certain developmental skills in their child. Depending on the child's developmental level, parents might be trained in activities requiring their child to bring hands to midline, put objects in containers, or move along the furniture. In addition to developmental activities, some parents might receive training and information regarding nutrition, health, or safety. The training and information is altered to meet the needs of the parents. Although many school districts and human service agencies now provide this type of service, this activity received the least amount of parental interest.

Discussion

A parent interview process was used to identify preference for various parent involvement activities. All parents were interested in maintaining contact with their child's teacher through informal procedures including telephone calls and notes. All but two of the parents expressed interest in combining these informal contacts with other types of activities. Parents tended to select two or three activities in which they would like to participate. Combinations of these activities differed greatly with few parents identifying the same activities. These findings provide support for Turnbull and Turnbull's (1986) suggestion to individualize parent programs.

Many parents selected teacher-home or school personnel-home activities. Parents expressed a desire to work with the teacher or other school personnel in the home environment so educational goals could be developed that incorporated the needs the child has at home and at school. Through home visits, parents believed that communication would be enhanced and logistical problems would be diminished. As found by Lynch and Stein (1982), both logistical and communication problems can be barriers to parents' involvement. Interestingly, half of the families in this study were single-parent families who Turnbull & Turnbull (1986) suggest are at risk for having logistical problems.

Sixty-one percent of the parents returned the letter (regarding parental input on parent involvement) which is an acceptable response rate (Borg & Gall, 1979). However, it is interesting that only 36% of the parents wanted to be involved in identifying parent activities for a model program. Parents of older handicapped children (preschool children in elementary schools) had a higher letter-return response rate (73%) than parents (41%) of younger handicapped children (preschool children in a developmental center). Although this was a relatively large difference, there was little difference between the two groups regarding the percentage of parents who were interested in being involved in their child's educational program. Thirty-six percent of the elementary school parents wanted to be involved, compared to 35% of the parents who had children at the developmental center. Thus, parents of older children had a higher response rate but their responses differed from the other group in that many parents did not want to participate.

Although the difference in percentage points is small, the results do not support the results found by Cone et al. (1985), who reported that mothers became less involved as the grade level of their child increased. The low percentage points are particularly interesting when one considers that these findings represent only parents' verbal statements of interest. A lower percentage of parents might actually participate.

Although it is difficult to determine the exact reasons why so few parents expressed desire in selecting activities for subsequent program involvement, some conjecture is possible. First, parental input in policy-making issues (concerning handicapped children or other children) is rarely sought by local school districts. Parents, therefore, may be apprehensive when "suddenly" asked to provide input regarding parent education activities.

Furthermore, if previous attempts to become involved are continually thwarted by school personnel, then parents might choose to be uninvolved in future educational developments. Third, parents, who are born and raised in a rural locale, might be unfamiliar with alternative parent involvement activities which exist in other areas. For such parents, it could be difficult to identify additional parent involvement activities for use in a model program. Finally, some parents may be interested in parent involvement activities; however, other matters might be more crucial at that particular time. For instance, during the interview process, many parents mentioned stressful events occurring in their lives (e.g., spouse abandonment, unemployment, imprisonment of family members, etc.).

Although these events were identified

Through home visits, parents believed that communication would be enhanced and logistical problems would be diminished.

. . . positive reinforcement . . . can be easily applied in parent activities to increase or to maintain parent participation. . . .

by parents who were interested in participation activities, such events could easily befall those families who expressed no interest in participation. When faced with stressful events, parents might elect to simplify other aspects of their life through nonparticipatory behavior.

Initial results of this study were reported to the teachers of preschool handicapped children so they could provide feedback regarding implementation procedures. These teachers were excited by the results and planned to implement an individualized parent involvement service in the coming year. The teachers wanted all activity categories to be included so parents could select specific activities of interest. Unfortunately, money was not available for providing release time so teachers could make home visits during the day. Most teachers, however, intended to make home visits in the evenings for parents who requested this activity.

To further strengthen this model, an incentive component could be added to reinforce parents for their involvement. The principle of positive reinforcement is traditionally used to modify student behavior; however, it can be easily applied in parent activities to increase or to maintain parent participation in their child's educational program (Muir & Milan, 1982).

This article provides a method for determining optimal parent involvement in early childhood education programs. Through an interview procedure, such as the one described in this article, school personnel can develop individualized plans for parents' involvement in their child's educational program. Teachers can use the activities previously listed as a basis for surveying parents to identify activities for parent participation. Using the results of the survey, local school personnel can allocate available resources to develop those activities most frequently requested. This will allow parents to participate in the widest array of activities possible.

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High school/preschool partnership program

Mildly to moderately handicapped and nonhandicapped children ages three to six are benefiting from high school students interested in careers in child care, early childhood, special education, and allied fields. The handicapped children have physical, visual, and hearing impairments; speech and language disabilities; and mild to moderate retardation. The project also offers a screening component for children birth to age three who may be at risk.

Handicapped preschoolers attend school full time and are mainstreamed with nonhandicapped learners three mornings weekly. The ERIN Preschool Curriculum provides the base for instruction, with supplementary materials from other preschool curricula. Each child has an IEP. The thrust of the curriculum is on developing language, fine and gross motor skills, cognition, and social skills. High school students enrolled in child-care classes participate in the delivery of services. Parents help evaluate the program, develop IEPs for their children, and serve on the advisory committee. Bimonthly parent counseling groups explore growth and development, special techniques, and parenting skills. Parents may volunteer in the classroom and observe their children on videotape.

Criterion-referenced norms from the ERIN Curriculum are used to conduct ongoing assessments of children's progress. A diagnostic inventory appropriate for each preschool student is used for yearly evaluations. The high school participants are pre- and post-tested to ascertain changes in knowledge and attitudes. Anecdotal records of patterns of interaction are also maintained. For further information, contact: Janelle Johnson-Jenkins; Countryside High School; 3000 S. R. 580; Clearwater, FL 33519; 813/797-3138.

Source: SpecialNet

Rural farm family project

The Vermont Rural and Farm Family Vocational Rehabilitation Program (RFFVRP) has placed handicapped members of rural farm families in employment consistent with their abilities and interests, through the provision of appropriate services: direct and referral services, vocational information and counseling dealing with physical and mental problems, farm and land use problems, education and training, and financial counseling.

For further information, contact: Daryl Lowry; RFFVRP; University of Vermont;

PL 94-142 and New Mexico: Perceived impact on programs for rural students with severe handicaps

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Two postcard survey studies were conducted to determine perceptions of administrators and teachers regarding the impact of PL 94-142 on programs for students with severe handicaps in New Mexico's small (average daily attendance <1000), rural school districts. A preliminary survey indicated that immediately after implementation (academic year 1984-85), improvement was projected by both groups of respondents for 100% of the program/classroom considerations. Participants in a follow-up survey responded to the same Likert-scale items one year after implementation (1985-86). With one exception ("classroom materials and supplies"), the original five considerations achieved less than projected status. The highest and lowest total mean ratings in the follow-up were achieved for "student referral and identification" and "new services." These two areas were not addressed in the preliminary survey. One year after the infusion of federal funding, 55% of the respondents perceived no improvement in the level of services.

The Education for All Handicapped Children Act of 1975 (PL 94-142) has been viewed as a boon to programs addressing the needs of students with severe handicaps (Gaylord-Ross & Holvoet, 1985; Schipper, Wilson & Wolf, 1977; Snell, 1983; Van Etten, Arkell, & Van Etten, 1980).

On September 1, 1978, it became a violation of federal law to deny a *free* and *appropriate* public education to any handicapped child. This assurance of a public education was mandated by the passage of Public Law 94-142....The specific inclusion of [students with severe handicaps] is clearly defined in section 121a.320 of the rules and regulations for Public Law 94-142...as follows..."first priority children" means handicapped children who are not receiving any education, [and] "second priority children"... means [those] with the most severe handicaps....(Van Etten, Arkell, & Van Etten, 1980, p. 132).

In addition to the "zero reject" concept, the following provisions of the law are also considered advantageous for students with severe handicaps:

- "flow-through" and discretionary funding (e.g., for rural, remote programs, inservice training and technical assistance)
- development of individualized education programs (IEPs)
- measurement of behavioral progress
- provision of procedural safeguards
- guarantee of least restrictive placements
- nondiscriminatory assessment
- parent participation
- ancillary service availability

However, in spite of recognized programmatic advantages to compliance, New Mexico did not formally apply for funding and/

or implement the act until the 1984-85 academic year. During that year, Senate Memorial 11 was passed which urged New Mexico's Department of Education to take immediate action to secure PL 94-142 funds; the State Board of Education voted eight to one to apply for funding; and, the state's PL 94-142 plan was developed by an advisory committee and subsequently approved by the U.S. Office of Education.

Purpose

The purpose of this study was to determine perceptions of administrators and teachers regarding the impact of PL 94-142 on programs for students with severe handicaps in New Mexico. The study was limited to educators in small, rural school districts (ADA < 1000) since the majority of resistance to implementation has been traced to such districts. Arguments in favor of and in opposition to implementation of PL 94-142 in New Mexico have been gathered informally (e.g., in conversation and correspondence) by the authors and summarized in Table 1.

Table 1. Summary of Arguments For and Against PL 94-142 in New Mexico

For	Against
1. PL 94-142 concepts and procedures represent "best practices."	1. Small rural school districts either fail to qualify for funding due to small ADAs or do not realize enough funding with respect to additional requirements.
2. New Mexico tax money is going to other states' special education programs under the law.	2. Forcing small districts into Regional Center Cooperatives (RRCs) is the first step toward consolidation of districts.
3. New Mexico is relatively close to being in compliance under 1982 state regulations and PL 93-112. Therefore, why not accept the funds?	3. State endorsement standards and rural remoteness disallow additional staffing even though PL 94-142 funding is available for this purpose.
4. Federal funds can be used for the underserved handicapped preschool population, staff development activities, and for special projects.	4. Increased federal discretionary funding will increase the amount of state control over local districts.
5. Implementation will result in establishment of additional procedural safeguards for parents and children.	5. The prevailing attitude among superintendents is that the federal government should be kept out of local classrooms.
	6. Congressional appropriations do not match authorizations.
	7. Additional paperwork is required relative to compliance monitoring.
	8. Strengthened accounting procedures are required (e.g., can't supplant; no comingling of funds).

Methodology

Subjects

Administrators and teachers serving students with severe handicaps in small, rural New Mexico school districts were the target populations. Rural districts were defined as those in counties with 60% or more of the population in communities of no larger than 5000 inhabitants and/or where the number of inhabitants was less than 150 per square mile (Helge, 1979).

Instrumentation

A Likert-scale questionnaire was developed employing the following steps: construction of a prototype instrument; review and revision by an editor and expert in the field of survey research; and, field testing with special education graduate students (N=25) and an administrator and special education teacher from two school districts with an ADA of approximately 1500. The revised questionnaire was reduced in size and printed on the back of a self-addressed stamped postcard to facilitate return. The postcard questionnaire approach has been validated in previous special education survey research efforts (Stile, Abernathy, Pettibone & Wachtel, 1984; Stile & Pettibone, 1980; Stile, Pettibone & Abernathy, 1986).

Procedure

A preliminary survey was initiated immediately upon implementation of the law (Fall 1984) and was completed in 1985 (1984-85) prior to the flow of federal funds. A follow-up study was conducted in the Fall of 1985 and concluded in 1986 (1985-86) at the

The greatest gains and total impact of PL 94-142 were projected for the areas of classroom materials and supplies and for inservice training.

completion of one year of funding. The preliminary survey employed a five-item questionnaire that was mailed to 51 superintendents who were asked to encourage the cooperation of the administrator in charge of programs for students with severe handicaps; and in addition, one classroom teacher who provided direct services to this population (N=102). The follow-up survey employed a questionnaire with three *additional* items. This questionnaire was mailed to 50 districts (N=100). The reduction in the number of districts was due to consolidation.

Results

In the preliminary survey, usable questionnaires were obtained from 24 teachers and 25 administrators out of a potential pool of 102 respondents for a 48% response rate. Given the volatility of the issues involved, the response rate in the preliminary survey was considered *adequate.* To ensure a greater response rate, the follow-up survey questionnaires were coded allowing a second mailing to nonresponding districts after four weeks. In this survey, usable postcards were received from 32 teachers and 39 administrators representing 41 of 50 (82%) school districts. The 71 returns out of a possible 100 resulted in a 71% response rate which is considered *very good* for survey research (Babbie, 1973).

Table 2 summarizes the results of the preliminary survey. Using 3.00 as a cut-off point, administrators and teachers rated the current (1984-85) status of classroom materials and supplies and inservice training as less than satisfactory. The remaining three major areas were viewed as satisfactory or better. Relative to perceived future status (1985-86), all five areas were projected as falling within the satisfactory range or better by both groups of respondents. The greatest gains and total impact of PL 94-142 were projected for the areas of classroom materials and supplies and for inservice training. Comparison of responses for the two groups revealed that administrator ratings were lower for the quality of educational opportunities, program management and evaluation, and instruction and related services, and that these perceptions remained constant over time (i.e., current and future status).

Table 2. Preliminary Study: Mean Ratings of the Perceived Impact of PL 94-142 Funding on Programs for Students With Severe Handicaps in New Mexico (1984-85)

	Current Status			Future Status		
Area	Teacher (N=24)	Administrator (N=25)	Total (N=49)	Teacher (N=24)	Administrator (N=25)	Total (N=49)
Classroom materials & supplies	2.74	2.96	2.85	3.55	3.38	3.47
Inservice training for relevant staff	2.41	2.43	2.42	3.41	3.05	3.23
Educational opportunity for SH students	3.42	3.30	3.37	3.73	3.33	3.53
Program management and evaluation	3.43	3.26	3.35	3.82	3.29	3.56
Instruction and related services	3.40	3.17	3.28	3.82	3.24	3.53

NOTE: 1. Ratings ranged from 1 ("unsatisfactory") to 5 ("excellent"), with 3 being ("satisfactory").

Results of the follow-up survey are summarized in Table 3. Again employing the 3.00 cut-off point, administrators and teachers rated the current status (1985-86) of classroom materials and supplies, educational opportunities, program management and evaluation, instruction and related services and student referral and identification (new item) as satisfactory or better. Provision of inservice training for relevant staff and quantity and quality of new services were rated lowest in comparison to the other areas and generally perceived as slightly less than satisfactory. Student referral and identification and quantity and quality of classroom materials and supplies were rated highest by both teachers and

administrators. Generally, group responses were very similar to those in the preliminary survey.

Of the 64 respondents to the question (not displayed in table), "Have you perceived an improvement in the level of services provided to students with severe handicaps since additional funding has become available through PL 94-142?" 37 (55%) perceived *no* improvement. Simple chi square analysis (Bruning & Kintz, 1968) did not indicate statistical significance (P >.05) relative to the responses of the two groups.

Table 3. Follow-up Study: Mean Ratings of the Perceived Impact of PL 94-142 Funding on Programs for Students With Severe Handicaps in New Mexico (1985-86)

	Current Status		
Area	Teacher (N=32)	Administrator (N=39)	Total (N=71)
Classroom materials & supplies	3.37	3.54	3.47
Inservice training for relevant staff	2.96	2.97	2.97
Educational opportunity for SH students	3.26	3.16	3.21
Program management and evaluation	3.26	3.34	3.31
Instruction and related services	3.26	3.19	3.22
Student referral and identification	3.67	3.43	3.53
New services	2.84	3.03	2.95

NOTES: 1. Ratings ranged from 1 ("unsatisfactory") to 5 ("excellent"), with 3 being "satisfactory."

2. The last two items listed in Table 3 (i.e., "Student referral and identification" and "New services") were added to the questionnaire for the follow-up survey.

Discussion

The purpose of this study was to investigate perceptions of two waves of rural administrators and teachers regarding the impact of PL 94-142 on programs for students with severe handicaps in New Mexico. In the preliminary survey, both groups projected improvement on five aspects of programming. Of these five considerations, only inservice training for relevant staff received less than a satisfactory rating after implementation. These data suggest that although additional federal funding has begun to flow, New Mexico's rural districts may have failed to accurately identify their staff development needs and/or provide adequate training. This finding is consistent with Helge (1986) who has found that rural America's schools frequently have inadequate staff development programs. With respect to the target population of New Mexico personnel, it is anticipated that the quantity and quality of inservice training will improve in view of recent discretionary funding of a system of 10 regional center cooperatives (RCCs) whose goal is to improve the level of special student services in small districts.

Three items were added to the follow-up survey instrument. The first two were in a Likert-scale format and addressed student referral and identification and quality and quantity of new services (see Table 3). These two items received the highest and lowest ratings, respectively. Taken together, this is a somewhat disappointing outcome from an advocacy point-of-view, since one would hope that services would be upgraded commensurate with improvements in the referral and placement system.

To address the third item, in perhaps the study's most interesting finding, 55% of the respondents in the follow-up survey indicated that they perceived *no* improvement in the overall level of services. While somewhat contradictory, this particular response may indicate that the actual arrival of federal dollars added little in terms of programmatic concepts and procedures beyond what was already in place in relation to state and local special education mandates. In 1985-86, for example, the additional $7.5 million per year via PL 94-142 yielded a small proportion in excess of the

55% of the respondents . . . indicated that they perceived no improvement in the overall level of services.

state special education appropriation of $86 million.

Further longitudinal study is planned to ascertain the long-term impact of the law. In particular, the authors hope to determine the perceived status of programs over time relative to the arguments (Table 1) put forth by the law's original proponents and opponents and to measure the impact of the rural RCC network.

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Beyond compulsory education for the mentally handicapped

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To set the groundwork for understanding the adult retarded client, we must examine the history of the retarded adult in society. This history develops the myths, stereotypes, and prejudices in the minds of service providers who control the availability of services to any client whether in a rural or urban area. We must also look at the kinds of services which are presently available to retarded adults in some settings, and determine if these are applicable in a rural community. We will also examine the integration of these facilities into a truly integrated rural transitional facility and the role that schools could play in its development, and finally, take a brief look toward the future in terms of what these developments mean for education in rural communities.

There are many aspects of the environment which affect the accommodation and acceptance of the retarded adult in the rural community. Such things as the family structure or the number of social services available will not be addressed here. Only those issues which can be dealt with will be examined: the social/economic acceptance of the individual, the kinds of education provided in the public schools, and the available facilities and employment opportunities.

The articulation between the public schools—which control the mentally handicapped child's education until that child reaches the age of 21—and the needs of public and private sector facilities, institutions, and employers, is purely coincidental in most cases. Only 14% of rural handicapped children go into postsecondary job training programs (Helge, 1984). The population discussed here is restricted to those retarded individuals who, at the end of their public education, are not capable of independent living without some outside assistance. The facilities described and some of the procedures advocated would be equally appropriate for emotionally disturbed clients, physically handicapped clients, and for some learning disabled clients who cannot function independently. However, the focus used and the research cited relate to the mentally handicapped and their role in adult society.

A history of mentally handicapped adults in society

In the beginning, the majority of the mentally handicapped would have had little difficulty in functioning as productive members of their clans or tribes, all of whom lived in rural settings. Most of the deficiencies exhibited by a mildly or moderately retarded adult are in areas of verbal production or comprehension. Kanner (1949) asserted that deficiencies are ethnologically determined phenomena which are relative to local standards. When club swinging and mammoth spearing were in vogue, the ability to read was unimportant. An examination of early records (obviously incomplete) indicates that the mildly retarded were not visible within their subculture. The severely retarded, on the other hand, were unlikely to survive until adulthood.

During the period of Greek ascendancy, greater focus was placed on mental ability. Durant (1939, p. 50) described the prevailing attitude, citing Odysseus, "a bad man...is one that is...stupid...." Plato's *Republic* (1928) also indicates that the mentally retarded had little place in that society. In

some of the city states only the strongest and brightest were allowed to reproduce. In rural areas those who could work, could—generally—survive.

In the Middle Ages, retardation was generally blamed on the moral conduct of the pregnant mother, the implication being that intercourse with the Devil was involved. The need for labor on farms and in cottage industries provided work for the mildly and moderately retarded; the severely retarded in most cases did not survive into adulthood. When times were disturbed, the Devil theory recurred and many retarded adults were treated as witches with the concomitant punishments of the day, such as burning.

Later, during the 17th century, the state came to take responsibility for adult retardates through pest houses, alms houses, work houses and similar institutions. It should be noted that these were urban, not rural institutions. In America, adult retardates were protected by law from punishment for a variety of crimes which carried the death penalty—blasphemy, homosexual activities, worshipping an untrue god, being a witch, and so forth. However, Seguin (1846) stated that most adult retardates were indentured or placed in bondage. When adult retardates were supported by the state, they were likely to be "placed out"; for example, a family would be reimbursed by the community for the care of a retarded individual. Usually this was done on a low-bid basis, which led to exploitation.

By the 19th century, many retardates were "warned out." The town would warn newcomers that they, the town, would not be responsible for their support. Or the retardates were "passed on,"—loaded into carts and taken to the next town. By the 1880s, the adult retardate was generally viewed as a "great evil of humanity." Those who were thought to transmit retardation were viciously attacked. Osborne (1894, p. 393) stated that "retardates handicapped by the vices of their inheritance...are simply not strong enough to keep up to the social, civil and moral ethics of the age, and as an inevitable consequence, just as water seeks its level, they drop back by degrees to become in turn deficient, delinquent and dependent." Rogers (1889) spoke for many when he advocated keeping the retarded in custody until they passed the reproductive age to stamp out imbecility. Many administrators, planners, and legislators became obsessed with keeping the retarded from having children. This led, almost inevitably, to sterilization programs so that these "criminals" would not reproduce and inundate the land with further generations of a similar nature. By the 1920s, eight states had passed sterilization laws and 39 states forbade marriages for the mentally defective. In South Dakota, for example, if a retarded person left the state to be married, corrective treatment was prescribed: institutionalization and/or sterilization.

With the advent of World War II, the lot of the adult retardate changed. Many were drafted and served with honor. Others worked in war industry and other home-front occupations. By the late 1960s, the institutions were beginning to open and far fewer adults were incarcerated for life. This scattering of the mentally retarded into the community set the stage for the hodge-podge developments of the late 70s and early 80s.

How then are noninstitutionalized retarded adults likely to fare if this has been their history? This history has led to many stereotypes which create roadblocks to the development of facilities which allow the retarded adult to function in the least restrictive environment, the one which places the fewest controls on adult behavior. Many in rural and urban America pay lip service to the least restrictive environment but few settings are, as yet, optimal for its development.

The least restrictive environment

The concept of the least restrictive environment (LRE) comes to us from federal legislation PL 94-142. This legislation mandates that while in public education, handicapped children must be placed in settings which are as close to regular education as is possible for each given child. It is asserted that this concept should be continued into adulthood.

Movement toward LRE is posited as beneficial because it normalizes the client's environment as much as possible; i.e., makes it more like that of a normal person. Lennig (1978) asserts that all retarded persons who are capable should be involved in some kind of productive work. He and others make this assertion because work increases feelings of well-being and improves self-esteem; it imparts adult status and therefore dignity to the client, and others see a worker in a positive light. A worker's family relationships improve. A worker is less of an economic burden, and contributes to society; work leads to adaptation to society. All of these benefits come in an environment which moves the client toward the least restrictive environment. Unfortunately, access to a continuum of services usually terminates when the retarded person leaves the public schools. A few models have been offered, e.g., Wehman, Kregel, and Barcus (1985), but they have generally been unidimensional in focus.

In the next sections descriptions are provided of various employment and habilitation options that are presently in place, followed by a description of a transitional facility which can provide the LRE in a single setting—a multidimensional focus.

Employment

Employment follows a hierarchical pattern from work activity center and sheltered workshop to competitive employment with no outside assistance or support system in the same manner as the LRE in the public schools. The client who does not progress at least part way up the ladder, is not moving toward the least restrictive environment.

Activity centers/day care

An activity center may either focus on recreation activities or work activities. A work activity center is separate from a sheltered workshop and is designed to provide therapeutic activities for retarded workers whose impairment is so severe as to make their productive capacity inconsequential. This kind of activity center provides compensatory programs (vocational, prevocational, and training) for post-school-age clients (Bergman, 1976). The purpose of the work activity center is to develop vocational skills and to provide services which build coping skills and abilities, enhance decision-making skills, and foster living in less restrictive environments.

Other activity centers focus on socialization and recreation activities for handicapped adults who live at home. They also provide respite care for the parents. The major emphasis involves music, drama, arts, crafts, and so forth, according to Katz (1968). The rationale for this kind of program is to increase independence, self-care, motor skills, and to improve communication skills. Some severely retarded adults, following a number of years in an activity program, improve sufficiently to function in a sheltered workshop program. Activity centers in rural communities are usually located in the county seat or some other centrally located point. These centers may be privately operated for profit, or they may be sponsored and funded through the state or county.

Sheltered workshops

Sheltered workshops, also known as rehabilitation workshops, work training centers, or occupational centers, provide a workplace where the retarded adult can be employed in a noncompetitive environment. The sheltered workshop provides productive, remunerative employment of any type, supplied under conditions especially designed to meet the temporary or permanent employment needs of the retarded individual. The workshop provides a controlled environment in which workers can perform to the best of their abilities on a variety of tasks. Workers are paid on the basis of performance, but salaries may be subsidized because of low actual performance. The work is meaningful to the client and is sometimes accomplished in an environment similar to a normal production setting.

This last, however, is not accomplished by most sheltered workshops. Workshops

In rural communities, care should be taken to educate employers as to the benefits to the community of hiring the retarded.

have two purposes: to provide employment and training which will eventually lead to competitive employment in the community or the surrounding rural areas, and to provide a permanent job placement for those individuals who are so impaired that they cannot function in a competitive job situation. A well-run sheltered workshop will try to place, eventually, all but its lowest functioning individuals in a competitive employment situation.

Lennig (1978) outlines the basic requirements for the sheltered workshop as follows:

- adapt the work to the needs of the worker
- provide genuine productive work
- break the task down until the clients can understand its subcomponents
- offer a variety of tasks where possible, and let clients choose among those of which they are capable
- move more capable clients toward a less restrictive environment
- create a well-rounded program including services for leisure time, family, and personal care, if access to a less restrictive environment is to be obtained.

Because of these requirements, rural sheltered workshops are almost invariably located in the county seat or the largest population center in the catchment area.

Sheltered workshops should solicit jobs in the community where clients can be placed when the workshop staff develop the appropriate training to ensure that the target clients are capable of performing the jobs. Because of the lack of transfer ability usually shown by retarded clients, job acquisition for target clients followed by intensive training is much more efficient than teaching general work skills in the sheltered environment. In rural communities, care should be taken to educate employers as to the benefits to the community of hiring the retarded (Aiken, DeMoss, & Malicoat, 1987; Beard, 1987).

Unfortunately, what too often happens is that clients will be trained to work in the sheltered environment without an attempt being made to develop their skills for work in a more competitive environment. Many times the workshop production staff and educational personnel do not have the same agenda for the client.

Enclave

An enclave is a unit within a regular factory which is staffed by retarded adults. In theory, the enclave retains many of the characteristics of the sheltered workshop. However, in reality most are primarily production-oriented. The supervisors are responsible for producing a certain number of products which meet certain quality standards. If these goals are not met, a private employer will usually replace the enclave group with nonhandicapped employees to be able to get better usage from plant and equipment. Greenleigh (1975) provides data that indicate that enclaves have been successful in a number of manufacturing settings in the United States. Unfortunately, there are few manufacturers in rural settings large enough to support an enclave, although some are reported by Aiken et al. (1987).

Job support networks

Job support networks are provided for clients who have progressed beyond the level of the sheltered workshop in the employment continuum. The client is placed in a normal work setting after having been trained for a specific job. The case manager maintains contact with both the client and the employer to ensure that the client is performing up to expectations. The employer will draw upon the case manager and the education arm of the workshop to provide additional training as job requirements change, or for promotions. Job support networks, or follow-up programs as they are sometimes called, are necessary for almost all moderately or severely retarded adults who are working in a competitive economy. As job requirements change, or as coworkers and managers change, the retarded adult needs support beyond that which would be appropriate for a nonretarded person. In rural settings, the support network spreads a much wider net than it does in urban communities. It is not unusual

for a supervisor to recruit clients for a hundred-mile radius to provide an adequate number of placements.

Habitation

Habitation, in the same way as education and employment, is hierarchically organized from the most restrictive to the least restrictive. The continuum of programs for noninstitutionalized adult retardates runs from nursing homes to independent living with no additional management or support (Neman, Addeson, Patterson, McCann & Roos, 1980).

Nursing homes

These facilities, sometimes called convalescent hospitals, are primarily designed to serve the needs of the client whose physical problems necessitate ongoing medical and nursing services. Clients in these homes usually have health problems serious enough to require 24-hour care.

Retarded adults in nursing homes are basically warehoused. Most nursing facilities do little more than provide bed space for their clients. Few, if any, educational or employment skills are taught. Many rural communities have nursing homes, and they are a favored placement for adult retardates in some cases.

Group homes

A group home is a living/residential facility which serves a small number (under 20) of mentally retarded adults in a rural community setting. A group home is usually a simple dwelling, an apartment house or other set of units which is located within reasonable proximity to community resources (Goodfellow, 1974). These facilities stress a homelike atmosphere and the residents take part, insofar as they are able, in the care and maintenance of the facilities and of themselves within the facilities. Dybwad (1969) states that existing structures should be used for group homes so that they will better fit into the neighborhood.

Group homes are either transitional or long-term in nature. Transitional group homes are seen as learning experiences which will foster further development so that clients can move toward more independent living when they have mastered independent living skills. The long-term home is seen as a permanent residence for those who are incapable of living independently. In those rural communities which have group homes, placements almost invariably are long-term in nature and typically have limited opportunities for placement in a less restrictive environment.

Foster care/family care homes

Many names have been used for small residential units which are owner-operated and house one to approximately ten residents. Variously called foster care homes, family care homes, adult foster homes, and personal care homes, these homes provide for the adult mentally handicapped person a residential setting which, supposedly, parallels that of living with one's family. McCoin (1983) describes a variety of such homes and the services they provide. Generally, a foster care setting provides shelter, food, and controlled medication, if necessary. It may also provide recreation and access to other supportive services.

Scheerenberger and Felsenthal (1977) have shown that family care clients perceive their placement to be more flexible and homelike than do group home residents. Clients in family care placements are more likely to avail themselves of resources in the community in an independent manner when compared to group home clients.

Foster care clients are usually funded by the state and have been, in many cases, previously institutionalized. Clients are placed, on the basis of a recommendation by a case or service worker, when parents are no longer able or willing to serve the client, hence the name foster home. Most homes of this nature are assumed to be transitional. Clients are assumed to be able to move further toward a normalized environment with additional support, training, and experience. Foster/family care environments can be located in any setting but are most likely in

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The integrated transitional facility (ITF) is the "state of the art" in the provision of the least restrictive environment to the mentally handicapped adult.

small rural communities.

Half-way houses

A half-way house is a transitional facility which provides a supervised setting for a client who is moving toward independent living. Its purpose is twofold: to test the readiness of the client to leave the institution or more restrictive setting, and to provide training which will allow the client to adjust to community life. Much of the training which would be provided in a half-way house would be included in a daily living skills curriculum.

Pomerantz and Marholin (1980) list the following as a partial list of trainable daily living skills: self-help skills including dressing, personal hygiene, toiletry, eating behaviors, cooking skills, cooperative play, and socialization; academic survival skills such as making change, telling time, and recognizing important words. Rudimentary vocational skills may also be taught as part of a daily living skills curriculum.

Most retarded clients, including the severe level, can be trained in a variety of tasks which were previously thought to be beyond their level. In addition to learning how to shop, clean house, and so forth, clients are provided medical, psychological, and social services which can improve their probability of successful functioning in a less restrictive environment. Half-way houses are usually not found in rural areas unless there is an enlightened institution in the locale.

Independent living networks

Independent living is the ability of the handicapped person to participate actively in society, to work, to interact with others, to participate to the greatest extent possible in normal activities, and to exercise freedom of choice and personal control over his/her life.

Many times, high functioning retarded individuals are able to live by themselves in an apartment, room, or house without the aid of live-in supervisory staff (Westerfield & Williams, 1983). This course is advocated by those who believe that the handicapped should live as normally as possible. In order for them to live independently, it is helpful in most cases and necessary in some to provide services which allow the individual to function in an independent setting. Support services which could be provided by a paid or volunteer network might include: finding housing, assistance in shopping, diet and menu planning, food preparation, and social and recreational counseling. Other support services could include social services, information and referral, financial assistance, occupational/physical therapy, health care, legal assistance, religious nurture, and sex education/family planning. Most handicapped individuals do not have access to these services in either rural or urban settings.

According to Katz (1968, p. 92), a great number of retarded citizens live in poverty areas and are not distinguished from the rest of the population. "Retarded adults (in those areas) suffer the same deficiencies of diet, health and social deprivation..." More help is required for the retarded in these settings than is required by their nonhandicapped peers. These adults would benefit from shadow supervision in their independent living. Marrs (1984) has shown how independent living networks can be established in rural areas and how this can be done with little or no money, using a volunteer approach.

The integrated transitional facility

The integrated transitional facility (ITF) is the "state of the art" in the provision of the least restrictive environment to the mentally handicapped adult. The "integrated" in ITF means that the facility contains several levels of activity/employment within a single building or campus. The "transitional" implies that clients can move from one level at entry to higher, less restrictive levels on the basis of their performance and training within the facility. Movement through an ITF leads each individual toward a higher level of functioning.

To become a productive member of society, one must develop the skills of a fully functioning individual; therefore, all of the necessary social and survival skills must be

part of a training program. The assumption that clients can acquire more complex and independent behaviors and thereby move toward a less restrictive environment is the basis for the development of the ITF. This concept has been supported by many authors (Cassidy 1983; Chin, Drew & Logan, 1975). The facility provides a continuum of services ranging from large to small settings, from group to individual housing, and from independent living with support to complete independent living in the community. In rural settings, ITFs can be established as cooperatives among several towns or districts.

It is assumed that integrated transitional facilities will phase out of the transitional role as clients progress to their optimal levels; i.e., they will become filled with those who have developed to an optimal level but who cannot function in an independent living environment. Later, when a number of clients have died, moved away, etc., they will cycle back into transitional modes.

Education, employment, habitation, socialization/recreation, and other supportive services should be provided by an integrated facility. In the first four areas, a relative hierarchy of services will be presented. The order of items in the hierarchy is based on theory and should, later, be subjected to empirical validation.

Employment

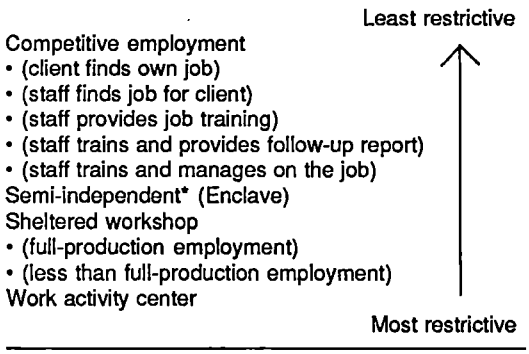
Clients who are severely retarded can do productive work. Funds are available in many states to provide supplemental incomes for sheltered settings. Many employers find it advantageous, for sound economic reasons, to hire the handicapped to meet federal requirements.

The employment hierarchy, starting from the bottom, includes work activity centers where low functioning clients receive some pay for minimal-skill productive tasks and proceeds through competitive employment with no support in either job acquisition or maintenance.

Clients can enter the facility functioning at any employment level. An integrated facility should be able to provide all the services required for the levels of employment presented in the employment hierarchy. This facility should ideally be located in the largest population center in a rural area to take advantage of the widest range of employment opportunities.

Figure 1

Employment Hierarchy



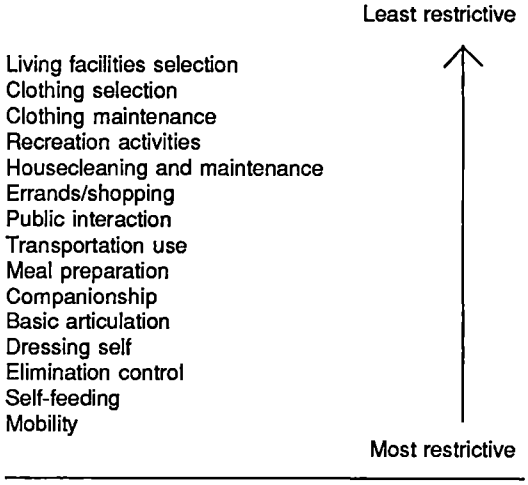
*called semi-sheltered by DuRand and Neufeldt (1980)

Education/Training

The integrated facility should provide education and training which will allow the client to *live* and to *work* in the least restrictive environment. Living skills begin with being able to take care of one's own bodily needs and

Figure 2

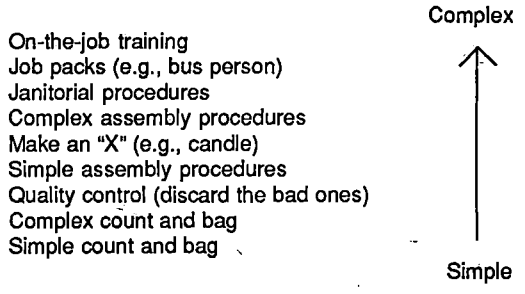
Living Skills Hierarchy



progress through the ability to maintain one's self in an independent living environment. A representative (incomplete) hierarchy is presented in Figure 2.

Figure 3

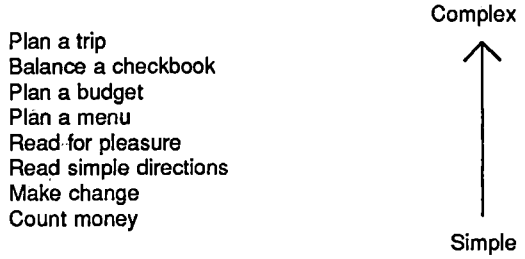
Sample Work Experiences/ Training Procedures



Work/training experiences are less strictly hierarchical. Sample work experiences or training procedures are presented in Figure 3. There are also generic educational experiences which follow up on experiences provided in public education which clients need to make them more independent adults. These educational experiences range from handling money to advanced reading. A semihierarchical sample of education activities is provided in Figure 4.

Figure 4

Generic Educational Experiences



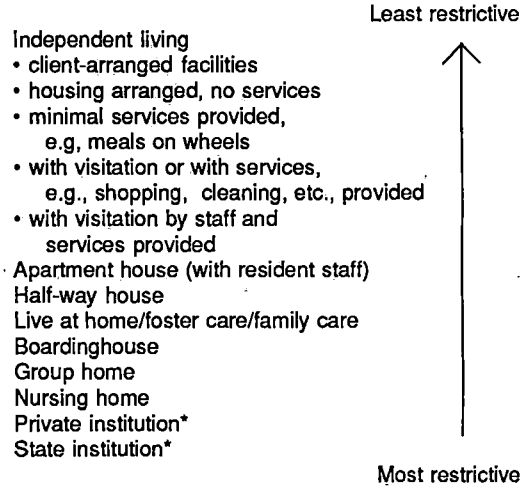
The integrated facility should be able to provide living skills instruction, work instruction, and generic education as needed by the clients as they progress through the levels of the facility. Care should be taken to ensure that clients are not sidetracked into a single area in which they are competent (e.g., making candles in a workshop) with no provision to go beyond to a less restrictive environment.

Habitation

There are a variety of residential patterns which can be provided through, and in conjunction with, an integrated facility. It is assumed that no matter what the housing mode, the client will spend his/her days at the facility or as an out-placement of the facility. The integrated facility should try to move the client to less restrictive habitation as soon as it is possible. A hierarchy of habitation is provided in Figure 5.

Figure 5

Habitation Hierarchy



*Not usually found in rural settings

Socialization/recreation

The fourth focus of the integrated facility is in the area of socialization and recreation. Social skills are necessary if the client is to function well in the workplace. When reasons for job termination are examined for groups of retarded clients, the following are usually found: inappropriate interactions with others, inappropriate dress, poor hygiene, etc. All of these can be characterized

as violations of unwritten social rules. As Stucky and Newbourgh (1983) indicate, to play the game you have to be in the right place at the right time and know when to start and stop. Social skills are necessary in independent living, competitive employment, and in recreation, all of which are goals of the integrated facility.

Recreation, like work, is necessary for the fully functioning adult. Recreational activities develop physical fitness, self-confidence, fine and gross motor skills, social interaction, and so forth. All of these are desirable and should be planned for lower functioning clients. Higher functioning clients should have opportunities in the recreation area so that they can develop abilities in choosing appropriate activities.

Other supportive services

The integrated facility should serve as a clearinghouse and resource for its clients in terms of the provision of other supportive services. Some of these services, such as occupational and physical therapy, will be provided by staff or contact services. Other services (medical/dental) will be provided by persons who are not affiliated with the facility. Some of the services which will normally be accessed through the integrated facility include medical, dental, counseling, access to agency funding (ATD, SSI), transportation, legal aid, and so forth.

Implications for the future

The goal of the integrated facility is to move the client into the least restrictive environment, socialization/recreation, and habilitation context possible for his/her level of functioning. Based on the assumption that this is an appropriate goal, future development in this area must deal with the discrepancy between public education for exceptional children and our goals for them as adults. Ideally, those educating the hard-to-train in the public schools would want to know as much as possible about both the vocational and the social ecology of the postschool working and habitation environment so that appropriate training could be given to their students (Lynch, 1979). Unfortunately, this is rarely the case. Presently, there is little integration between schools and employment or habitation facilities, and few ITFs are available. In rural environments especially, the employment and independent living prospects for the severely handicapped child will require a great deal of intervention on the part of the public schools, as there is little likelihood of an ITF in the near future.

Some points to ponder:

- Almost all public education for the mildly and sometimes the moderately retarded focuses on material appropriate for children in a precollege track.
- From a developmental standpoint, retarded children should be introduced to abstract material later than normal children.
- Very few retarded adults hold positions which require the scope of academic knowledge with which they are conventionally presented.

Even in programs for the severely handicapped, e.g., TMRs, the curriculum is likely to focus on habitation skills and rudimentary forms of reading and math with little attention being paid to the type of occupational placement the student will obtain when he/she reaches age 21. Nor do the schools look at the possible habitation placement when developing individual educational plans.

The above points to the lack of articulation between conventional curricula in special education and the needs of the adult retardate. Some public schools provide vocational education and training in daily living skills, but this is not true in most educational settings, particularly those in which all handicapping conditions are low incidence; i.e., rural areas. At best, 15% of work activity centers and sheltered workshops are in contact with the public schools. If the goal for the adult retardate is work, as asserted by Lennig (1978) and Pietzner (1978), then almost all of the educational focus leading up to work should focus on preparation for work. This is necessary because of the lack of

The goal of the integrated facility is to move the client into the least restrictive environment, socialization/ recreation, and habilitation context possible for his/her level of functioning.

Educators must decide which end of the process drives the educational cart.

transfer which is exhibited by most retarded clients. The learning which is used is that which is most similar in actual application to that which was learned in the classroom.

If the integrated facility is the wave of the future and work is the goal for the retarded client, then the public schools should analyze the procedures used in integrated facilities and develop curricula which integrate with, support, and lead to performance which is required in the integrated facility. Assessment methods should be the same or similar and training procedures should resemble as nearly as possible those which will be presented later. Rural schools should form cooperatives which would support an ITF in the locale to which a number of remote districts could feed students (Beam, 1986).

Educators must decide which end of the process drives the educational cart. Presently, the reins are in the hands of conventional curricula; this is inappropriate for the adult retardate if work is the goal. If we fail to deal with this problem, thousands of more poorly equipped clients will founder in the morass of no work, no skills, and no hope. The future is up to us.

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Home Activity Program for Parents and Youngsters

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The Home Activity Program for Parents and Youngsters (HAPPY) addresses the needs of underserved young children with handicaps and their families who live in isolated rural areas of Nevada. This article describes this model program and its two interrelated components: computer-assisted, home-based curricula and video-assisted, home-based assessment and instruction. The evaluation methodology and results of preliminary child-progress data are also described.

In recent years the multiple benefits of early intervention have been clearly demonstrated. Researchers have shown that early intervention for children with special needs and their families positively affects the children's acquisition of functional skills (Moore, Fredericks & Baldwin, 1981; Strain, 1981), positively affects the families' ability to cope with the stress and to meet the increased nurturance needs of their children (Vadasy, Fewell, Meyer, Schell & Greenburg; 1982), and reduces the cost of later education (Weikert, Berrueta-Clement, Schweinhart, Barnett, & Epstein, 1984). In addition, research has shown that the earlier an infant and his/her family receive services to either prevent or remediate a handicapping condition, the greater and more long lasting the benefits (Smith, 1982). Clearly, the provision of early intervention services for children with handicaps and their families is both socially and fiscally responsible. The problem addressed in this article concerns the effective and efficient provision of comprehensive early intervention services in isolated rural areas located far from early childhood special educators, therapists, and other support personnel.

The HAPPY model

The Home Activity Program for Parents and Youngsters (HAPPY) is a second-year Handicapped Children's Early Education Program (HCEEP) demonstration project which has developed a service delivery model to meet the needs of young children with handicaps, ages birth through six, and their families, residing in rural Nevada who otherwise lack access to regular early intervention services. In these isolated, rural areas where daily home- or center-based services would be too costly and impractical, HAPPY promotes the families as the teachers and the home as the learning environment.

Program staff serve as consultants to the families to help identify developmental deficits, and recommend strategies to remediate the deficits. With the use of a computer-assisted, assessment-based curriculum in combination with video technology, HAPPY provides the following services:

- Monthly home visits and quarterly assessments by the Child Development Specialist. Home visits and assessments are videotaped for review of child progress by Reno-based therapists and specialists.

- Initial in-home evaluations by, and regular video and telephone consultation with, speech and physical/occupational therapists.
- Recommendation of individualized educational and therapeutic activities to be done daily by the parents with their child in the home. Activities are provided to the family in both written and videotaped formats, and are updated monthly, based on actual child progress. All project staff are available by telephone throughout the month to discuss and modify, if necessary, these recommended activities.
- Training and support to the parents/families, including assisting in their involvement in peer-support groups.
- Identification of, coordination with, and training of local paraprofessionals and professionals to foster local services for children and their families.
- Coordination of transition to other services.

Happy utilizes computer technology to facilitate the generation of developmentally appropriate individualized monthly home curricula for each child. HAPPY modified an assessment-based home curriculum developed by Dr. Rebecca Fewell and her staff at the University of Washington by computerizing the curriculum to meet Nevada's needs. This curriculum contains approximately 780 home activities that can easily be incorporated into one or more common daily routines (i.e., mealtime, bathtime, playing with others). All activities are referenced to an assessment item, and each assessment item has several related suggested activities. Developmentally appropriate activities, therefore, can easily be accessed via computer by entering the code of failed assessment items. The Child Development Specialist selects from these developmentally appropriate activities based on her knowledge of the family, child, and home environment. Seven to fifteen activities are chosen each month for each child, based on his/her most recent quarterly assessment, as well as information gathered during the most recent monthly home visit.

After the activities are selected, the computer program organizes them into daily routines and individualizes each activity by placing the child's name and proper gender pronouns throughout the text. In addition to the activities contained in Dr. Fewell's curriculum, original activities are regularly written by the program therapists and incorporated into the home activity package in order to address the unique needs of the children and/or families.

In addition to computer technology, HAPPY utilizes video both to enhance the presentation of the recommended home activities and to reduce costly travel to remote rural areas. Individualized instructional videotapes are made monthly for each family in order to demonstrate the most complex educational and therapeutic activities. (All activities are videotaped for families that are nonreaders). Both the videotaped and written activities are mailed to the families for their use in their home. (HAPPY has video players to loan to families who do not have access to one).

Families can then refer to the videotaped demonstration and written description of the activities throughout the month, and review them as often as needed. In addition to the individualized videotapes, HAPPY will also loan commercially produced instructional videotapes to the families when applicable.

Video technology is also employed by HAPPY to reduce the need for extensive (up to nine hours of driving one way) and, therefore, costly travel to each home by more than one staff member. All monthly home visits and assessments are videotaped. Child progress and parent/family implementation of home activities can then be visually reviewed by the Reno-based interdisciplinary team. Videotapes of previous home visits have also been useful tools for obtaining medical opinions of otherwise inaccessible professionals, for assessment of progress, and for positively reinforcing parents' efforts by dramatically illustrating child progress even though it seems agonizingly slow.

Preliminary data evaluation

Preliminary data were analyzed for the five children, ages 12 to 45 months at pretest, who have participated in the program the longest. Two of the children had participated for six months, and the remaining children for nine months. Upon entry to the program, one child showed developmental delays in four domains, one child was delayed in five domains, and three children were delayed in all six developmental domains.

Child-progress data were collected by quarterly staff administration of the Early Intervention Developmental Profile (EIDP) (Schafer & Moersch, 1981), which has been slightly modified by Dr. Fewell. The EIDP is a criterion-referenced developmental scale which charts performance across six domains: perceptual/fine motor, cognition, language, social/emotional, self-care, and gross motor. Data were converted and analyzed as developmental age equivalents (DAs), which were analyzed in two ways.

The first method calculated and compared pretest and posttest developmental quotients (DQs), which are the ratio of developmental age to chronological age (DA/CA), multiplied by 100. Developmental quotient was used because it adjusts for changes that could be attributed to maturation. Average pretest and posttest DQs are reported in Table 1.

TABLE 1

Domains	Avg. Pretest DQ	Avg. Posttest DQ	Avg. PCI
Perceptual/fine motor	60	64	2.13
Cognition	50	66	3.05
Language	43	53	1.08
Social/emotional	86	100	1.71
Self-care	54	66	2.16
Gross motor	41	50	3.19

The second evaluation method utilized a prediction measure which shows how development during an intervention program compares to what could be expected to happen if development remained stable at the rate indicated at program entry. This method, called the Proportional Change Index (PCI), (Wolery, 1983) and the Intervention Efficiency Index (Bagnato & Neisworth, 1980), uses developmental rates for each domain at entry to predict posttest scores and compares predicted to actual posttest performance. An index of 1.0 indicates that the rate of development during intervention is the same as that prior to intervention, and an index above 1.0 indicates an accelerated rate of development since intervention. Average PCIs are shown in Table 1.

Preliminary data analysis of the five children show higher scores at posttesting when compared to pretesting. Results indicate a gain in the average DQ for the five children across all developmental domains. In addition, as expressed by the average Proportional Change Index across all domains, an accelerated developmental rate is indicated with program participation.

Conclusion

Preliminary data suggest that the HAPPY model is an effective intervention program for children with handicaps who lack access to such programs near their homes. The service delivery model of the Home Activity Program for Parents and Youngsters, including the use of video and computer technology, appears to be effective in meeting the unique needs of young handicapped children and their families who reside in isolated rural areas of Nevada. All families who have received services from HAPPY have produced a positive change in their children's development.

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The preparation of this article was supported in part by Special Education Programs, U.S. Department of Education, Grant No. 85100118. However, the opinions expressed do not necessarily reflect the policy position of the U.S. Department of Education, and no official statement of the U.S. Department of Education should be inferred.

For further information regarding the Home Activity Program for Parents and Youngsters, please contact Cybil Perkins, Project Coordinator, HAPPY, Department of Human Resources, 480 Galletti Way, Sparks, Nevada, 89431-5574

New fellowship program

Policies affecting rural populations in the United States will be the focus of a new fellowship program funded by the Ford Foundation. The purpose of the program is to encourage research on the changing rural economy and to identify policy alternatives designed to improve opportunities in rural communities. Up to fifteen Rural Policy Fellowships will be awarded annually to American graduate students who have completed all predissertation requirements and who are planning to investigate a topic concerning rural policy, economy, or society. Grants will be available for a year of field work as well as a final year of dissertation writing. The program will be administered by The Woodrow Wilson National Fellowship Foundation in collaboration with the Rural Economic Policy Program of the Aspen Institute for Humanistic Studies.

Eligible topics for the competition might be macroeconomic trends and national policies, analysis of sectoral changes, public and private development strategies and policies, and chronically poor people and places. Students may come from such departments as economics, business, sociology, education, geography, agriculture, and public policy, among others.

Eligible graduate students who intend to complete all predissertation requirements by June 1, 1988, should write for information and applications to Rural Policy Fellowships, The Woodrow Wilson National Fellowship Foundation, P.O. Box 410, Princeton, NJ 08542, by December 1, 1987. Fellowships will include a 12-month stipend of $15,000, plus allowances for field work and tuition.

For further information, contact Ann Adams; Woodrow Wilson National Fellowship Foundation; Box 642; Princeton, NJ 08542; 609/924-4666.

Integrating technology into a student's IEP

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Advanced technologies can play a critical role in supporting the appropriate placement of handicapped students in the least restrictive environment. It is critical for educators and parents to be knowledgeable about advances in technology and resultant applications for persons with disabilities.

The purpose of this article is to demonstrate a conceptual model which uses technology to ensure the student's placement in the least restrictive environment, and to maximize handicapped student potential.

This model is an interactive process. In essence, one must utilize knowledge of the types of technology available while simultaneously considering all components of the student's individualized educational program.

The use of this model requires knowledge and understanding of the technology that is available and potentially accessible. For the purpose of this model we have identified and defined broad technological categories which include, but are not limited to those described below.

Sensory enhancers

Sensory enhancers are adaptive/assistive devices and/or software which allow a sensory-deficient student access to the environment through the use of technology. Individuals in the following categories can be served: hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, deaf-blind, multihandicapped, and specific learning disabled. Following are examples of types of sensory enhancers:

- audio output devices
- augmentative communication aids
- braille writers (input/output)
- character magnification devices
- digitizers
- electronic scanners (with speech synthesizers)
- eye movement detectors/eye sensor devices
- voice analyzers and recognizers.

Keyboard adaptations and emulators

Keyboard adaptations are alternatives to using the standard keyboard to input data. Keyboard emulators are peripheral products that make the computer "think" that its own keyboard is being used. Examples of keyboard adaptions/emulators are:

- alternative key pads (sketch pad, graphic pad)
- bar code scanners
- fist/foot keyboard
- firmware card
- joy stick
- key guard
- light pen
- membrane keyboard
- mouse
- touch screen.

Environmental controls and manipulators

Environmental controls and manipulators modify the operation of a device to compensate for environmental restrictions due to a student's handicap. Some examples of environmental controls and manipulators are:

- adaptations of timers, light switches, telephone/radio amplifiers, headphones, buzzers (environmental control systems)
- control mechanisms with sonar sensing devices

- pressure plates
- robotics
- additional external switches and sensors (eyebrow switch, breath switch, pressure switch)
- telecommunication devices for the deaf (TDDs).

Instructional uses of technology

Instructional uses of technology are those which utilize software and/or related applications of technology which allow the student full educational opportunity. Examples of the instructional uses of technology are:

- computer-assisted instruction (software for drill and practice, simulations, tutorials, demonstrations, problem-solving)
- computer-managed instruction (tracking and placement, grading display and analysis, scheduling, and various information management tasks)
- computer-supported activities (word processing, data bases, spread sheets, utilities)
- video disks
- telecommunications
- alternative languages (LOGO).

Motivational devices

Motivational devices encourage the student to interact with his/her environment through exploration, manipulation, and play. Two motivational devices are:

- battery operated devices
- modifications of toys and games.

Student assessment/evaluation considerations

The student assessment/evaluation process, as outlined in Public Law 94-142, Section 300.532, states that "...the child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communication status, and motor abilities." In addition to the traditional assessment and evaluation of students, the use of technology to facilitate maximum handicapped student potential needs to be considered.

The traditional evaluation focuses on the identification of the nature of the handicapping condition so that appropriate services may be made available. This evaluation usually provides information regarding the student's current educational functioning so that an intervention program, which is tailored to the needs of the student, can be developed. Evaluation procedures are in accordance with Sections 300.530-300.534, which state that "...tests are selected and administered so as to best ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure)..."

Technological considerations augment the traditional evaluation by providing information about the student's ability to access and use technology. Inclusion of technological considerations helps to ensure that there has been a total review of the nature of the handicapping condition. Technological considerations should be an integral part of the student assessment/evaluation process so that the IEP reflects the unique needs of the handicapped student.

The following questions identify content of traditional assessment/evaluation reporting and suggests the addition of questions which would support technological considerations.

Traditional and technological considerations

- Health

Traditional: Does the student have any acute, subacute, or chronic health problems? Does the student have a progressive and/or degenerative condition?

Technological: Given the student's attendance record, could the use of technology allow the student more continuous access to school and the curricula? How can technology be used to compensate for the effects of a degenerative condition?

- Visual

Traditional: What is the student's visual acuity? What is the student's tracking ability?

Technological: What kinds of physical adaptations need to be made to allow the student to access technology? How will technology allow the student to utilize compensatory senses; i.e., could a student use a magnified screen or does s/he need large print on the screen? Is the student able to discriminate presented visual stimuli? Would speech-produced input facilitate learning?

- Hearing

Traditional: Is there a decibel loss? How will the decibel loss affect the student's ability to learn?

Technological: What adaptations will allow the student access to the instructional program; i.e., how can technology (microcomputer, software, and a voice entry system) help to produce vocalization training? Would speech output facilitate learning? Is the student able to discriminate presented auditory stimuli?

- Social and emotional status

Traditional: How does the student respond to differing social situations? What are the student's basic character traits?

Technological: What is the positive/negative psychological impact of the use of a computer with certain students; i.e., how will the student who has normal intelligence, but no means of expressive communication, deal with the use of a computer to provide his/her voice? What is the impact of the use of technology to the environment, peers, class?

- General intelligence

Traditional: How does the student perform on a standard IQ test? What is the student's potential for learning?

Technological: Does the student have the ability or will the student develop the ability for higher cognitive functions that will allow for conceptualization, symbolization, generalization and abstraction; i.e., will the student be able to understand cause/effect relationships when making a selection on the computer, causing it to output information? Does the student have the notion of causality and the desire to bring about an effect? Does the student have the cognitive ability to learn and remember the use and operation of given devices? Does the student have symbolic functioning; i.e., the ability to associate a symbol or set of symbols with units of experience?

- Academic performance

Traditional: How does the student perform on a wide range of screening measures which reflect achievement?

Technological: How can the current level of achievement be affected by the use of technology; i.e., how will the use of drill and practice, educational games, simulation, demonstrations, tutorials, problem-solving, word processing, information search and retrieval, graphics, and/or spread sheets, affect academic performance? Will the use of technology affect the speed of learning? Will the probability of the learner achieving his/her goals and objectives set forth in the curriculum be increased?

- Communication status

Traditional: What is the student's receptive and expressive language ability? Does the student have any problems with voice, articulation, and fluency which affect the production of spoken language?

Technological: What is the relationship between the student's level of expressive and receptive language; i.e., how will the use of technology affect the student's ability to communicate? What skills are present (spoken, incomprehensible but consistent, written, speed of communication with and without device)? What is the present language structure (nonvocal from birth, non vocal from injury)? Does the student understand the intent to communicate? What is the symbolic level of functioning? How will speech output affect the student?

- Motor abilities

Traditional: What are the student's abilities in gross motor and fine motor skills?

Technological: Given the student's degree of motor control and ability, what methods could be used to access technology; i.e., how accurately can the student

point? How long can the student keep his/her finger in one location? Can the student hold/move an adaptive/assistive device? What are the available range and dependability of movement? What is the strength of the available movement? What is the accuracy of the actions? What are the speed and force of the actions?

- Additional

Technological sophistication of the user: What previous experience has the user had with gadgets, switches, adaptive/assistive devices,or interacting with a computer? Will fear keep the student from accessing the technology? What is the student's motivational level?

Selection of technological devices and software

Once the evaluation/assessment has been completed and the goals/objectives have been defined, the general categories in which technology may be appropriately used may be selected. When reviewing the categories, it must be determined whether the technology will facilitate input, processing, and/or output. Within and across these categories there are numerous catalogs and software that are available. Most of these listings also include additional sources, such as professional organizations and newsletters. Please see the resource box, page 38.

By knowing the specific goals and objectives for the student, review of resource catalogs and recommended equipment will be easier. Reviews in these catalogs will differ in format and content, but by collecting information from a variety of sources, it will become apparent which devices/software will be appropriate to meet specific goals/objectives. From the identified adaptive/assistive items, a more student-specific analysis may then be completed.

Identification of the operational characteristics of selected devices and software

When specific devices/software have been identified to facilitate maximum handicapped student potential and ensure placement in the least restrictive environment, a detailed analysis of the use of technology must occur. Technological devices/software need to be analyzed with the following considerations.

Operational characteristics

- functional utility
- availability
- costs
- installation criteria
- integrative capabilities
- portability
- unique operations
- limitations
- maintenance
- required technological sophistication for instructor
- formal evaluations
- durability
- flexibility
- product research

User behavioral characteristics

- health
- vision
- hearing
- social and emotional status
- general intelligence
- academic performance
- communication status
- motor abilities
- technological sophistication

Technological match

At this step, the assessment/evaluation information for a specific student is matched as closely as possible to the identified operational characteristics of selected devices/software and user behavior characteristics. When the evaluation/assessment—which includes both the traditional and the technolgical considerations—is completed, the IEP that is developed will be one that takes advantage of the full range of available options.

Summary

The use of technology must play an integral part in allowing the handicapped student access to his/her environment. It is the responsibility of educators to see that advanced technology is used to maximize student potential and allow the handicapped student full access to society.

Resources

Apple Computer, Inc.; Alan Brightman, Office of Special Education; 20525 Mariani Ave.; Cupertino, CA 95014; 408/996-1010.

Behrmann, M. *Handbook of microcomputers in special education.* (1984). College-Hill Press, 4284 41st Street, San Diego, CA 92105.

Carroll Center for the Blind, *Aids and Appliances Review;* 770 Centre Street; Newton, MA 02159; 617/969-6200.

Closing the Gap, Newsletter and workshops on technology for the handicapped. P.O. Box 68, Henderson, MN 56044; 612/248-3294.

Hagen, D. (1984). *Microcomputer Resource Book for Special Education.* Reston, VA: Reston Publishing Company.

Handicapped Children's Computer Cooperative Project, 7938 Chestnut, Kansas City, MO 64132.

IBM, Mary Pat Radabaugh, Director; National Support Center for Persons with Disabilities; 4111 Northside Parkway; Atlanta, GA 30327; 800/IBM-2133.

McWilliams, P. A. (1984). *Personal computers and the disabled.* Garden City, NY: Quantum Press, Doubleday & Company.

National Easter Seal Society; *Computer Resource Quarterly Newsletter;* 2023 West Ogden Avenue; Chicago, IL 60612.

Prentke Romich Company, Newsletter and Communication Devices Chart, 1022 Heyl Road; Wooster, OH 44691; 216/262-1984.

Schwartz, A. H. (Ed.). (1984). *Handbook of microcomputer applications in communication disorders.* College-Hill Press; 4284 41st Street; San Diego, CA 92105.

Sector Project, *Quick Guide to Resources in Special Education Technology,* University of Utah, Logan, UT.

The Tech Information Exchange project with the Council for Exceptional Children. A series of information (tech) tapes available. 1920 Association Drive, Reston, VA 22091. 800/345-TECH or 703/620-3660.

Trace Research and Development Center on Communications, Control, and Computer Access for Handicapped Individuals; University of Wisconsin-Madison, 314 Waisman Center, 1500 Highland Avenue, Madison, WI 53706; 608/262-6966.

Topical Manuals from the State of Florida

Volume III-E *Alternative Communication Systems for Non-Vocal Students* (1982), $4.50.

Volume III-F *Electronic Communication Devices for Visually Impaired Students* (1982), $6.00. Part 2: *Computer Accessibility for the Visually Impaired* (1983), $6.00.

Volume III-I *Computer Assisted Instruction and Support for the Handicapped: Interim Report* (1982), $2.00. Part 2: *Training package* (1985), $3.00. *Computer Assisted Instruction Support for the Handicapped: Final Report* (1985), $3.00.

Volume III-M *Procedures for an Interdisciplinary Evaluation of Nonoral Students* (1985), $7.00.

Order from: Educational Product Distribution; Florida Department of Education; Collins Building; Tallahassee, FL 32301; 904/488-7101. Payment must be included unless P.O. from other state department.

Homemade Battery Powered Toys and Educational Devices for Severely Handicapped Children, $6.00 and *More Homemade Battery Devices for Severely Handicapped Children with Suggested Activities,* $12.00. Order from: Linda J. Burkhart, 8503 Rhode Island Avenue, College Park, MD 20740.

Help with instruction

Classroom teachers—especially those working with at-risk or handicapped students, on emergency permit, or assigned to teach in areas for which they were not prepared in their training programs—often need help. The School Resource Center is available every day for instructional assistance. Cost-effective and useful services include:

- Specific instructional recommendations for teaching reading to particular students. The instructional recommendations are not dependent upon a certain textbook series or other published materials. Anyone is able to implement the recommendations. In addition to recommendations for teaching reading, recommendations for teaching individual students mathematics and language arts are now available.
- Profile of a student's relative strengths and limitations in understanding and using spoken and written language. A profile is based on information provided by the classroom teacher, and it is helpful in screening for learning disabilities, and planning effective instructional activities in all curriculum areas. It is especially useful for diagnostic teaching and prereferral instruction (before referring a student for evaluation for special education services).
- Follow-up consultation as needed to help people use the information provided by the Center.

Services available to school districts or other organizations (who are providing services to their personnel) on a subscription basis, and services may be targeted to local priorities. For example, a school district might secure services for a certain grade level of teachers or for special education personnel. (Services are also available to individual educators and parents, who may pay for services by check, money order, or national credit card.)

For further information, call the School Resource Center at 800/237-5685, in Texas call: 800/223-4127.

A shared responsibility

The Office of Special Education and Rehabilitative Services (OSERS) announces the availability of the report, "Educating Students with Learning Problems: A Shared Responsibility." The report was originally released by Assistant Secretary Madeleine Will in November 1986 and has now been reprinted to meet increased demand by educators, administrators, and parents.

Part of an OSERS' effort to assess the status of the nation's programs for students with learning problems, the publication delineates perceived weaknesses with current approaches to the education of these students and suggests strategies for correcting these weaknesses.

In the foreword, Secretary of Education William Bennett states that this report "will serve as a basis for discussion, raise the level of discourse and debate, and stimulate new and more effective approaches for improving the education of our children." Copies of the report are available free from: Clearinghouse on the Handicapped; 330 C Street, SW, Room 3132; Switzer Building; Washington, DC 20202.

Source: OSERS flyer, June 26, 1987.

Family needs resources

The following are published by PRO-ED and may be obtained by contacting PRO-ED, 5341 Industrial Oaks Blvd., Austin, TX 78735, 512/892-3142. Handling, postage, and carrying charges are 10 percent of subtotal or $1.00, whichever is larger.

Handicapped Infants and Children: A Handbook for Parents and Professionals ($14) by Carol Tingey-Michaelis provides parents and professionals with practical information on how to meet the needs of children with disabilities with the least disruption to family life. It describes how attitudes and resources can be organized to meet the special and day-to-day developmental needs of children with disabilities. The book's topics are centered around the home and the neighborhood. It provides many practical suggestions to help parents organize daily routines and family and neighborhood interaction. It also provides suggestions for collaboration and cooperation to obtain the necessary medical, educational, and public services required by the child with the disability and the family.

Teaching the Young Child with Motor Delays: A Guide for Parents and Professionals ($19) by Marci J. Hanson and Susan R. Harris is an

easy to read guide that bridges the gap between parents and professionals who work with children with movement impairments between the ages of birth and three years. The book has two purposes: to provide information to parents on how motor development influences other areas of child development and to provide teaching strategies and therapy activities for use in the home. In addition, resource lists and diagnostic materials contained in the book will help families to enhance the child's development by designing a motor-skills program to fit the child's special needs.

Teaching the Child with Down Syndrome: A Guide for Parents and Professionals ($9) by Marci J. Hanson is an expanded and thoroughly updated edition, which is written specifically for the parents of Down Syndrome infants. The bulk of the book consists of an extensively illustrated, step-by-step guide to recognizing and encouraging developmental milestones, including instructions for scoring these activities. There are also sections devoted to the emotional difficulties faced by parents of children who have Down Syndrome, the medical aspects of the disability, the importance of infant-parent interaction, a list of Down Syndrome related resources, and a complete baby record for monitoring progress.

Can't your Child Hear? A Guide for Those who Care about Deaf Children ($15) by Roger D. Freedman, Clifton F.Carbin, and Robert J. Boese is the first complete and compassionate book for parents of children who have total hearing impairment. This is a practical guide that explores alternative approaches to communication for those with total hearing impairment.

Can't your Child See? A Guide for Parents of Visually Impaired Children ($15) by Eileen P. Scott, James E. Jan, and Roger D. Freedman. The second edition offers parents optimistic, practical guidelines for helping children with visual impairments reach their full potential. The crucial role of parents is stressed, as well as the need for their involvement and for support services. In clear, easy to read language, the book examines the impact severe visual impairment can have on normal child development and offers realistic suggestions for managing related problems. A chapter on those with multiple disabilities is included. Recent changes in social services and medicine are also reflected in this fully updated edition.

Information from HEATH

HEATH is a national clearinghouse on postsecondary education for handicapped persons. A recent issue of *Information from HEATH* pointed to the extraordinary planning required on the part of families as a son or daughter who is disabled finishes high school, seeks postsecondary training or education, and searches for a job and a new residence away from the family home. Pointing to the difficult questions that arise in the process, the newsletter presents a variety of printed resources for families to use as they assist the disabled family member.

Information from HEATH is published three times a year, free by request from the HEATH Resource Center; One Dupont Circle; Washington, DC 20036.

Source: SpecialNet

Association of Birth Defect Children

The Association of Birth Defect Children is a nonprofit organization established to provide information and support to families of children with birth defects believed to be caused by the mother's exposure to drugs, chemicals, radiation and other environmental agents. ABDC disseminates information through a quarterly newsletter and inquiry response service geared primarily to parents, educators, and professionals in the medical and health related fields. Newsletter subscription is $12.

The Association is also establishing a registry to collect data from members on potentially harmful environmental exposures during pregnancy. The data will be analyzed to identify patterns of defects that appear to be associated with a single environmental agent (or similar substances).

For information, to receive a newsletter, or to make an inquiry, contact Association of Birth Defect Children; 3526 Emerywood Lane; Orlando, FL 32812; 305/859-2821.

Speech Enable: An affordable software support system for blind persons

A new software program for visually impaired persons is being offered through "Shareware" software distribution channels. Speech Enable has been written specifically for blind persons to allow them to utilize the numerous software programs which are commercially available for the IBM PC and compatibles. PC-SIG, the world's largest distributor of user-supported and public-domain software has added this program to its library and is offering the program as a four-disk set for $28.

Developed by Robert Artusy, Speech Enable works with an IBM PC/compatible and a voice synthesizer (required). Voice synthesizers can range in price from $450 up to several thousand dollars. One can set up the complete system for approximately $2,000, including the PC.

Thousands of individuals were involved in the program development, as well as Don Belew, representative of a local user's group. Belew states that "Mr. Artusy differed in his approach for programming in that he listened to the users." Speech Enable offers flexibility and ease of use, which are extremely important features for this type of program. The program comes already set up to work with speech recognition equipment and works quite well with a variety of commercially available software.

For more information, contact: Troy Challenger; PC-SIG; 1030D East Duane Ave.; Sunnyvale, CA 94086; 408/730-9291.

New products for blind and visually impaired people

Automated Functions, Inc., has released the Travel Talk computer and BOSS (Battery Operated Speech Synthesizer), two new speech-based devices for visually impaired people. Travel Talk is a new five-pound portable battery-operated computer with built-in speech. Based on the new NEC 8300, it runs for over 20 hours on batteries. The built-in speech electronics makes Travel Talk a single, easy-to-carry unit. The speaking rate ranges from 75 to 300 words per minute. The system is easy to operate, since it is completely menu structured. Travel Talk is a full-featured computer which includes a built-in Microsoft word processor and BASIC programming language and 64K of internal memory. Travel Talk may communicate with IBM PC compatible, Apple, or mainframe computers via direct connection or an external modem. The list price for Travel Talk is $1,595. An optional 3.5-inch disk drive ($295) and a 128K battery-backed memory cartridge ($199) are available to expand the Travel Talk system.

For those who require a battery-operated speech synthesizer for use with their own IBM PC compatible or Apple computer, Automated Functions offers the new BOSS. BOSS operates on batteries or AC power. The one-pound BOSS features 20-hour battery operation, adjustable tone, and speaking rates from 75 to 300 words per minute. Computer connection can be via serial (RS-232) or parallel interface. For the IBM PC and compatible computers a program is provided which makes BOSS compatible with most screen reading programs. The price of the BOSS is $395.

For more information, contact: Automated Functions, Inc.; 6424 N. 28th St.; Arlington, VA; 703/536-7741.

UPCOMING EVENTS

Exemplary Approaches Workshops

Las Vegas, Nevada • December 4, 1987
Orlando, Florida • January 21-22, 1988
Washington, D.C • March 28, 1988
Madison, Wisconsin • April 28-29, 1988
Boston, Massachusetts • May 3-4, 1988
Seattle, Washington • May 12-13, 1988

The Vocational Studies Center at the University of Wisconsin, Madison offers—through the Carl D. Perkins Vocational Education Act—a series of workshops on exemplary approaches to serving secondary special education students. These workshops, developed by John Gugerty (Project Director), Lloyd Tindall, and Thomas Heffron, are part of a project funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS). Workshop topics will include detailed descriptions of 12 exemplary programs. Presenters will also describe key factors in starting and sustaining similar programs, and setting up/maintaining interagency linkages. Participants will also have structured opportunities to interact with each other. All who register for a conference will receive a 600-page handbook at no additional cost. The registration fee is $35 per person. Workshop participants are responsible for their own travel and lodging expenses. For further information, contact: Denise Wagner; Vocational Studies Center; 964 Educational Sciences Building; 1025 West Johnson Street; Madison, WI 53706; 608/263-4151.

Retool training events

The CEC Teacher Education Division will offer the following training events in special education technology:

- Telecommunications, University of Hawaii, January 7-9, 1988.
- Expert Systems, Utah State University, February 11-13, 1988.
- Authoring Systems, Northern Arizona University, May 18-20, 1988.

For further information, contact: Elizabeth Byrom; CEC; 1920 Association Drive; Reston, VA 22091; 703/620-3660.

Mental Retardation: Emerging Challenges for the Future

January 11-13, 1988
Honolulu, Hawaii

The 25th Annual International Conference on Mental Retardation is sponsored by CEC, Division on Mental Retardation. Featured topics and speakers include: community adaptation for adults with mental retardation, Robert Edgerton (UCLA Neuropsychiatric Institute); direct instruction/early intervention, Siegfried Engelmann (University of Oregon); issues and trends in mild retardation, Don MacMillan (University of California/Riverside); parent/professional partnerships, Ann Turnbull (Kansas University).

For further information, contact Dr. Tom Smith; 509 Forest; Fayetteville, AR 72701; 501/575-3548.

Child Development Resources Winter Institutes

January 15-17, 1988
February 12-14, 1988
Williamsburg, Virginia

The Winter Institutes are sponsored by Child Development Resources in Lightfoot, Virginia. The theme of the January Institute is "Family Systems in Early Intervention" with faculty Drs. Ann and Rudd Turnbull. The theme of the February Institute is "Building Teams That Work" and the faculty will be Dr. William Dyer and Dr. Sonya Prestridge.

Each of the limited enrollment Institutes will include an introductory session on Friday evening, a full-day session on Saturday, and a Sunday morning session.

For more information, contact INSTITUTE, P.O. Box 299, Lightfoot, VA 23090; 804/565-0303.

Eighth Annual ACRES National Rural Special Education Conference

Februrary 24-27, 1988
Monterey, California

Moving toward successful education for all rural students, this conference, with the theme, "Alternative Futures for Rural Special Education" will focus on ways to shape the future through the development and discussion of educational alternatives and trends. The conference, sponsored by ACRES—the American Council on Rural Special Education—will explore seven subtheme areas:

- PL 99-457: How will rural special education be affected?
- What works in the classroom
- Productive partnerships
- At-risk populations
- Challenges for rural special educators
- Technology
- Preparing for independence

The ACRES Teacher Institute, "Trends in Rural Special Education," will emphasize state-of-the-art techniques, skills, material, and resources for both regular and special ed teachers. One semester unit of credit will be offered through San Jose State University. Course #EDSE 0447. For more information call or write: ACRES—American Council on Rural Special Education, Miller Hall 359, Western Washington University, Bellingham, WA 98225; 206/676-3576.

Rehabilitation of the naive or retarded offender

Rehabilitation and the Retarded Offender, edited by Philip Browning, Ph.D., brings together a body of knowledge on the much-neglected topic of the naive or retarded offender. The unique complexities associated with the rehabilitation of either mentally retarded persons or public offenders alone are immense in and of themselves. These problems are multiplied when the two conditions merge into a still different population. Exploring this subject in a thorough and scholarly manner are a number of professionals from the fields of psychology, rehabilitation, law and the criminal justice system.

Section One provides a framework for understanding the identification of retarded offenders, their constitutional rights, major litigation with respect to retarded persons' rights, and the legal system's unique problems with respect to the retarded. Section Two provides descriptions of a variety of program and intervention strategies which apply to retarded offenders. There are also 141 annotated references. Available from: Charles C. Thomas; 301-327 E. Lawrence Ave.; Springfield, IL 62717.

Source: SpecialNet

Need: Effective use of transport time

Strategy: Beloit School Bus Program

The Beloit Special Education Cooperative has developed a cost-effective program that has increased instructional time for students, and reduced inappropriate behavior during the trips to and from home. Teachers report that students seem more ready to start to work when they arrive at school. Because the program is conducted in an atmosphere that is different from the classroom, students are learning that education and training can take place outside the classroom.

The purpose of the program is to offer students an opportunity to participate in instructional activities while they are on the bus. The activities focus on IEP objectives. One of the factors that has contributed to the success of the project is the use of materials, games, and equipment that are different from those available in the classroom. They were selected based on age-appropriateness, transportability, and usability on a moving bus. This required an initial cash outlay to purchase the material, space to store it, and the preparation of an annotated list of the material for teachers to review.

Paraprofessionals are assigned to each bus to assist the students, to monitor progress, and to reinforce appropriate behaviors. Each Friday, the students' classroom teachers write lesson plans, using a standardized form, to cover a one-week period. The plan designates the target objective from the student's IEP, and designates specific materials for the paraprofessional to use. As the lessons are carried out, the paraprofessional records the time spent on an activity and student performance. On Thursday, the completed lesson sheets are returned to the individual teachers for review and new plans are developed for the following week.

Students receive various reinforcers for completion of a task or objective. The reinforcement programs are designed jointly by the paraprofessional and the teacher to meet the specific motivational needs of each student. Between bus trips, the paraprofessional prepares new packets of materials that will be used during the next trip. The packets include copies of the lesson plans, student materials, monitoring instruments, reinforcers, and equipment.

Periodic inservice activities are scheduled to review new instructional materials, improve communication skills between the paraprofessional and student, and between the teachers and paraprofessionals. Because of bus schedules, these meetings are usually scheduled in the evening for approximately three hours.

For further information, contact: Greg Renter, Director; Beloit Special Education Cooperative; 116 W. Main St.; P.O. Box 547; Beloit, KS 67402; 913/738-3261.

Source: SpecialNet

Need: Access to training for families of developmentally disabled

Strategy: Television instruction in rural areas

The Young Adult Institute has developed the "Television Instruction for Parent Support" project. The project is a unique and innovative concept which, for the first time, provides training to parents and families of the developmentally disabled with direct and immediate access to much-needed information, support, and training material right in their own homes. The project includes a weekly television series, an information hotline, and a program guide for dissemination of information about the program. The series is aimed at those who work with, or families of, disabled infants, preschoolers, and adolescents, as well as mental retardation/developmental disabilities professionals and the general public. Specific objectives include providing information and training to staff and parents in becoming advocates for their children, and to encourage interagency coordination of services for people with developmental disabilities.

For more information, contact: Joel M. Levy, Executive Director; Young Adult Institute; 460 West 34th Street; New York, NY 10001-2382; 212/563-7474.

Need: Helping rural, low-income parents develop competencies in caring for their exceptional children

Strategy: Developmental Evaluation Center's diagnostic and treatment approaches

Recently, a growing body of literature and research has developed that describes the problems that exceptional families encounter with professionals and service agencies when seeking services for their children. These problems are magnified in rural areas where service agencies are few and many exceptional families are low-income and have distinctive cultural backgrounds.

The Developmental Evaluation Center at Western Carolina University is located in the Blue Ridge and Smoky Mountain region of North Carolina. This geography, coupled with a distinctively rural Appalachian culture, has led to the development of diagnostic and treatment approaches that are tailored to the needs of this service population, specifically rural low-income families who have children with exceptionalities.

A core element in any successful intervention with special families is the treatment alliance between parents and the helping agents. This relationship implies that the family and clinician share a common definition of the problem. Tactics for enhancing the treatment alliance between professionals and family members, such as "family joining" and "double description" have become essential components of the Western Carolina program.

A number of techniques have been used in early intervention programs to encourage children's development within the family context. Yet these methods, in general, have not focused on enhancing the competencies needed by families to care for their exceptional children over a long period of time. A teaching method called "participant modeling" is also part of this program. This technique is used not only to teach developmental activities to handicapped children, but also to help parents develop their competencies for dealing with their offspring. For more information, contact: Jane W. Minor or Patricia P. Williams; Developmental Evaluation Center; Killian Annex; Western Carolina University; Cullowhee, NC 28723; 704/227-7488.

LRE issues

A national coalition concerned with "least restrictive environment" (LRE) issues has formed with the purpose of increasing the level of implementation of the LRE concept for students in special education across the nation.

The coalition, which has a steering committee of eight members, hopes to keep interested persons informed about conferences on the LRE issue, court cases dealing with LRE, and legislation that addresses LRE.

To be placed on the mailing list, contact Karen Myers, a steering committee member at the New York Association for Retarded Citizens; 393 Delaware Ave.; Delmar, NY 12054; 518/439- 8311.

Mad Hatters Theatre

The Mad Hatters are an educational theatre group dedicated to improving attitudes toward and acceptance of people with disabilities. Programs focus on employment of handicapped people and serve as staff and teacher inservice sessions. For further information, contact: Roberta Robinson, Mad Hatters; P.O. Box 2; Kalamazoo, MI 49005; 616/335-5871.

PUBLICATIONS

Read to Me, Talk with Me

Introducing *Read to Me, Talk with Me,* enjoyable homework activities for children and their parents. This collection of reproducible activities, based on favorite children's classics which can be borrowed from the school library, helps children and parents play more active roles in the acquisition of language. After students complete the activities, the teacher reviews the assignments in class. A total of 69 objectives focuses on a wide variety of language skills including identification, discrimination, tenses, and classification. This program, already used in an elementary school setting, has received enthusiastic reviews by parents and children. *Read to Me, Talk with Me* by Barbara M. Lockhart (1987). Request #7370, $16.95, available from Communication Skill Builders; 3830 E. Bellevue/P.O. Box 42050; Tucson, AZ 85733; 602/323-7500.

The Planner's Guide to Barrier Free Meetings

The *Planner's Guide* has become a standard among meeting planners and organizations providing programs and services to persons with disabilities. It is currently offered by Meeting Planners International (MPI) as a resource for its members. The *Guide* offers practical advice on including disabled people in meeting planning activities. Special features include: site survey checklist; recommendations for temporary, low-cost solutions to site problems; sample registration forms; tips on assisting disabled people, and listing of equipment sources. The cost is $14.95; Massachusetts residents add 5% sales tax. Make checks payable to Harold Russell Associates, Inc.; 8 Winchester Place, Suite 304; Winchester, MA 01890.

National information sources

The 1986 Directory of National Information Sources on Handicapping Conditions and Related Services is an invaluable reference source for information providers and service organizations concerned with disabled persons. This edition offers 45 additional organizations to those described in the previous 1982 edition, including groups serving specific disabilities, sources of information on technology, and organizations with a focus on independent living. In all, 398 organizations are listed alphabetically by category. Categories include:

- advocacy, consumer, voluntary health
- information data banks
- federal government other than information units
- professional and trade organizations
- facilities, schools, clinics
- service organizations
- international organizations
- religious organizations
- sports organizations.

The 1986 edition was prepared by nationally recognized experts on issues concerning people with disabilities under contact with the National Institute of Handicapped Research, U.S. Department of Education. Special features include:

- up-to-date information
- improved organization
- more service organizations listed
- more disorders categorized
- updated terminology
- more information on computer-assisted research
- more information on international organizations and contacts.

Available from Harold Russell Associates, Inc., $25. Massachusetts residents add 5% sales tax. Make checks payable to Harold Russell Associates, Inc.; 8 Winchester Place, Suite 304; Winchester, MA 01890.

Employment and new technology

The American Foundation for the Blind and the President's Committee on Employment of the Handicapped have published *The Future of Work for Disabled People: Employment and the New Technology* (foreword by Senator Robert Dole). This book is a combination of papers for policy and decision-makers who are charged with guiding young people with disabilities along the pathways to employment. Available from American Foundation for the Blind; 15 West 16th St.; New York, NY 10011.

Promoting mainstreaming

Promoting Mainstreaming: Reasonable Classroom Accommodations for Learning Disabled Students is intended to help meet the classroom teachers' need for practical ideas to use in overcoming learning failures of LD students without jeopardizing the progress of other students in the classroom. Many of the accommodations can also benefit nonhandicapped peers. By Stanley A. Fagen, Donna L. Graves, and Diane Tessler-Switlick (1984). Available from Montgomery County Public Schools; Division of Supply and Property Management; 550 N. Stonestreet Ave.; Rockville, MD 20850. Make checks for $7.50 payable to Montgomery County Public Schools.

1986 special education yearbook

The *1986 Special Education Yearbook,* edited by June Jordan and Bruce Ramirez, summarizes current public policy and current issues, statistical information on children served (categorized by disability and program), and employment statistics for the U.S. and Canada. The *Yearbook* also contains the following information: organization chart, leaders in the field, a directory of human resources of the U.S. Department of Education, and directories of key congressional committees, CEC officers, state directors of special education, state coordinators of gifted programs, and Canadian national and provincial officials. $15, publication #315. Available from Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

From birth to five: Serving the youngest handicapped children

Over the next four years, the 1986 Education of the Handicapped Act Amendments, PL 99-457, will drastically change the dimensions of special education. The law requires that by 1990 all three- to five-year-olds be served and that services for all handicapped children from birth be expanded.

The book *From Birth to Five: Serving the Youngest Handicapped Children* describes exemplary programs already functioning; probes the effects of the new law on funding, enrollment, and staffing; and analyzes how states will meet the burgeoning demand for services. The book explores the following:

- How will the new law change existing programs?
- Who will provide the services... schools...child care centers?
- Will there be enough money to go around? Where will it come from?
- Will eligibility extend to babies at risk due to drugs, premature birth, or fetal alcohol syndrome?
- Where will programs find the teachers and related service personnel trained to deal with handicapped infants?
- How does one define least restrictive environment for a three-year-old (especially in districts where there are no preschool programs for nonhandicapped children)?

The book includes the actual text of PL 99-457, addresses and phone numbers of national experts in the field to contact for additional information, and much more. There is no other book that examines the issues of PL 99-457 and all its ramifications. Written by the Education Research Group, it is the one reference educators, administrators, and parents will turn to as this unprecedented legislation takes effect.

About 200 pages, ISBN 0-937925-21-7. $34.95 available from Capitol Publications, Inc. 1101 King St.; P.O. Box 1453; Alexandria, VA 22313-2053; 800/327-7204 (9-5 EST M-F). In Virginia call collect 703/739-6500.

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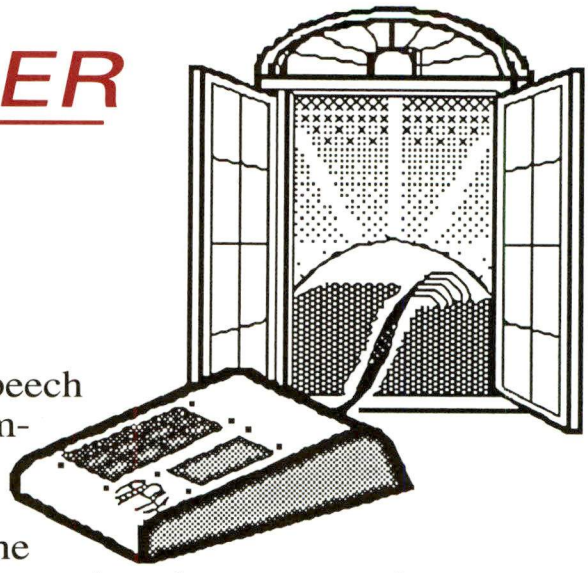

The Speaqualizer is an exciting new speech synthesis device for IBM PCs and compatibles. It consists of a full-sized card, a cable, and a control box with a speaker and a key pad. All of the speech functions reside on the card, preserving the computer's memory.

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Note: The Speaqualizer was developed by the National Federation of the Blind. IBM is a registered trademark of International Business Machines Corp.

Conference Announcement

Eighth Annual ACRES National Rural Special Education Conference

Alternative Futures for Rural Special Education

February 24-27, 1988 • Doubletree Inn • Monterey, California

sponsored by ACRES-American Council on Rural Special Education

Moving toward successful education for all rural students, this conference will focus on ways to shape the future through the development and discussion of educational alternatives and trends. Presentors may address suggested and related topics under seven subtheme areas:

- P.L. 99-457: How will rural special education be affected?
- What works in the classroom
- Productive partnerships
- At-risk populations
- Challenges for rural special educators
- Technology
- Preparing for independence

ACRES Teacher Institute

Applicants may submit proposals for this two-day institute, "Trends in Rural Special Education." The course will emphasize state-of-the-art techniques, skills, material, and resources for both regular and special ed teachers. One semester unit of credit will be offered through San Jose State University. Course # EDSE 0447.

For more information, call or write:

ACRES-American Council on Rural Special Education, Miller Hall 359, Western Washington University, Bellingham, Washington 98225; Telephone 206/676-3576 (Pacific Time).

RSEQ back issues

Back issues of the *Rural Special Education Quarterly* are available. General issues include articles concerning federal and other national events relevant to rural individuals with disabilities, progressive service delivery systems, reviews of relevant conferences and publications, problem-solving strategies, and resources for rural special educators. Special editions available:

- **Rural Transition Programs, vol. 5, #2** This issue includes descriptions of existing programs which highlight linkages between special education, vocational education, community agencies, and businesses for the purposes of enhancing employment opportunities for individuals with disabilities. Articles discuss priorities and needs for rural transition programs and promotion of partnerships between rural schools and the private sector.

- **Rural Family-Professional Relationships, vol. 5 #3** This edition discusses effective relationships between professionals serving rural individuals with disabilities and the families of these individuals. Successful strategies of parent involvement, parent training, and sibling involvement are described. Information concerning national and regional parent support groups is also provided.

- **Serving Rural Students with Visual Impairments, vol. 6, #1** Some of the unique learning needs of rural visually impaired children are explained and information about particular programs is presented. Strategies and resources for rural schools are described.

- **Rural Special Education Technologies, vol. 6, #3** This issue discusses the place of advanced technology in rural special education. Articles focus on rural electronic bulletin boards; solving rural special education with a variety of technologies; computer-assisted rural projects, and the use of microcomputers in telecommunications.

- **Serving Young Rural Handicapped Children, vol. 7, #1** This edition focuses on a variety of programs and services that assist rural, at-risk preschoolers. Articles discuss home-based delivery systems, multi-level collaboration for improved services, home instruction programs, a technical assistance network, and developing at-risk referral procedures.

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Volume 8, Number 2 Rural Special Education Quarterly