

BASIC INFORMATION

ITEM	1st yr.	2nd yr.	3rd yr.	4th yr.	TOTAL
# of training sessions	2	1	1	3 <sup>1</sup>	7
# of pilot parents trained	22 (4) <sup>2</sup>	4 (4) <sup>2</sup>	3 (1) <sup>3</sup>	14 (1) <sup>4</sup> (2) <sup>2</sup>	40 (10)
# of pilot parents trained who did not function as pilot parents	3	1	1	3	8
# of pilot parents who have functioned as pilot parents & who have discontinued	4	4	8	5	21
# of actively functioning pilot parents	19	12	13	27	71
# of piloted parents who have become pilot parents	0	4	0	8	12
# of new parents served	38	30 (1/20/74	45	107	220

<sup>1</sup> Eleven families trained in Fremont, Nebraska to initiate a Pilot Parent Program in that community.

<sup>2</sup> The numbers in parenthesis indicate people from outside of the Douglas-Sarpy County area.

<sup>3</sup> Professional in field - Director of the Epilepsy League.

<sup>4</sup> One Pilot Parent re-activated - minority parent.

INFORMATION ABOUT THE MENTALLY RETARDED CHILDREN  
OF "NEW" PARENTS<sup>1</sup>

# of children				Cause of retardation and/or secondary handicaps
1st yr.	2nd yr.	3rd yr.	4th yr.	
5	2	9	20	Brain damage
8	11	6	15	Brain damage & severe physical handicaps (including Cerebral Palsy)
0	0	5	12	Cerebral Palsy
11	10	6	21	Down's Syndrome
2	0	5	11	Epilepsy
0	0	2	5	Visual
11	7	13	21	Unknown cause or no secondary handi- caps
			3	Muscular Dystrophy
			1	Autistic
			1	Deaf
1	0	1	21	Not mentally retarded <sup>4</sup>
38	30	47 <sup>2</sup>	110 <sup>3</sup>	TOTAL

<sup>1</sup>The following is based on information given at the time of referral and include both suspected and diagnosed handicaps. This information is not intended to be 100% medically valid, but is just intended to give a gross indication of the types of children involved.

<sup>2</sup> This total includes two handicapped children in two families.

<sup>3</sup> This total includes two handicapped children in three families.

<sup>4</sup> This total includes seven persons with Cerebral Palsy, seven persons with Epilepsy, and seven persons with other handicaps without signs of mental retardation.

SOURCES OF REFERRALS OF NEW PARENTS

# of Referrals				
1st yr.	2nd yr.	3rd yr.	4th yr.	Sources of referrals
14	1	4	4	New parents called in
14	13	13	20	ENCOR Staff
0	5	3	29	<b>Pilot</b> Parents & Piloted Parents
3	1	2	5	Other GOARC Parents
0	2	1	0	Other ARC
0	0	2	5	MCRI
5	7	13	13	Generic agency (VNA)
0	1	2	9	Hospital
0	0	2	5	Physicians
0	0	3	3	Friends & Relatives
2	0	0	0	Anonymous
			3	OPS, MaDonna and other school systems
			2	Ombudsperson
			1	United Cerebral Palsy
			1	Clergyman
			5	Project Identification
			2	Epilepsy League
			2	M.D. Association
			1	Douglas Cty. Social Service
38	30	45	110	TOTAL # of referrals

NUMBER OF REFERRALS  
BY MONTH

	3rd Year	4th Year
February	2	17
March	4	8
April	2	15
May	2	6
June	2	11
July	2	9
August	2	5
September	2	11
October	5	11
November	7	5
December	8	8
January	9	4
<b>TOTAL</b>	<b>47</b>	<b>110</b>